

**THE CONTRIBUTIONS OF EDUCATION AND  
LEARNING  
FOR OLDER ADULTS' WELL-BEING:  
PROCEEDINGS OF THE 9<sup>TH</sup> CONFERENCE OF THE  
ESREA -RESEARCH NETWORK ON EDUCATION AND  
LEARNING OF OLDER ADULTS (ELOA)**

The contribution of education and learning for older adults' well-being: Proceedings of the 9<sup>th</sup> Conference of the ESREA network "Research on Education and Learning of Older Adults"  
Held in University of the Algarve, 11-13 october, 2018

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## FOREWORD

This e-book contains full length papers of contributions presented at the 9<sup>th</sup> Conference of the ESREA network “Research on education and learning of older adults” held in the University of the Algarve between 11 and 13<sup>th</sup> of October, 2018. Given the growing importance of well-being for reserchers, policy makers, social worker and adult educators, namely in old age, the organization selected the following theme for the 2018 conference: “The contributions of education and learning for older adults’ well-being”. Participants were invited to submit proposals on one of four topics: (1) theoretical approaches on older adults’ well-being, quality of life and related concepts; (2) well-being and policy/social policy; (3) analysing the older adults’ well-being, in all its dimensions and through different methodological approaches; and, (4) educational and learning experiences: contributions to the well-being of olde adults.

The main aim of the conference was to contribute to the reflection around the concept of well-being, which tends to include too many perspectives, approaches, relations with other concepts, and ways of measuring or qualifying, contributing therefore to a clearer and rigourous understanding of the meanings of well-being in later life. Moreover, the understanding of the factors that are more relevant to well-being in later life, the design of interventions which have a positive impact on successful ageing processes, has been the aim of researchers, social workers and adult educators. The role played by later life learning as a promoter of well-being as been stressed by the conference participants, that have not only discussed the meanings of well-being and how it could be measured, but also have described the contribution of later life learning for the well-being of the elderly.

The editors would like to thank all the authors for their contributions.

## TABLE OF CONTENTS

|  |     |
|--|-----|
| <b>HOW IS WELL-BEING CONCEPTUALIZED AND MEASURED BY RESEARCHERS IN THE FIELD OF LATER LIFE LEARNING?</b> DIONYSIA KROUSTALLAKI .....   | 1   |
| <b>QUALITY OF LIFE AND WELL-BEING: A HISTORICAL PERSPECTIVE OF THE THEORETICAL CONCEPTS AND THE EXPERIENCES FROM THE FIRST WELFARE GENERATION IN SWEDEN</b> - ANN-KRISTIN BOSTRÖM .....  | 21  |
| <b>THE CONTRIBUTION OF CAPITAL ASSETS TO THE WELL-BEING OF ADULT CANADIANS AS THEY AGE AND APPROPRIATE ADULT LEARNING RESPONSES</b> - SATYA BRINK .....  | 33  |
| <b>POTENTIAL FOR ENHANCING OLDER ADULTS' WELL-BEING IN LIBRARIES: SOME EXPERIENCES IN JAPANESE PUBLIC LIBRARIES THROUGH THEIR DEMENTIA-FRIENDLY PROJECTS</b> - NAOKO SUZUKI .....  | 68  |
| <b>ROLE OF INFORMAL LEARNING FOR WELL-BEING OF ELDERLY WITH THEIR CONTINUED PARTICIPATION AND CONTRIBUTION</b> - GEETANJALI BASWANI, PAWAN SAHU, ABHAY BASWANI & KOSHY JACOB .....   | 82  |
| <b>INTERGENERATIONAL EXCHANGE IN A LEARNING NEIGHBOURHOOD: NEW OPPORTUNITIES FOR ENHANCED RECOGNITION AND QUALITY OF LIFE FOR OLDER ADULTS</b> - SÉAMUS Ó TUAMA .....  | 104 |
| <b>LEARNING AND HEALTH FOR OLDER ADULTS, A SYSTEMATIC REVIEW OF RESEARCH</b> - MAGNUS SCHOULTZ .....   | 122 |
| <b>THE RELATION BETWEEN ADULT EDUCATION AND HEALTH OF OLDER ADULTS</b> - SA-LILA REES.....   | 137 |
| <b>THE STUDY OF SCIENCE COURSES AMONG THIRD AGE LEARNERS</b> - RONIT HERSCU-KLUSKA, SARA PE'ER & SHAI SHAFIR .....   | 157 |
| <b>SENIOR UNIVERSITY: AGEING WISELY</b> - GRAÇA SANTOS & SOFIA BERGANO .....   | 171 |
| <b>LEARNING, SOCIALIZATION AND WELL-BEING FOR OLDER ADULTS: THE CASE OF A UNIVERSITY OF THIRD AGE IN PORTUGAL</b> - RUTE RICARDO & ANDREA PORCARELLI.....  | 185 |
| <b>EDUCATIONAL AND LEARNING ACTIVITIES FOR OLDER ADULTS AT THE UNIVERSITY LEVEL IN SLOVAKIA</b> - LUCIA HREBEŇÁROVÁ & ALBERT KULLA .....   | 200 |
| <b>DEVELOPING CRAFT PEDAGOGY FOR OLDER ADULTS IN CARE SETTINGS</b> - MARI SALOVAARA & SIRPA KOKKO .....  | 214 |
| <b>BI-CULTURALISM IN PRACTICE FOR NEW ZEALAND SENIORS: A CASE OF COMPLEMENTARY EDUCATIONAL PROVISION FOR PĀKEHĀ AND MAORI IN AN URBAN ENVIRONMENT-</b> BRIAN FINDSEN .....   | 232 |
| <b>THE USE OF ICT LATER IN LIFE: EXCLUSION FACTORS, PERCEIVED UTILITY AND DIGITAL SKILLS</b> – ADRIANO AIRES, RICARDO NÉNÉ & SANDRA MONTEIRO .....   | 249 |
| <b>EDUCATION AS A NON-PHARMACOLOGICAL RESPONSE TO DEMENTIA AND ALZHEIMER</b> – ELENA LUPPI .....   | 265 |
| <b>BARRIERS AND FACILITATORS TO ADHERENCE TO WALKING GROUP EXERCISE IN OLDER PEOPLE LIVING WITH DEMENTIA IN THE COMMUNITY: A SYSTEMATIC REVIEW PROTOCOL</b> - JITKA VSETECKOVA, MANIK GOPINATH, ERICA BOGSTROM, CAROLINE HOLLAND, KLARA DADOVA & GEMMA RYAN..... | 287 |
| <b>UNPACKING THE BLACK BOX OF THE GROUP EXERCISE CLASS FOR OLDER ADULTS</b> – SUE STUART .....   | 293 |

|   |     |
|---|-----|
| <b>CATCHING GLIMPSES OF YOUTH: WOMEN’S EXPERIENCES OF THEIR HUSBANDS VISITING MEN’S SHED –</b><br>JOEL HEDEGAARD & HELENA AHL ..... | 310 |
| <b>RETIREMENT STORIES: THE RESTOR(Y)ING RETIREMENT PROGRAMME – JANE WATTS .....</b>   | 322 |
| <b>(UNMET)NEEDS: A CHALLENGING CONCEPT AND A COMPLEX SOCIAL CONSTRUCTION – ALCIDES MONTEIRO</b><br>.....                            | 340 |

## **HOW IS WELL-BEING CONCEPTUALIZED AND MEASURED BY RESEARCHERS IN THE FIELD OF LATER LIFE LEARNING?**

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### **Abstract**

Research over the past two decades has provided important insight into the role of learning and education in the lives of older people. Data from several studies suggest a positive relationship between well-being and later life learning. Despite the importance of the concept, however, there is no agreement about the conceptualization and operationalization of well-being in the field of later life learning. The aim of this paper is to identify and critically analyse concepts and methods of well-being used in contemporary research concerning learning in later life. More specifically, this paper outlines the findings and implications of a literature review addressing the following question: “how is well-being conceptualized and measured in empirical studies of later life learning?”. Drawing on a number of technology, education and psychology-based databases, the review identifies both experimental and descriptive studies involving lifelong learning and education programs for older adults. Three different sets of search terms were employed related to the key themes of the review: (a) well-being (including subjective and objective aspects of well-being and “quality of life”), (b) learning and education, and (c) older adults over 50 years of age. Studies included in the review were selected based on the following criteria: (1) research was peer-reviewed; (2) subjects were healthy adults or patients living in the community or in institutions; (3) learning took place in either formal or informal settings; (4) mode of learning involved face-to-face, online, or computer-based contexts; and (5) learning outcomes included skills, knowledge, and/or attitudes. Results from this review indicate that well-being has been conceptualized and measured with considerable variation. The findings also suggest the reluctance of researchers to provide explicit definitions of well-being. The paper discusses the key findings in terms of: the nature and scope of well-being in the empirical literature pertaining to learning in later life; the variability of measurement tools employed by researchers across different studies; and the effects of conceptual ambiguity on theory and research integration.

## Introduction

Over the last two decades, research has given us important insights on the role of learning and education in the lives of older people. Data from several studies suggest that later life learning has a positive effect on older people's well-being (Findsen & Formosa, 2011). More specifically, recent evidence suggests that well-being, quality of life and life satisfaction of older people is and can be further improved if they continue learning in later life (Mestheneos & Withnall, 2016; Narushima, Liu, & Diestelkamp, 2018a; Yamashita, López, Stevens, & Keene, 2017). Well-being has been studied by different disciplines and this fact may add to its complexity, given that different disciplines have emphasized different dimensions (Linton, Dieppe, & Medina-Lara, 2016). Thus, throughout the literature terms like subjective well-being, psychological well-being, and life satisfaction have been used interchangeably and as synonyms. Indeed, there seems to be no agreement about the conceptualization and operationalization of well-being, not only in the field of later life learning, but also across various other disciplines (Cooke, Melchert, & Connor, 2016; Linton, Dieppe, & Medina-Lara, 2016). This ambiguity is rather concerning, given that the definitions which researchers assign to constructs, both theoretical and operational, determine the nature of the questions to be asked and the phenomena that are investigated. Alex Michalos, an eminent scholar in the field of Quality of Life (QoL) research has emphasized this point, suggesting that "the answers to the questions '*Does education influence happiness and if so, how and how much?*' depend on how one defines and operationalizes the ideas of 'education', 'influences' and 'happiness'" (Michalos, 2017, p.297).

Throughout literature well-being has been measured with both objective and subjective indicators. The objective components include material and social attributes of people's life circumstances, such as physical resources, employment, income, health, and housing. In contrast, the subjective components of well-being are represented in an individual's thoughts and feelings about one's life and circumstances and the level of satisfactions with these dimensions (Michalos, 2017). Subjective well-being is usually measured with self-reports, which contain dimensions such as life satisfaction, autonomy, happiness or social relationships. So far, however, much uncertainty and argument still exist about the specific components that instruments should include and how various constructs like QoL, life satisfaction, and happiness could be distinguished

from each other (Cooke et al., 2016).

In the present review, we will attempt to examine the concepts and measurements of well-being in empirical studies of later life learning. More specifically, the aim of the current paper is to identify concepts and methods used in later-life learning research. I will first outline the findings of a literature review conducted on this topic. I will then describe the main characteristics of the instruments and the approaches identified and then clarify the strengths and limitations of these approaches. Finally, I will suggest future directions for later life learning research.

### **Method**

Much previous research has defined older adults or older adulthood as those being 50 years or older, with some variations between studies (Mestheneos & Withnall, 2016). In this review, we will adopt this age range, given that many of the studies in later life learning have included adults aged 50 or older. Regarding the concept of learning, formal learning usually refers to learning provided by an educational or training institution. It has usually a structure, including objectives, time, support, and certification. It is also intentional, that is the individuals choose deliberately to attend formal learning courses. Non-formal learning, on the other hand, refers to learning provided by non-educational organizations for leisure or other purposes. It is also intentional but it lacks strict structure or certification (Soulsby, 2014). Finally, informal learning results from daily life activities and may be intentional or not. It includes learning transmitted among generations in a casual way, as it happens when the grandson teaches his grandmother how to use a smartphone.

The aim of the present review was to identify and describe concepts and measurement instruments of well-being used in the field of later-life learning. For this purpose, searches were conducted in four databases, i.e. Scopus, PsycInfo, PubMed, and Web of Science. Three different sets of search terms were used, related to the key themes of the review, i.e. (a) well-being or quality of life, (b) learning or education, and (c) later life, older adulthood, older people, older adults, elderly or over 65. Studies were included in the review if the research conducted (1) was peer-reviewed, (2) involved healthy adult subjects or patients living in the community or institutions, (3) involved



learning that took place in either formal or non-formal settings, (4) mode of learning involved face-to-face, online, or computer-based contexts, and (5) learning outcomes included skills, knowledge, and/or attitudes. Studies were excluded if they (1) focused on cognitive or memory training, (2) targeted dementia patients or people with mild cognitive impairment, (3) implemented psychosocial interventions, targeting psychosocial skills such as coping skills, (4) implemented exercise interventions, and (5) were not written in English. Data of the selected studies were extracted: authors' names and year of publication, origin, subjects' age and sample size, content of learning course, measurement instrument, reliability and validity information, and theoretical or operational definition included.

## Results

The initial literature search yielded a total of 4.944 articles. After duplicates were removed, the total number of the studies were reduced to 3.127. These studies were evaluated on information contained in their abstract or full-text. Studies not meeting inclusion criteria were eliminated, thus leaving 39 studies to be included in this review. Table 1 contains details on each of the 39 studies included in the final review.

Measurement of well-being varied among studies, but most researchers used one or more Likert-type scales to measure well-being. More specifically, twenty-five studies used quantitative measures, such as well-validated scales, questionnaires developed by the researchers themselves, or one-item questions. Eleven of the studies were qualitative studies, using structured or semi-structured interviews, or focus groups. The remaining studies used a mixed method design.

Most authors did not associate their measurement instruments with a particular theoretical approach or framework of well-being. In most cases, however, authors provided operational definitions of the constructs they were attempting to measure, i.e. they defined construct by the way they measured it. For example, in the study of Narushima, Liu, & Diestelkamp (2018b) well-being is measured with the Psychological General Well-Being Index (PGWBI). The study describes the six dimensions that the instrument measures, i.e. depressive moods, anxiety and stress, self-control, concerns about general health, life satisfaction, and vitality. Details like the particular dimensions

## HOW IS WELL-BEING CONCEPTUALIZED AND MEASURED BY RESEARCHERS IN THE FIELD OF LATER LIFE LEARNING?

and subscales assessed by instruments or operational definitions of the basic constructs (e.g. life satisfaction, subjective well-being) have been included in several studies. In a number of cases, however, reports did not include an operational definition, the names of subscales, or sample items for individual scales (see Table 1).

Table 1

*Methodological Characteristics of Included Articles*

| <b>Author, Year</b>   | <b>Sample</b> | <b>Age</b> | <b>Country</b>             | <b>Well-being measure</b>   | <b>Outcome/ Operational Definition</b>   | <b>Learning content</b> | <b>Reliability / Validity</b> |
|-----------------------|---------------|------------|----------------------------|---|--|-------------------------|-------------------------------|
| Aberg, 2016           | 1.499         | Over 65    | Sweden                     | One item question   | Well-being/No def.   | Study circles           | No/No                         |
| Caprara et al., 2003  | 483           | Over 49    | Spain, Mexico, Chile, Cuba | Question on well-being  | Well-being/No def.   | Courses on active aging | No/No                         |
| Chiu et al., 2016     | 36            | Over 50    | Taiwan                     | Depressive symptoms CES-D<br>Loneliness UCLA<br>The Chinese Happiness Inventory Scale<br>Focus group Interviews | Psychological well-being/Yes   | Mobile device training  | Yes/No                        |
| Ellis, 2018           | 21            | Over 65    | Australia                  | Diener's Flourishing Scale & interview  | General well-being/Yes   | Musical learning        | No/No                         |
| Ferreira et al., 2015 | 41            | 66-96      | Portugal                   | WHO-QOL-Brief   | Overall well-being, physical, psychological, social relationships, environment/Yes | ICT training            | Yes/Yes                       |

HOW IS WELL-BEING CONCEPTUALIZED AND MEASURED BY RESEARCHERS IN THE FIELD OF LATER LIFE LEARNING?

|                         |     |         |             |   |   |  |         |
|-------------------------|-----|---------|-------------|---|---|--|---------|
| Fitzpatrick, 2003       | 24  | 59-93   | USA         | Psychological General Well-being Schedule & Interviews  | Subjective well-being/Yes                   | Computer training                              | No/No   |
| Gilden et al., 1989     | 45  | 65-82   | USA         | QoL questionnaire related to Diabetes   | QoL related to diabetes and general QoL/Yes | Diabetes education                             | Yes/Yes |
| Goulding, 2012          | 43  | Over 64 | UK          | Semi-structured interviews  | Psychological well-being/No def.            | Visual art on gallery and museums              |         |
| Hachem & Vuopala, 2016  | 461 | -       | Lebanon     | Interviews  |   | University of Third Age                        |         |
| Hoogenhout et al., 2012 | 50  | 60-75   | Netherlands | Centre of Epidemiologic Studies Depression scale (CES-D) Medical Outcome Study 36-item Short-Form Health Survey (SF-36) | Psychological well-being Quotient/Yes       | Psycho-education about cognitive aging         | No/No   |
| Jenkins & Mostafa, 2015 | -   | Over 50 | UK          | General Health Questionnaire (GHQ-12) Satisfaction with Life Scale (SWLS) CASP-19                                       | Well-being and quality of life/Yes          | Formal courses in music, arts, evening classes | No/No   |

HOW IS WELL-BEING CONCEPTUALIZED AND MEASURED BY RESEARCHERS IN THE FIELD OF LATER LIFE LEARNING?

|                       |     |         |           |  |   |   |        |
|-----------------------|-----|---------|-----------|--|---|---|--------|
| Laganá & García, 2013 | 60  | 51-92   | USA       | SF-12 Health Survey<br>Rosenberg Self-Esteem Scale<br>Beck Depression Inventory – II (BDI-II)  | Well-being/No def.                            | Computer & internet training              | Yes/No |
| Li & Southcott, 2015  | 16  | 50-72   | China     | Interviews   | Physical well-being, emotional well-being/Yes | Keyboard (music)                          |        |
| Moore et al., 2017    | 13  | Over 65 | USA       | Geriatric Depression Scale-Short Form (GDS)<br>Beck Anxiety Inventory (BAI)<br>Subjective change questions (energy, happiness, self-esteem etc.) | Well-being/No def.                            | Drama workshop                            | No/No  |
| Morrow et al., 1999   | 289 | Over 55 | USA       | Questions  | Well-being, satisfaction/<br>No def.          | Life Educational and volunteer activities | No/No  |
| Millard et al., 2018  | 8   | -       | Australia | Interviews   | Well-being                                    | Digital literacy                          |        |
| Mitchell et al., 1997 | 975 | 50-94   | Australia | SF-36  | Perceived well-being/No def.                  | Members of U3A                            | No/No  |

HOW IS WELL-BEING CONCEPTUALIZED AND MEASURED BY RESEARCHERS IN THE FIELD OF LATER LIFE LEARNING?

|                                   |     |              |            |   |                   |  |   |       |                                    |          |        |
|-----------------------------------|-----|--------------|------------|---|-------------------|--|---|-------|------------------------------------|----------|--------|
| Narushima, 2008                   | 15  | Over 60      | Canada     | Individual interviews                     |                   |  | Psychological being/No def.                             | well- | Non-credit courses                 | general  |        |
| Narushima et al., 2013            | 699 | Over 60      | Canada     | Psychological being Index (PGWBI)         | General Well-     |  | Well-being/No def.                                      |       | Continuing education courses       |          | No/No  |
| Narushima et al., 2018a           | 10  | 70-90        | Canada     | Individual Interviews                     | Semi-structured   |  | Well-being/No def.                                      |       | Daytime courses                    |          |        |
| Narushima et al., 2018b           | 416 | Over 60      | Canada     | Psychological being Index (PGWBI)         | General Well-     |  | Psychological being/Yes                                 | well- | Non-credit interest courses        | general- | No/No  |
| Park et al., 2016                 | 107 | Over 60      | USA        | WHO QoL-Brief                             |                   |  | Quality of Life/Yes                                     |       | University-based lifelong learning |          | No/No  |
| Perkins & Williamon, 2014         | 98  | Mean age= 68 | UK         | Short Mental Well-Being Scale & Interview | Warwick-Edinburgh |  | Well-being/Yes  |       | Music learning                     |          | Yes/No |
| Del Pilar Díaz-López et al., 2016 | 200 | Over 55      | Spain      | Brief Quality of Life CUBRE-SAV           | Questionnaire on  |  | QoL/Yes   |       | ICT education                      |          | Yes/No |
| Rana et al., 2009                 | 838 | Over 60      | Bangladesh | Health-related QoL                        |                   |  | Overall QoL, psychological, environmental spiritual/Yes |       | Health education                   |          | Yes/No |
| Roe et al., 2016                  | 17  |              | UK         | Interviews with staff of care homes       |                   |  | Well-being and quality of life/Yes                      |       | ICT                                |          |        |

HOW IS WELL-BEING CONCEPTUALIZED AND MEASURED BY RESEARCHERS IN THE FIELD OF LATER LIFE LEARNING?

|                            |     |         |           |   |   |  |       |  |
|----------------------------|-----|---------|-----------|---|---|--|-------|--|
| Russell, 2012              | 16  | 63-86   | Australia | Semi-structured interviews                | Well-being/Yes  | Computer   |       |  |
| Schlag, 2011               | 7   | 67-71   | USA       | Interviews                                | Well-being/No def.                                      |  |       |  |
| Seinfeld et al., 2013      | 13  | 60-84   | Spain     | WHOQOL-Brief                              | QoL/Yes   | Piano lessons                                    | No/No |  |
|                            | 16  |         |           |   |   |  |       |  |
| Tam, 2016                  | 519 | Over 55 | China     | Questionnaire                             | Successful aging and well-being/No def.                 | General learning experiences                     | No/No |  |
| Tamari et al., 2012        | 75  | Over 65 | Japan     | The Short-Form 36 (SF-36)                 | Health-Related Quality of Life/No def.                  | Health educational program                       | No/No |  |
| Thang et al., 2018         | 64  | 50-64   | Singapore | Semi-structured interviews                | General well-being/No def.                              | Music, arts, language and computers              |       |  |
| Thomson et al., 2018       | 115 | 65-69   | UK        | Museum Well-being Measure of Older Adults | Psychological well-being/Yes                            | Museum intervention                              | No/No |  |
| Thomson & Chatterjee, 2016 | 40  | 65-85   | UK        | PANAS<br>Visual Analogue Scale            | Subjective Well-being/No def.                           | Museum intervention                              | No/No |  |
| Vaportzis et al., 2018     | 14  | 65-76   | UK        | Focus groups                              | Well-being/No def.                                      | Tablet training                                  |       |  |
| Wang et al., 2018          | 579 | Over 55 | China     | EUROHIS-QOL<br>Extracted from WHOQOL-OLD  | Social, psychological, environmental aspects of QoL/Yes | Formal learning, informal and nonformal learning | No/No |  |

HOW IS WELL-BEING CONCEPTUALIZED AND MEASURED BY RESEARCHERS IN THE FIELD OF LATER LIFE LEARNING?

|                        |     |                |     |   |                                    |  |       |
|------------------------|-----|----------------|-----|---|------------------------------------|--|-------|
| Woodward et al., 2011  | 83  | Over 60        | USA | Questionnaire<br>Satisfaction with 16 areas of<br>life          | Quality of life/No def.            | ICT training                                   | No/No |
| White, 2002            | 86  | Mean<br>age=71 | USA | Single-item life satisfaction                                   | Overall quality of life/No<br>def. | Internet training                              | No/No |
| Yamashita et al., 2017 | 420 | Over 50        | USA | Questionnaire about life<br>satisfaction with 5 life<br>domains | Global life satisfaction/Yes       | Educational, fine<br>arts, exercise<br>courses | No/No |

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Most of the measures could be placed into one of five categories: (a) measured affective components of well-being, such as the presence or absence of positive or negative affect, (b) measured cognitive components of well-being, such as overall satisfaction with life, (c) measured personal growth and realization of one's potential, (d) measured various aspects of well-being, combining aspects of affect, cognition and personal growth, and (e) measured quality of life with composite instruments including physical, psychological, economic and social aspects of functioning. Table 2 presents the five aforementioned categories with indicative instruments reported in the included studies.

Table 2  
*Measurement approaches and indicative instruments*

| <b>Component</b>  | <b>Instruments</b>  |
|---|---|
| Affective components  | Beck Depression Inventory, Positive and Negative affect with PANAS.   |
| Cognitive components  | Overall Life satisfaction   |
| Personal growth & fulfillment                                     | The Flourishing Scale; measures fulfillment of human potential, and specifically self-perceived success in relationships, self-esteem, purpose in life, and optimism. |
| Combining affective, cognitive and personal fulfilment components | The Psychological General Well-being Index; includes several indicators, like positive and negative affect, vitality, general health perception, and self-control.    |
| Quality of life   | The WHO-QOL scale; measured positive relations with others, economic security, environmental safety, Positive and Negative Affect, vitality and physical functioning. |

Concerning the psychometric instruments of the studies, reliability coefficients were given in only seven studies. Test-retest reliability was provided for two studies. The coefficients ranged from .79 to .87. Internal consistency was calculated in five studies and ranged from .70 to .96 using the alpha coefficient. The amount and type of validity evidence reported was also limited. Most of the studies did not present any validity

evidence concerning their instruments.

Regarding the qualitative measurements of well-being, sixteen studies included interviews in an attempt to give older adults the opportunity to use their own criteria of what constitutes well-being and select in their own words relevant for them indicators. So, instead of applying a pre-existing list, researchers explored different types of well-being that were meaningful to older people as they age.

### **Discussion**

Well-being is a complex and multidimensional construct worthy of detailed definition and assessment. This review has shown that there is great variability in the dimensions of well-being used by researchers and the preferred measurement instruments. The results of this study indicate that well-being has been measured with both quantitative and qualitative methods, while there has been no agreement concerning the important dimensions that should be included in assessment. Thus, several dimensions have been used to operationalize well-being, including biological, social, psychological, and economic dimensions. Many times, the various instruments contain dimensions that overlap, while relevant terms are used interchangeably and as synonyms, as it is the case with the quality of life conceptualization that is often used interchangeably with well-being. In general, therefore, it seems that well-being is used as an umbrella term, containing several dimensions. On the other hand, the results of this study indicate that qualitative research in the field of later life learning has attempted to assess different types of well-being that are meaningful to older people as they engage in learning activities. The findings of such work cannot easily generalize to larger populations or people living in different contexts. It is also difficult to establish causality with such work, given that older adults involved in later life learning may already have high educational level or high motivation. Nevertheless, by asking older people to articulate their own criteria for living well and how learning affects their capacity to live well, researchers may be able to attain a complex, context-dependent and culturally specific picture of this experience.

The findings of this study have a number of practical implications. There is a definite need for researchers being more specific about definitions and explicit about

how relevant terms are used. It is important that researchers are aware of the conceptualizations on which their instruments are based, together with offering information regarding instruments' validity and reliability (Linton et al., 2016). Regarding the specific indicators included in measurement instruments, a greater focus on both objective and subjective indicators of well-being could produce interesting findings that would account more not only for people's thoughts and feelings, but also for their *actions*, as well as the results of those feelings, thoughts and actions in the real world (Michalos, 2017). If the debate is to be moved forward, we need to systematically link subjective measures (e.g. self-reports of happiness and satisfaction) to objective measures of well-being (e.g. discrete behaviours through observational measures or experience sampling). Future research could therefore concentrate not only on personal feelings and satisfaction, but also on measures of functioning and behavioural measures (Sirgy et al., 2006). The challenge is to combine these different strands of information to see what they tell us about good life and later life learning. Finally, given the importance of assessing the effects of various forms of learning on well-being, greater efforts are needed to ensure that the outcome measures are adequately validated and enable comparative analyses among studies (Huppert et al., 2009).

Regarding limitations of the study methodology, although a wide range of databases were covered, the review was limited to English language materials, excluding several sources found but written in other languages. In addition, although attempt was made to include all published studies that met the inclusion criteria, it is very likely that some studies were not identified. It would be certainly better if data from abstracts and full-text articles were reviewed by two independent reviewers, so that any potential bias would be reduced. Also, the exclusion criteria that were applied may have excluded studies that would produce a more broad and complete picture to measuring well-being.

All in all, the present study provides additional evidence with respect to how well-being has been measured and conceptualized in the field of later life learning. Further research in this field is needed to determine which instruments are based on productive and well-validated theories (Cooke et al., 2016). We also need to gain better insight on how the different conceptualizations and dimensions of well-being are both similar and different from each other (Linton et al., 2016). Relevant to this point is the need to be more explicit about what dimensions or indicators we attempt to measure, and why we

consider these dimensions or indicators to be appropriate measures of well-being. Indeed, further work needs to be done to establish whether certain dimensions of well-being are more relevant than others in the context of later life. This work, however, needs to attract minds from various theoretical and practical backgrounds willing to expand their accustomed framework and apply an interdisciplinary approach to the study of well-being. A quote from Diener and Suh (1997, p.214) may serve to emphasize this thought:

Quality of life is a complex, multifaceted construct that requires multiple approaches from different theoretical angles. We encourage scientists from the various disciplines of social science to exploit the strengths of other's contributions in a collaborative effort. Instead of turf battles over who has the best indicator, each discipline needs to borrow insights about quality of life from the other fields.

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HOW IS WELL-BEING CONCEPTUALIZED AND MEASURED BY RESEARCHERS IN THE FIELD OF LATER LIFE LEARNING?

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**QUALITY OF LIFE AND WELL-BEING: A HISTORICAL PERSPECTIVE OF THE THEORETICAL  
CONCEPTS AND THE EXPERIENCES FROM THE FIRST WELFARE GENERATION IN SWEDEN**

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**Abstract**

The theoretical perspective of this paper is the social capital as part of well-being. Since around 2000 there is a growing impact of social capital in connection to lifelong learning. The measure is now related to quality of life and well-being. The first definition of well-being was made by the World Health Organization in 1997. The question if quality of life can be measured has been raised since the 1980's. In Sweden, a literature review was made by Hanne Bang at the Institute of International Education in Stockholm University, published in 1992. Bang did not find any clear definition in the 3432 documents she studied. In this paper, there are some interesting articles that will be accounted for, such as Veenhoven (1984) who cover a period from 1910-1975 and involve 245 studies. In a second publication Hanne Bang (1995) searched the Malmö data collection and found interesting results from a questionnaire about retirement and quality of life. The Malmö data collection is made up of longitudinal data, starting from 1938, gathered from all the 1542 third-graders in schools in Malmö. An extensive follow up was made at the beginning of 1960's when registers were used to gather data on education, social welfare and income. A questionnaire was used to gather supplementary data on adult education, vocational career and spouses' educational and social background. A new questionnaire was distributed in 1983-1989. Aspects of psychological well-being and social network were covered and also work environment conditions. Women's working life patterns and care-taking responsibilities over time as well as marriage patterns were collected, using a "life-line" method. The analysis of the lifeline method made by Bang will be compared to the model of well-being developed by Thompson and Marks (2008) and adapted to include social capital (Boström, 2014).

## Introduction

The first definition of well-being was made by the World Health Organization (WHO) in 1997 when the interest for this subject grew both in policy and research. There are different definitions of well-being but the definition that will be used in this paper is the WHO (1997) definition of quality of life:

An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health psychological state, personal beliefs, social relationships and their relationships to salient features of their environment.  
(WHO, 1997, p.3)

In Sweden, the question "can quality in life can be measured?" was raised in the 1980's in relation to research regarding "the Malmö data collection". This being a database that holds collected information from all 1542 third-graders in schools in Malmö from 1938. An extensive follow up of this database was made at the beginning of 1969's when registers were used to gather data on education, social welfare and income. A questionnaire was also used to gather supplementary data on adult education, vocational career and spouses' educational and social background. Later, in 1983-1989, a new questionnaire was distributed. This time different aspects of psychological well-being and social network were covered as well as work environment conditions. Women's working life patterns and care-taking responsibilities over time as well as marriage patterns were collected, using a "life-line" method. The analysis of the lifeline method made by Bang (1992) will be compared to the model of well-being developed by Thompson and Marks (2008) and adapted to include social capital (Boström, 2014).

## **Methods**

The question if quality of life can be measured has been raised since the 1980's. In Sweden, a literature review was made by Hanne Bang at the Institute of International Education in Stockholm University, published in 1992. Bang did not find any clear definition in the 3432 documents she studied. She found some interesting articles, for example in Veenhoven (1984) who covered a period from 1910-1975 and involved 245 studies. In a second publication Bang (1995) searched the Malmö data collection and found interesting results from a questionnaire about retirement and quality of life. The analysis of the lifeline method made by Bang will be compared to the model of well-being developed by Thompson and Marks (2008) and Boström (2014).

The life-line questionnaire in 1994 had a covering letter to the participants:

To you as a member of the first generation of the Swedish welfare state:

In 1938 when you went to school in Malmö, an investigation was made regarding the school situation for all children attending the third grade in Malmö. Since then you and your former classmates have been given further questionnaires a few times and most of you have answered these. You might remember the questions, they have dealt with family-making, education, hobbies and interests, occupations (home-making and working-life). We have asked you to describe your work, for instance how demanding in general and pressing for time it has been. You also have had questions about your feelings regarding work, redundancy and health. (Bang, 1995)

The aim of the questionnaire was explained it was a follow up of the same persons from the first welfare generation and to study the relationship between conditions in the years just prior to retirement and an attitude to retirement. It was also to look at expectations regarding life as an old age pensioner.

### **Can quality be measured?**

Bang developed her explanation of quality of life as follows:

The concept quality of life is more or less used by us all in our everyday life, which has at the same time a certain quality as well as a lack of quality. It is worth noticing that the concept quality without any attribute always is interpreted positively and this is also the case with the concept quality of life. The use of this concept is a little peculiar but not at all exceptional in the sense that it is well known but often used without any expressed or even latent definition of what it covers. It is certainly a frequent phenomenon, that when a concept is included in the everyday language it has lost its scientific sense, but here we can question the very existence of such a sense. (Bang, 1992, p.1)

In this way, Hanne Bang introduced her literature research for the scientific concept of quality of life. First, she presented a book by Ruut Veenhoven (1984) called "Conditions of Happiness". This work covers 245 studies and covers a period from 1910-1975. The reality of the problematic about happiness and its conditions and effects is treated in this work. After the World War II the number of investigations increased rapidly and the emphasis shifted to overall happiness in national surveys. More than half of investigations were performed in the US and a quarter in Western Europe.

Happiness is actually one of the ideological ingredients of current welfare states; in which government have a duty to promote the greatest happiness of the largest possible number of people. Under the components of happiness Veenhoven distinguishes between: the hedonic level of affect, seen as the degree to which the various affects a person experiences are pleasant in character, and contentment considered as the degree to which an individual perceives that his aspirations are being met.

As concepts adjacent to happiness, the following are mentioned: well-being, quality of life, morale, positive mental health and satisfaction.

Veenhoven also investigates the three different types of indicators of happiness, indicators of hedonic level of affect and indicators of contentment and asks if these three kinds of indicators tap different phenomena.

Most of the investigations focused on “overall happiness”, generally measured by single direct questions using key-words such as ‘happiness’ and ‘satisfaction with life’. Almost one third dealt with ‘hedonic level’, mostly measured by direct questions on general mood and by summed specific affect scores. Only a few investigations assessed attainment.

A second part in the publication (Bang, 1992) presents a literature review of articles concerning the concept quality of life. Three indicators were used in this search: quality of life, life satisfaction and happiness.

Well-being is left out as an indicator because happiness can be seen as subjective well-being and life satisfaction as the objective conditions for well-being according to Bang (1992). She also found that quality of life had been examined methodologically and educationally within the areas of society, youth and the elderly. Social psychology and sociology had limited their efforts to the sectors of society and pure methodology.

The most important general finding was the gap between the number of documents in the first and the second selection. The interpretation of this result underlines that quality of life is a very common and a very fascinating concept. A serious study of quality of life demands, however, a high specialization. Among the articles included in the methodological selection she found a few concerning definitions. Among them no single well-formulated definition was found.

Bang found it nevertheless interesting to use the life cycle classification, youth, marriage/family and elderly and found 31 articles. Different groups of articles could be formed around areas connected with personal predisposition for coping with certain life changes or the consistency of the individual quality of life. These groups include living conditions, social network, health and leisure time.

Finally, she was interested in seeing where within these articles the methodological priority has been made. The main concerns were: test constructions, questionnaires, predictor variables and a couple of articles concerning the theoretical framework.

Bang (1992) argues:

quality of life will certainly continue to fascinate, but much work is to be done if the study of quality of life is to reach a scientific level. Mapping the situation as has been done in the present report, is possible, but comparisons are still excluded, due to the dispersion of the background variable, and due to the distribution of methodological concern.

After this literature review she continued to look for quality of life in the material from the Malmö data. Bang followed up the group of persons from the first welfare state generation who has previously answered the questions

### **Retirement and quality of life.**

Most of the data in the Malmö study must be characterized as quantitative, and as such it creates a reliable structural frame for quantitative research. Bang (1995) argues that this does not exclude a certain number of qualitative resources. She means that It is worth noticing that whereas the quantitative frame provides a macro level of sorts with a bird view over a wider area, the qualitative aspects on the other hand focus on the units, in this case the individual subjects, included in the investigations.

The qualitative resources within the collected data material in the Malmö study can be divided up into three types: (1) A number of lines allowed for free comments, within all questionnaires (1964, 1971, 1984 and 1994) a certain number of questions have offered special possibilities for comments; (2) the lifeline, the 1984 questionnaire contained a lifeline item with possibilities to summarize the individual's educational and professional history, the lifeline item was only included in the questionnaire for women; (3) a full page for comments, the two last questionnaires (1984 and 1994) offered the occasion to comment in a more detailed way upon more than one specific question.

The questionnaire for the investigation in 1994 was the fourth of its kind. It had the intention to reach as many members of the 1938 group as possible.

The main aim was to answer to the question: What do the answers tell us about quality of life? From the very beginning Bang's intention was to come up with a step-by-step analysis inspired by the grounded theory. The first step presented the dimensions

that belong to the concept quality of life answers as given by this well-defined and well-known population.

By a dimension, Bang (1995) understands a factor that might in one way or other influence the way a person feels about, and functions in his/her daily life. The dimensions of quality of life (QoL) that appeared in the material (in alphabetical order) were: commitment, economy, education, health, leisure, living conditions network, religion and work.

The ranking list among these dimensions came out like this: network (194), health (115), work (96), leisure (52), living conditions (30), economy (14), education (9), commitment (2), and religion (2).

Network was the dimension that was given first priority. Within this dimension, grandchildren (96), children (90), husbands/wives (88) are placed at more or less the same level of importance. Then there is certain gap before parents (29) and family (25). The last group includes friends (12) and pets (10). When these results are evaluated, it is worth keeping in mind the age of the participants in the investigation (most of them 66).

These results are interesting and will be compared to recent research in the following section of this paper.

### ***Well-being and social capital.***

Researchers from different disciplines have used the concept of “social capital”. For example, it was used by Putnam in political science (Putnam, 1995), Coleman in educational sociology (Coleman, 1988) and Fukuyama in economic history and sociology (Fukuyama, 1995). For most theorists, social capital is defined in terms of networks, norms and trust, and the way these allow agents and institutions to be more effective in achieving common objectives. Social capital is generally understood as a matter of relationships, as a property of groups rather than the property of individuals (Onyx & Bullen, 2000; Schuller et al., 2004).

According to Coleman (1988) social capital is not to be regarded as a single entity. The most important elements of the construct of social capital are trust,



communications, norms and structure. These features can be found simultaneously in any context where individuals are working towards a common goal, one that is recognized as worthy and worthwhile by the group as a whole. Hence, social capital may be nurtured and developed through co-operation between individuals. Further, social capital is found both at micro levels, in the form of personal relationships between people and in democratic societies, at macro levels (Putnam, 1993). Social capital as a concept has been used in connection to well-being.

The third wave of Eurofund European Quality of Life Survey (European Commission, 2013) was conducted in 2011-2012. The report goes beyond the use of reported life-satisfaction to consider a full range of subjective well-being, including *hedonic* well-being (short-term feelings), *eudaimonic* well-being (how people are functioning in their lives) and satisfaction with different aspects of life. The results showed that face-to-face contact was important but contact by phone or email had almost no impact. The strongest predictors of well-being were material deprivation, health, work-life balance and lack of time, and satisfaction with public services. Well-being as a concept is cited as early as 1993 in the Treaty on the European Union (European Commission, 2013). However, it was not until 2006 that it began to appear more explicitly in EU policy rhetoric, when the European Sustainable Development strategy cited the well-being of present and future generations as its central objective (European Commission, 2013). In response, Eurostat commissioned work in 2007 (European Commission, 2013) to scope the feasibility of well-being indicators of the European level. In recent years' attention has begun to move from the measurement of well-being to its use to inform policy, a process that includes this report (European Commission, 2013).

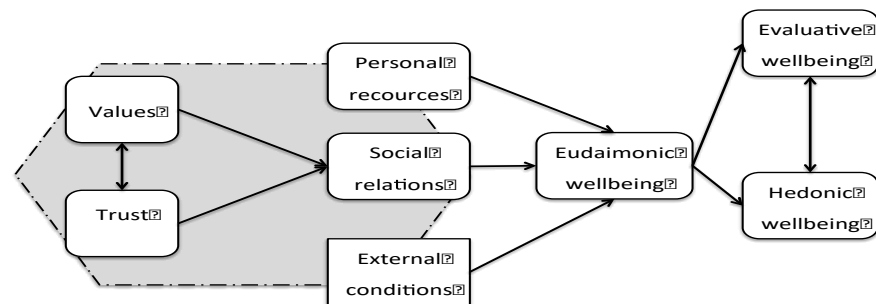


Figure 1. Social capital as part of well-being (Boström, 2014, adapted from Thompson & Marks, 2008)

The framework for conceptualizing subjective well-being and its three main aspects – *hedonic* well-being, *evaluative* well-being and *eudaimonic* well-being has been adapted to include social capital (Figure 1). Hedonic well-being refers to people’s day-to-day feelings and moods; evaluative well-being asks people to report how satisfied they are with their lives as a whole nowadays; eudemonic well-being – refers to a range of concepts believed to be important to well-being including a sense of autonomy, relationships, meaning and self-esteem – sometimes they are understood as preconditions to well-being.

The author of this paper suggests an additional component in the conceptual model of measuring well-being (see Figure 1.). “Social relations” is part of the model and this is important for the concept model of well-being. Social capital as a concept involves relationships, but values, communication and trust are also important entities in the concept of social capital. Therefore, the boxes including values, trust and social relations in the model can be seen as containing the inclusive concept of social capital. This is the shaded part of the model and shows social capital in the context of well-being. This model illustrates the idea that social capital is connected to the perspectives of “external conditions” and “personal resources” held by the individual.

## Results

The results of the lifeline method and grounded theory made by Bang will be compared to the model of well-being developed by Thompson and Marks (2008) and adapted to include social capital (Boström, 2014). The result of the literature review (Bang, 1992) and the analysis of retirement and quality of life (Bang, 1995) is included in Figure 2. The literature review contained 3432 articles and included a book of Veenhoven (1984) who covered 245 studies from 1910 to 1975.

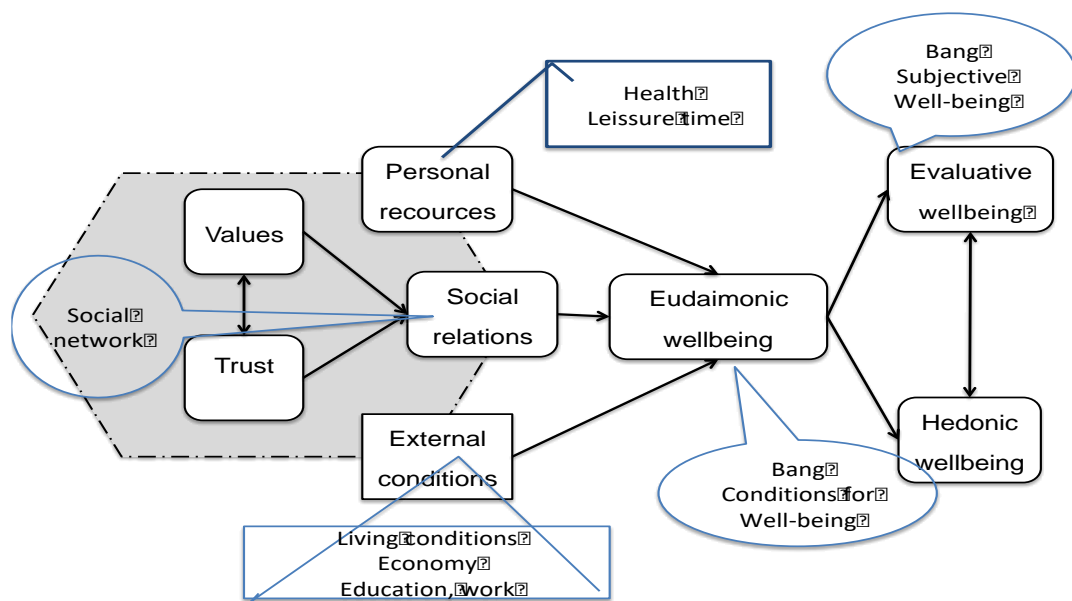


Figure 2. Social capital as part of well-being (adapted from Thompson & Mark (2008), Boström (2008), included Bang (1992, 1995)).

Veenhoven (1984) mentions the *hedonic* effect which is used in several of the articles in her study, “seen as the degree to which the various effects of a person experiences are pleasant in character” (p. 26). This is explained as people’s day to day feelings in the model.

Bang (1995) argues for leaving out well-being as an indicator because happiness can be seen as subjective well-being and life satisfaction can be seen as the objective conditions for well-being. This fits in the model as *evaluative* well-being and in the model in Figure 2 can be the same as subjective well-being (Bang, 1995) and *eudaimonic* well-being in the model can be seen as conditions for well-being (Bang, 1995).

Furthermore, the results from the grounded theory analysis of the research from the Malmö study gives input to the social capital part of the model: social network was most important for the respondents and this feeds into social relations; health and leisure time give input to personal resources in the model; living conditions, economy, education, work are external conditions

### **Discussion**

The historical perspective of well-being seems to be rather consistent. The most important dimensions for people seem to be the same over the years. The literature review covered the period between 1910 and 2008 and the people that participated in the Malmö study are born around 1928 (were in the third grade in 1938). They belong to the first welfare generation in Sweden and were retired when they participated in the last questionnaire. For them the most important dimension is network/social relations. Grandchildren seem to mean a lot for them, but of course children, husbands/wives are also important. Not to mention friends and pets. The dimensions of well-being seem to be consistent but the concept is complex and we probably have to live with this complexity and keep the definition of WHO (1997).

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**THE CONTRIBUTION OF CAPITAL ASSETS TO THE WELL-BEING OF ADULT CANADIANS AS THEY  
AGE AND APPROPRIATE ADULT LEARNING RESPONSES**Satya Brink, International consultant

**Abstract**

Well-being is a complex concept and adult learning must be multidimensional to improve the well-being of older adults. The OECD ranks Canada near the top in citizen well-being based on 25 indicators compared to other member countries. However, it is important to know if well-being is distributed similarly among age groups and if well-being is even over the life course. The capital assets theory suggests that financial capital, social capital, personal capital and human capital are assets that affect the well-being of individuals. The research questions are: (1) do older Canadians have stable assets contributing to well-being over their adult life; (2) which assets are greater than other age groups and which ones are lower resulting in differences in well-being over age groups? Indicators for the four capitals were examined for the population 55-65 and 65 and over using national Canadian surveys. In general, seniors have the highest rates of satisfaction with life as a whole. However, seniors 65 years and over have lower assets than Canadians 55 to 64 years in 3 of the four capitals. Results suggest training policies to either enhance or substitute assets to ensure the well-being of seniors.

**Introduction**

A seminal report in 2009, popularly called the Stiglitz-Sen-Fitoussi report, suggested that economic indicators alone were not capturing the factors that were important to citizens and their countries. Societal progress was the result of improving well-being of people and households. Furthermore, well-being was described as a multidimensional concept capturing environmental, economic and social life. Therefore, cross-disciplinary approaches are required to understand well-being and to provide appropriate learning opportunities. In other words, there can be no simple one-time adult training to improve well-being if it is to be effective.

Well-being is an intangible concept. While there is no accepted concept of well-being, attempts at definition include the following aspects: life satisfaction, quality of

life, happiness, satisfied human needs and ability to pursue personal goals through personal resources. However, it is generally accepted that well-being is a driving force for human agency, achievement and satisfaction with one's good life.

As life expectancy increases in developed countries, governments are concerned with well-being in later life. Many of the personal mechanisms for enhancing well-being are thought to weaken as people age. To ascertain why this is indeed the case, first, it is important to examine the well-being of seniors in the context of well-being of all adults in the population or "vertical equity". Vertical equity addresses how unequally outcomes are spread across all people in society; for example, by looking at the size of the gap between people at the bottom of the distribution and people at the top. Second, it is important to examine the fairness of the distribution of well-being across groups or "horizontal equity". In this case, well-being is examined with the level earlier in life by comparing it across the senior and older worker groups. Policies would only be funded if it can be shown quantitatively that the well-being of seniors is lower than that of other adults and if interventions can be made to achieve equitable results across generations. "Results based policies" examine not only the results of individual policies but the consequences of the ensemble of policies which connect to people's lives and well-being.

By 2046, one in four Canadians will be over 65 years old, which increases the importance of understanding the well-being of seniors, the accumulation or decline of well-being over the life time and the potential means by which adult learning can compensate to equalize well-being in the population.

Adult learning can strongly impact the understanding of each personal capital asset as well as capital assets as a whole. For example, through adult learning, individuals can understand the importance of saving, the investment mechanisms and the accumulation of net wealth and the management of financial resources which will enhance the level of other capital assets, too. Therefore, it is important that opportunities for age appropriate learning are available well into old age. The potential impact of adult learning for improving capital assets will be discussed along with the findings.

### **Theoretical framework**

The Organization for Economic Cooperation and Development (OECD) launched the international Better Life Initiative in 2011 based on the theory of capital assets available to individuals and the population as a whole. The work was supported by the research communities in the 34 member countries of the OECD. Financial capital, social capital, personal capital and human capital are assets that affect the well-being of individuals while natural capital and national security, for example, benefits the population as a whole though the impacts may vary. These forms of capital are inter-related. For example, human capital or the knowledge and learning of the individual has an impact on better financial capital and personal capital measured as health. The ongoing project also uses the principles of horizontal and vertical equity to evaluate the performance of each country in terms of the well-being achieved for its population.

### **Methods**

This paper is a follow-up to the OECD evaluation of the well-being achieved in Canada, relying on the same theoretical basis. It uses the OECD work to establish the context where the well-being of the whole population was evaluated. But to ensure that well-being of citizens is maintained and even improved, it is important to know if well-being is distributed similarly among age groups and if well-being is even over the life course.

Therefore, two research questions impacting on well-being are proposed. First, do older Canadians have stable capital assets over their adult life? And second, which capital assets are greater than other age groups and which ones are lower? The answers to these questions provide evidence for policies to either enhance or substitute assets to ensure the well-being of seniors.

While, the OECD uses a set of 25 indicators of well-being, divided over both individual and national capital assets, this study of horizontal equity, focusses on selected objective and subjective indicators for financial capital, social capital, personal capital and human capital for individuals only. The analysis was based on data from recent Canadian national surveys which provided results by age groups.



Because of data limitations, rather than use several indicators for capital asset, two or more selected proxy indicators were used. Comparisons were made between the performance of Canadians aged 55 to 65 and those 65 and over, to determine if capital assets that contribute to well-being remain stable, decline or increase. Retirement, usually at 65, is a major life change which affects capital assets.

Financial capital is important for financial security which in turn is important for short term and long-term well-being. Typically, financial capital can be accumulated through income, investments and inherited wealth. Household income and household net worth were used by the OECD. In this paper, three indicators were used to compare the financial capital assets of age groups: the median after-tax income, household net worth and home ownership rates. Median after tax income of households is an indicator of the financial resources for daily living and the resources available for emergencies. Net worth is the total amount of money gained by the household if all assets were sold and all debts were paid off. The OECD had three indicators related to housing but home ownership is used here. Home ownership is a key saving mechanism and prime component of net worth. According to Statistics Canada, the principle residence was the largest asset of owner households, accounting for more than one third of the total value of financial assets.

Social capital at the individual level can be described as the networks of relationships among people who live and work in a specified society. Social capital was measured at the population level by the OECD, including indicators such as the volunteering rate and voter turnout, which would not be appropriate at the individual level. The three indicators used here were the median number of close family and friends, the use of social networking sites and feeling part of the community. The use of social networking site was an Indicator of relationships maintained over the internet, important for people who cannot drive, have difficulties with transportation and have family and friends who no longer live near by. A sense of belonging, important for well-being, is based on a person's attachment to and social comfort with their community, friends, family, workplace, or groups with similar personal interests.

Personal capital are assets or liabilities embodied in the individual or in his or her behaviour. Health is an important component of this capital asset and the OECD used

two indicators, perceived health and life expectancy. This paper used four indicators for individuals: perceived physical and mental health, the rate of stress and rate of disability.

Human capital is defined by the OECD as the knowledge, skills, competencies and attributes embodied in individuals that facilitate the creation of personal, social and economic well-being expressing the inter-relationship between capital assets as well as the link to well-being. Human capital was measured by a set of indicators related to employment and a set of indicators about education for the whole population. In this paper, the indicators used for human capital were education and employment.

### **Results**

The first task was to examine the well-being of the Canadian population to establish the context and to use a similar methodology. The well-being of the population of Canada was evaluated by the OECD as part of its Better Life Initiative and reporting the performance using indicators. The results of the OECD evaluation of national well-being found that Canada typically performed above the OECD average level across most of the 25 indicators.

THE CONTRIBUTION OF CAPITAL ASSETS TO THE WELL-BEING OF ADULT CANADIANS AS THEY AGE AND APPROPRIATE ADULT LEARNING RESPONSES



Note: This chart shows Canada's relative strengths and weaknesses in well-being when compared with other OECD countries. For both positive and negative indicators (such as homicides, marked with an "\*"), longer bars always indicate better outcomes (i.e. higher well-being), whereas shorter bars always indicate worse outcomes (i.e. lower well-being). If data are missing for any given indicator, the relevant segment of the circle is shaded in white.

Figure 1. Canada's national average current well-being – strengths and weaknesses, 2016

**The distribution of capital assets in the age groups 55 to 64 and 65 and over**

Once it has been established that the Canadian population has high level of well-being when compared internationally, distribution of well-being within the population based on the capital assets indicators can be undertaken. First, overall life satisfaction among those 55-64 and 65 and over were considered. Thirteen indicators related to the individual's four capital assets were analysed. The issue is to determine if capital assets are equally distributed contributing to stable well-being over the lifetime. If there is a decline in capital assets, then older Canadians are likely to experience lower levels of well-being. The role adult learning would be to provide knowledge to raise the capital assets to compensate for this decline.

### **Satisfaction with life as a whole as a measure of well-being**

Well-being can be measured in terms of life satisfaction, the presence of positive experiences and feelings, and the absence of negative experiences and feelings. Such subjective measures are a useful complement to objective indicators.

The OECD measured subjective well-being through life satisfaction. Life satisfaction measures how individual people evaluate their life as a whole rather than by different aspects of life such as health or as a result of current feelings. The average life satisfaction with life was measured on a scale of 0 to 10. People on average across the OECD, rated their life satisfaction at 6.5. Life satisfaction of Canadians was 7.3, higher than the OECD average. Canada ranked 7<sup>th</sup> among the OECD member countries.

In Canada, global life satisfaction is measured by the Canadian Community Health Survey, implemented by Statistics Canada with a sample of 65,000 people. The data for Canada shows that life satisfaction as an indicator actually rose with age. The score for Canadians 55 to 64 was 7.9 and rose to 8.2 among those 65 to 74 and 8.4 for those 74 and above. This pattern of high life satisfaction among seniors is a common phenomenon in high income countries.

### **Financial capital assets**

Financial capital assets were measured by the OECD using two indicators - median after tax income and home ownership. Median after tax household income was used rather than the average to get a good measure of disposable income after taxes and to avoid misrepresentation due to the skewed distribution of income. Home ownership was used as it is an important component of net worth. The two factors that make it so important are the proportion of the age group that owns their home and the value of the home as their financial asset. The OECD (2017c) reports that in Canada, the average household net-adjusted disposable income per capita was USD 29 850 a year, lower than the OECD average of USD 30 563 a year.

In Canada, according to the Census of 2016, the median after tax income of Canadians 55 to 64 was CAD 34,885 and it was CAD 25,827 for those 65 and over. This drop-in income is due to the fact that a high proportion of older Canadians live on retirement income and were no longer have earnings. This lower income after the working years did not appear to have an impact on overall life satisfaction.

Home ownership rates were high in general in Canada and tends to rise with age. According to the Canadian censuses of 2006, 2011 and 2016, the rate of home ownership of Canadians 55 to 64 was relatively stable, dipping slightly. In 2006, 77.7 per cent, dropping to 77.1 in 2011 and 76.3 per cent of 55 to 64 years old owned their homes. In comparison, in 2006 72.2 per cent rising slightly to 73.6 in 2011 and 76.3 per cent in 2016 of Canadians 65 and over owned their homes. These levels of home ownership among 65 years and older Canadians indicate that few of them divest themselves of their owned homes after the retirement age of 65. Three quarters of only these two groups own their homes compared to lower age groups.

Consider that the Survey of Financial Security (Statistics Canada, 2016e) found that the median net worth of households where the main earner is 55 or 64 years old was CAD 669,500. The net worth of households where the main earner was 65 and older was CAD 517,100. The lower figure for those older than 65 could be due to divestment for living expenses.

The value of the home is a key factor in the net worth of Canadians, especially if they do not have mortgage payments which would count as a liability. The median home equity of owners 55-65 was CAD 230,000 while it was CAD 250,000 for owners 65 and over in 2012. According to the Canadian survey of financial security, Canadian households where the major owner or earner was 65 or older had a median home equity of CAD 300,000 in 2016 which went up by 13.7 per cent since 2012. The Survey of Financial Security found that the average mortgage debt for households where the main earner was 55 to 64 had an average mortgage debt on the principle residence of CAD 242, 812, whereas the comparative figure for households with the main earner aged 65 and over was only CAD 53,020.

### **Social capital assets**

Social capital assets are based on the value and contribution of human relations, of networks and of organizations to individual achievement and social well-being. While transactions between people are characterized by reciprocity, trust and cooperation, society benefits from social support, integration and social cohesion.

The median number of close family and friends is an indicator that captures elements of a social support network as well the fostering of human relations. According

to the OECD (2017c), fully 93 per cent of Canadians believe that they know someone they could rely on in time of need, more than the OECD average of 89%.

The three indicators used for this paper were the median number of close family and friends and the use of social networking sites and feeling part of the community. The Canadian General Social Survey (Statistics Canada, 2016c) found that Canadians aged 55 to 64 had on average 9 family and close friends and 11 friends and acquaintances, while those aged 65 to 74 had an average of 9 family and close friends and 10 friends and acquaintances. The average number of family and close friends dropped to 8 and the friends and acquaintances dropped to 9 among Canadian 75 and over. This slight loss is surprising given the high correlation between age and the loss of family and friends due to illness and death among them.

The use of social networking sites is an attempt to include an indicator that includes relationships that are maintained over the internet. This is important because seniors try to maintain relationships though they often have trouble with transportation after the loss of their driving license and because many members of the family and friends may no longer live in the same community. According to the Canadian General Social Survey in 2016, the use of social networking sites fell to 36 per cent among Canadians aged 65 and over from 62 per cent among those 55 to 64. The drop was more precipitous than between other age groups. Future seniors are likely to be more tech savvy. According to the Canadian Social Survey, in the three years between 2013 and 2016, internet use among 65 to 74 years old rose from 65 to 81 per cent and among those aged 75 and older, it rose 35 per cent to 50 per cent. In fact, Statistics Canada (2016c) reported that internet usage is growing fastest among older Canadians.

Feeling part of the community is important for emotional well-being. Belonging is a human need and contributes to personal identity and contribution to society. It is an indication of shared values and potential support. Out of possible score of 10, Canadians 55 to 64 scored 7.7, those 65 to 74 scored 7.7 and those 75 and over scored 8.

### **Personal capital assets using health indicators**

Perceived physical health is a major personal asset that allows individuals to participate in the activities of their lives. Health has been often measured through “deficit” indicators rather than a global measure of overall health perceived by the individual. Though subjective, this indicator has been valuable in explaining experienced quality of life. Physical health has instrumental value enabling people to engage in work in and out of the home, undertake lifelong learning and to have good social relationships. According to the OECD (2017c), Canadians aged 55 to 64 and those aged 65 and over both scored 7.2 points out of 10 for perceived health.

Statistics Canada’s Canadian Health Estimates (2016b) provides a better picture for the two age groups of interest. The percentage of Canadians 55 to 64 who rated their perceived health excellent or good was 54.2 and 46.8 per cent of those 65 and over provided the same rating. The percentage of Canadians 55 to 64 who rated their perceived health as fair to poor was 46.8 per cent while 20.1 per cent of those 65 and over provided the same rating.

Perceived mental health is an important measure of both positive features such as mood and optimism on the one hand and negative aspects such as depression in one global measure. It provides a subjective view of emotional health that is important for quality of life. According to Canadian Health Estimates (2016b), the percentage of Canadians 55 to 64 who perceived their mental health as excellent or good was 70 per cent while 71.4 of those 65 and over provided the same rating. The percentage of Canadians 55 to 64 who rated their mental health as fair or poor 7.3 per cent and 5.3 per cent of those 65 and over provided the same rating. Perceived mental health scores were higher than perceived physical health scores for both groups.

Well managed positive stress promotes adaptation and striving for excellence. But negative stress particularly if it is chronic can have negative consequences for quality of life. Canadian Health Estimates measured the percentage of Canadians that perceived that most days in their life were quite a bit or extremely stressful. A quarter of Canadians aged 55 to 64 (25.16) experienced quite a bit or extreme stress while 11.3 per cent of those over 65 did so. The higher rate of stress of the younger cohort was likely due to work related to stress.

Measures that are barriers to participation are important to show the conditions that need to be overcome for well-being and life satisfaction. Such an indicator is the rate of disability. According to the Canadian Survey of Disability, the disability rate rose steeply with age. Among the group 45 to 64 the rate was 16.1 per cent, but it rose to 26.3 per cent among those 65 to 74 and 42.5 per cent for those 75 and over.

### **Human capital assets**

Human capital comprises the knowledge, skills, competencies and attributes that an individual can apply to activities of life. Education is a primary indicator for human capital as it enables the seizing of opportunities that are available to the individual.

The OECD indicators of employment rate and earnings and wages showed that Canada, like other western nations had been impacted by the recession but had recovered.

In the current knowledge economy in Canada, those with higher education are able to benefit more. The pattern of education has changed recently with high proportions of graduates with post-secondary education compared to earlier decades. Among Canadians 25 to 34 years 74 per cent of women have post-secondary education compared to 64 per cent of men, a pattern that is not seen in the older age cohorts. Among men 58 per cent of 55 to 64 years old and among women 54 per cent had post-secondary degrees. The rates decline further. Only 55 per cent of men and 47 per cent of women aged 65 to 74 had post-secondary degrees. Among those 75 and over 45 per cent of men and 30 per cent of women had post-secondary degrees. Among those 55 to 64, 16.2 per cent had no certificate or diploma and the rates were likely higher for those older. Literacy and numeracy are known to decline with age and almost half of this age group had low literacy and numeracy.

Work is an important means to accumulate both human capital and financial capital assets. Though there is no mandatory retirement age in Canada, the eligibility for income security in retirement is 65 years. According to the Canadian Census 2016, among those 55 to 64, 30.6 per cent did not work, 32.3 per cent worked part time or part year, and 37.2 per cent worked full time/full year. Among Canadians 65 and over, 80.2 per cent did not work, 13.8 per cent worked part time or part year and 5.9 per cent worked full time/full year. This translates to 3.4 million Canadians 55 to 64 who were in



the work force compared to 1.1 millions of those 65 and over who were working. In the Canadian labour force 17.4 per cent of workers were 55 to 64 years old but only 5.6 per cent were 65 and over. This means that one in four Canadians in the labour force is over age 55. Self-Employment is the most popular among those 65 and over. While 17.2 per cent were self-employed in 2015, 30.2 per cent of those 65 to 74 and 47.9 per cent of those 75 and over did so.

### **Discussion**

It is important to recognize that lifelong learning includes seniors as well and that learning does not necessarily need to be job related. It is well known that the younger cohorts tend to be more engaged in education and training than older cohorts. Evidence based adult learning public policy should examine the ways in which the well-being of Canadians can be improved by increasing the knowledge and skills of Canadians. Well-being is a multifaceted concept and so continuous and multidimensional training would be required. It is important to know what types of learning should be offered, to which Canadians and at what stage of life they should be provided. Therefore, the responses, based on the 13 indicators of well-being to the two research questions are pertinent.

#### **Do older Canadians have stable capital assets over their adult life?**

Satisfaction with life as a whole was high in Canada (7 out of 10) and furthermore, it was shown to rise with age, shifting from 7.9 for those 55 to 64 to 8.4 for those 75 and over.

A careful look at the remaining 13 indicators show that the capital assets do not remain stable (Table 1). This indicates that adult learning must provide for the well-being needs of each age group and be age appropriately targeted. Of these 13 indicators only 3 were stable and four of them rose. It is essential to note that even for indicators within a particular capital asset, the changes with age were not the same. This means that each indicator must be analysed to determine the content and type of learning that should be provided to older adults who are of working age (55 to 64) and or those who are older. Very few adult learning topics can be uniform over the ages 55 to 75 and over, shown by those indicators that were stable. It is also clear that while those who are of

working age can access adult learning through work, those who are older must be reached in other ways. Even for those working, adult learning on topics unrelated to work (financial planning) must be provided through other means than work.

**Which capital assets were greater than other age groups and which ones were lower?**

In addition to examining the changes in capital assets contributing to well-being as a person ages, options for adult learning responses should be examined. The overall picture shows that six of the capital assets declined and there could be some compensatory adult learning that could be considered, supporting each of the capital assets. Each of the indicators are examined for adult learning possibilities below.

Table 1  
*Indicators*

| No. | Capital asset for well-being | Indicator                      | Rise, decline<br>or stable<br>with age |         |
|-----|------------------------------|--------------------------------|--|---------|
| 1   | Overall                      | Life satisfaction              | Rise                                   |         |
| 2   | Financial capital            | Median after tax income        | Decline                                |         |
| 3   |                              | Home ownership                 | Stable                                 |         |
| 4   |                              | Net worth                      | Decline                                |         |
| 5   |                              | Social capital                 | Number of family/friends               | Stable  |
| 6   | Use of social networking     |                                | Decline                                |         |
| 7   | Community belonging          |                                | Rise                                   |         |
| 8   | Personal (Health) capital    | High perceived physical health | Decline                                |         |
| 9   |                              | High perceived mental health   | Stable                                 |         |
| 10  |                              | High stress                    | Decline                                |         |
| 11  |                              | More disability                | Rise                                   |         |
| 12  |                              | Human capital                  | Post-secondary education               | Decline |
| 13  |                              |                                | Employment (Not working)               | Rise    |

Life satisfaction is high among older adults - Potential adult learning options could be to further enrich their lives with courses or training in personal interests and hobbies, such as painting, chess or learning another language.

Median after tax income - Since earning is unlikely to be a component of income for most seniors, it is important that they can make wise judgements about saving and investing to optimize income. There are some investment courses available, but it is unclear how much they are used by older Canadians. Most seniors appear to use traditional methods of saving such as real estate and savings accounts and are unaware of the new savings and investment vehicles that are available. Seniors are unlike other age groups because they need to know the best ways in which divest their income as well and to minimize tax exposure because they have fixed incomes.

Home ownership - Building home equity takes time. It is important for older people to know the relative merits of saving through investment in a primary residence, compared to other means of saving. It would also be important for older owners to be mortgage free by their retirement. Home ownership is high among seniors but this asset is not liquid. Some older households are house rich but income poor. So, learning how to transform home equity into an income stream would be valuable.

Number of family and friends - Older people appear to retain their supportive network of friends and acquaintances. However, it would be useful for them to know means of enlarging the networks of their peers through friendships around shared interests, volunteering and even signing up for courses.

Use of social networks - Much has been written about loneliness of older people particularly those living alone. Those affected are those that have limited mobility due to physical limitations and lack of transportation. The use of social networks can increase their networks, particularly linking them with younger generations such as grandchildren. Social networks can enlarge their world view and understanding of the evolving society. Courses on digital literacy, designed for older people would be particularly valuable. This can increase their access to self-learning opportunities and to group learning such as bridge clubs or reading circles.

Community belonging - This is vital for contributions to something greater than one's self. This is rated highly by older people. Older people can be recipients of

companionship as well as support, but more importantly, they can also realize that they have knowledge and skills to offer, through volunteering, for example.

Perceived physical health - Most older people feel that they are in good health. However, society now expects individuals to provide self-care into advanced age. This means that learning about the conditions of normal aging, the importance of exercise, use of medications and good nutrition would be useful to increase well-being.

Perceived mental health - Mental health is vastly underestimated. Adult learning should provide a good understanding of mental health as the body ages and how to determine the risks and symptoms that require immediate and professional psychological care. For those who have suffered a stroke or similar brain related condition, knowledge for both caregivers and the older person would be useful.

Stress - Managing stress is useful at any stage of life. However, the initiators of stress are different in old age when one is not working. Therefore, stress management especially designed for retired and aging people would provide benefits for their well-being.

Disability rates - Old age can be related to multiple disabilities such as sight, hearing and mobility. These can be ameliorated through the use of prostheses and aids, and do not necessarily need to hamper daily living badly or their round of activities. Group exercising classes and support groups can be useful for sharing experiences and information on support services.

Education - There is a large range in learning capacities among seniors. Those that have low literacy and numeracy need assistance to upgrade before they can undertake other types of learning. At the other end of the spectrum, those that are intellectually curious can benefit from university or other courses that can be satisfying. Seniors can acquire new skills sets such as genealogy or recording oral histories. They can also engage in teaching their peers or in intergenerational learning.

Work - The proportion of Canadians who will continue to work after age 65 is likely to rise. For those in the labour force, it is important that job related training be available to older workers as well. Returns can be high, because such learning builds on years of experience. Furthermore, training can increase the possibilities for self-employment after retirement from traditional jobs. Formal, non-formal or informal training can help in successful volunteer work as well. It would also be wise to provide

pre-retirement training to workers so they can make a smooth and healthy transition from work to retirement.

### **Conclusion**

Well-being is a complex phenomenon and training must be appropriate to the specific areas of need related to it. Indicators show that the various components of well-being change with age. Though some standardized courses would be useful, it would be more effective to have learning opportunities customized for the needs of older Canadians.

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**THE CONTRIBUTION OF NON-VOCATIONAL ADULT EDUCATION TO THE WELL-BEING OF  
OLDER PEOPLE: RESULTS FROM THE EUROPEAN BELL STUDY.**

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### **Introduction**

The paper presents empirical findings from the European study “Benefits of Lifelong Learning (BeLL)”<sup>1</sup> (2012-2014) and focuses on the development of well-being perceived by older learners (65-92 years old) after their participation in non-vocational, non-formal adult education courses. Non-vocational, non-formal adult education includes all courses, classes, lectures, workshops, and trainings that are provided by institutions of formal and non-formal education (Manninen et al., 2014; Thöne-Geyer et al., 2017). The eligible learning activities are based on topics that are not directly connected to any special occupation or even to occupation at all but to wide range of learning for life and personal development, or to the wish for social engagement. Thus, individuals participate in courses if non-formal, non-vocational continuing education voluntarily and intentionally to satisfy their learning needs and interests and to develop or improve their abilities and skills (Matyas et al., 2017). Pedagogical offerings and

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<sup>1</sup> The BeLL-project (2011-2014, [www.bell-project.eu](http://www.bell-project.eu)) was funded by the European Commission as a part of the EU funding stream “Studies and Comparative Research (KA 1)”. The following organizations and persons are part of the BeLL research team and have contributed to the research: Dr. Marion Fleige & Dr. Bettina Thöne-Geyer (German Institute for Adult Education DIE, Germany, *project coordinator*), Prof. Dr. Jyri Manninen, Dr. Matti Meriläinen & BA Anina Kornilow (University of Eastern Finland UEF, Finland), Prof. Dr. Monika Kil (Danube University Krems, Austria), Dr. David Mallows & Dr. Samantha Duncan (University of London, Institute of Education IOE, United Kingdom), Dr. Javier Diez (University of Barcelona, CREA Research Centre, Spain), Dr. Petra Javrh, MSc Ester Možina & Dr. Natalija Vrečer (Slovenian Institute for Adult Education SIAE, Slovenia), Dr. Hana Danihelková (Association for Education and Development of Women ATHENA, Czech Republic), MA Irena Sgier & MA Christine Hary (Swiss Federation for Adult Learning SVEB, Switzerland), Prof. Dr. Simona Sava (Romanian Institute for Adult Education IREA, Romania), Prof. Dr. Katarina Popovic, Dubravka Mihajlovic & Edisa Kecap (Adult Education Society AES, Serbia, associate partner), Paola Zappaterra (Associazione di donne Orlando AddO, Italy) and for the dissemination of the results Dr. Gina Ebner & MSc Francesca Operti (European Association for the Education of Adults EAEA, Belgium).

programs are designed accordingly but are also meant to evoke learning needs and interests (Fleige et al., 2018; K pplinger et al., 2017).

The paper starts with a short presentation of definitions and dimensions of well-being to frame the focus. Hereafter, the aims and goals of the BeLL study, its sample and methodology are described. As a next step, core findings from the quantitative and qualitative data are presented pointing out the perceived changes in subjective well-being according to the following dimensions: mental well-being, sense of purpose in life, physical health and health behavior as well as social networks. A summary of the results completes the paper, together with reflections on biography and learning interests as a framework to explain benefits and well-being of adult learning from the perspective of adult education theory.

### **Well-being: definitions and dimension**

The definition and measurement of (psychological) well-being still challenges scientists of various disciplines (for an overview see Dodge, Daly, Huyton, & Sanders, 2012). Mostly, the term “well-being” was/is connected to positive feelings and emotions, happiness and joy of life, but also to positive psychological functioning and human development (Dodge, Daly, Huyton, & Sanders, 2012). Thus, Shah and Marks (2004) underline: “Well-being is more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community” (p. 2). From this perspective, a person’s well-being can also contribute to her or his successful<sup>2</sup> and productive<sup>3</sup> aging. “Aging successfully requires that life is considered as an opportunity for personal growth and development, a chance to meet challenges and find meaning in that effort” (Southcott & Li, 2018, p. 283).

Various researchers align the development of well-being to the personal assessment of one’s current situation in view to his/her aspirations in life (for an overview, see also Dodge, Daly, Huyton, & Sanders, 2012, p. 223). Definitions of “well-

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<sup>2</sup> Productive aging is a term which refers to “how people can remain productive for others and society as older adults” (Moody 2004, cited by  berg 2016, p. 412).

<sup>3</sup> Studies of successful and active aging focus primarily and physical and health issues (Moody 2004, cited by  berg 2016).

being” focus either on well-being as a stable trait or on a “dynamic equilibrium theory of well-being” (also referred to as set-point theory) (Dodge, Daly, Huyton, & Sanders 2012, p. 226). Here too, mental well-being is related to a dynamic state, which allows people to achieve their goals and find a purpose in life.

Even when there is not (still) an overall accepted definition of well-being a lot of research was conducted on different dimensions of well-being. Such dimensions connected to (psychological) well-being include, for example: quality of life (Shin & Johnson, 1978); self-acceptance, purpose in life, environmental mastery, positive relationships, personal growth and autonomy (Ryff & Singer, 2008) or happiness (Pollard & Lee, 2003; Seligmann 2011). The latter, however, can be regarded as a result of the previous aspects, as it has been written in the interdisciplinary literature on “emotion” and “joy” (e.g. Gieseke, 2006b).

The contribution of learning, respectively adult education, for the development of well-being has already been underlined by various studies (e.g. Åberg, 2016; Fisher, 2003). Especially studies based on the ‘Wider benefits of learning’-approach showed the influences that organized adult learning offerings have on the development of the learners’ well-being especially on mental well-being and health status (see Schleiter, 2008; Schuller & Desjardins, 2010) but also on a person’s civic and social engagement (Feinstein & Hammond, 2004; Preston, 2004).

The European study on the ‘Benefits of Lifelong Learning’ (BeLL) also used the concept of the wider benefits of learning in order to examine the so called ‘non-economic benefits’ of lifelong learning fostered by non-vocational adult education. By ‘non-economic benefits’ the study refers to benefits that are not directly linked to additional income or increased productivity. Learners are capable of developing such non-economic benefits both with regard to their social lives - encompassing for instance a greater level of trust or social cohesion - and with regard to individual satisfaction, a better health status or an improved family life (Schuller & Desjardins 2010). The BeLL study examined the wider benefits stemming from the participation in non-vocational, non-formal adult education that means courses, like for example, arts and music courses as well as health-oriented courses like Yoga or Nordic walking but also language courses or courses in philosophy or history. Based on previous studies the BeLL study considers all possible benefits found in earlier studies (except lower crime level) (Manninen et al.,



2014). The 14 benefit constructs examined in the BeLL study are: *Locus of Control, Self-efficacy, Tolerance, Trust, Social Networks, Sense of Purpose in Life, Civic and Social Engagement, Civic Competence, Mental Well-being, Work-related Benefits, Physical Health, Health Behavior, Family, and Changes in Educational Experience.*

Especially constructs like *Locus of Control, Self-efficacy, Social Networks, Sense of Purpose in Life, Civic and Social Engagement, Mental Well-being, Physical Health and Health Behavior* refer to different dimensions of well-being as mentioned above. Looking at this range of benefits as well as at the range of activity and positive attitudes and emotions that are related to them, we would like to suggest a rather broad understanding of “well-being” that is open also to qualitative pedagogical data analysis and theory-building.

Within this framework, this paper focus on the following benefits: *Social networks, sense of purpose in life, mental well-being and physical health* as well as *health behavior*. Thereby, the contribution of non-vocational, non-formal adult education to the well-being of older learners will be exemplified using qualitative data from the BeLL study.

### **Aims, sample and methods of the BeLL study**

The main purpose of the BeLL study was to investigate the individual and social benefits perceived by adult learners who participated in liberal adult education courses. Benefits of lifelong learning were defined, refined, and explored in ten European countries. In order to achieve these aims, the BeLL study used a mixed-methods design consisting of two interrelated phases of research. In the first phase, quantitative data was collected via a questionnaire. In the second phase, qualitative semi-structured interviews were conducted.

The specific research questions for the BeLL survey were: What are the benefits of participation in liberal adult education according to the respondents? Are there any differences in the experienced benefits between different groups of participants? Between the types of study topics in different kinds of courses, as experienced by the learners? Between the countries involved in the study? What kinds of course-related

aspects in the learning process support the development of benefits as perceived by the individual learners?

The BeLL study is based on the experiences of adult learners who participated in at least one liberal adult education course during the past 12 months. In total, 8,646 valid completed questionnaires and 82 interviews across the ten participating countries were retrieved from adult education centres sponsored publicly (public provision) or by various organizations of the civil society.

Table 1

*Respondents by country*

| Country        | N    | %     |
|----------------|------|-------|
| England        | 709  | 8.2   |
| Finland        | 1252 | 14.5  |
| Germany        | 902  | 10.4  |
| Italy          | 543  | 6.3   |
| Romania        | 1043 | 12.1  |
| Switzerland    | 274  | 3.2   |
| Serbia         | 981  | 11.3  |
| Spain          | 898  | 10.4  |
| Czech Republic | 989  | 11.4  |
| Slovenia       | 1055 | 12.2  |
| Total          | 8646 | 100.0 |

Within this sample, 16 per cent of the respondents (1,338 persons) were aged 65-92. 15 interviews out of a total of 82 were conducted with people older than 65.

The sampling method used in the BeLL survey was the method of convenience sampling (Hedt & Pagano, 2011) targeting active adult learners in liberal adult education organizations. Because liberal adult education is organized differently in each country, some national modifications within the sample had to be undertaken.

In order to capture the wide range of potential liberal adult education course topics, a sampling plan was created and used as a guideline when targeting respondents. Each partner organisation participating in the BeLL study (universities, research

institutes and organizations from the field of adult education) had to make sure that their BeLL sample contained various course types respectively topics.

Table 2

*Main categories of course types*

| Main category of course type       | Frequency | Percent | Valid % |
|------------------------------------|-----------|---------|---------|
| Health & sports                    | 941       | 10.9    | 11.0    |
| ICT & skills                       | 1210      | 14.0    | 14.2    |
| Languages                          | 1290      | 14.9    | 15.1    |
| Creative activities                | 1135      | 13.1    | 13.3    |
| Society & culture                  | 914       | 10.6    | 10.7    |
| Work-related and vocational topics | 958       | 11.1    | 11.2    |
| Several courses attended*          | 2099      | 24.3    | 24.6    |
| Total                              | 8547      | 98.9    | 100.0   |
| Missing                            | 99        | 1.1     |         |
| Total                              | 8646      | 100.0   |         |

\* This category includes participants who participated in more than one type of course.

The Table above (Table 2) indicates the number of course topics (not the number of courses) that respondents mentioned. The cumulative category ‘several courses attended’ includes respondents “who participated in two or more courses belonging to different course categories, for example one language course and one course related to health and sports” (Maninnen et al., 2014, p. 22).

Out of the 8,646 respondents, about 62 per cent had participated in only one liberal adult education course during the past 12 months; the rest had taken two or more courses.

### **Empirical results**

Some of the benefits examined in the BeLL study directly connected to dimensions of well-being are:

*Mental well-being* (as a “dynamic state in which individuals are able to develop their potential, work productively and creatively, built strong relationships with others, and contribute to their community” (Foresight Mental Capital and Well-being project, 2008, p. 45). Operationalized in BeLL<sup>Q</sup> as (6) *Taking all things together I am happy* and (15) *I am satisfied with my life*.

*Sense of purpose in life* (as having goals in life and a sense of directedness, a feeling that there is meaning to present and past life, harbouring a belief that gives purpose, and having aims and objectives for living (see Ryff, 1989). Operationalized in BeLL<sup>Q</sup> as (29) *I know what I want from my life* and (35) *I am positive about life*

*Locus of control* refers to the extent to which individuals believe they can control events that affect them (Rotter, 1966; Zimbardo, 1985). Operationalized in BeLL<sup>Q</sup> as: (31) *I feel I have influence over the things that happen to me*, (28) *When I make plans, I am certain that I can make them work*, (30) *I am convinced that what happens to me is my own doing*.

*Self-efficacy* is defined as people's beliefs about their capabilities to influence events that affect their lives. It represents the extent to which we believe that we are the authors of what we do and what happens to us (Cervone, Artisitco, & Berry, 2006; Scholz, Doña, Sud, & Schwarzer, 2002; Schwarzer & Jerusalem, 1995). Operationalized in BeLL<sup>Q</sup> as (34) *If someone opposes me, I am able to find the means and ways to get what I want*, (32) *It is easy for me to stick to my aims and accomplish my goals*, (33) *I am confident that I could deal efficiently with unexpected events*.

*Physical health* defined as “a relative state in which people are able to function well physically. Self-rated health is widely used in research as a valid indicator of both physical and mental health” (Chen & Yang, 2013, p. 65); health behavior leads to a healthier living and includes aspects such as giving up smoking, increasing exercise, positive changes in behaviour and attitudes, and more healthy living. Operationalized in BeLL<sup>Q</sup> as (59) *I try to lead a healthy lifestyle*, (17) *I am satisfied with my physical health*, (23) *I pay attention to my health (smoke less, drink less)*

Some others of the examined benefits are more indirectly linked to well-being:

*Social networks* defined as “a social structure based on individuals or groups” (Manninen et al., 2014, p. 13) and civic and social engagement includes activities such as joining associations, volunteering, or otherwise taking on a more active role in the

community (OECD, 2007). Operationalized in BeLL<sup>Q</sup> as (3) *I am involved in social networks (friends, colleagues etc.)*, (4) *I am engaged in my local community*, (21) *I am likely to take part in voluntary activity*, (22) *I meet other people*.

The statistical analysis of the BeLL data was based on the *experienced and reported changes* as expressed by the respondents. These were measured with the help of 27 benefit statements (measuring the 12 benefit concepts) and 8 psychological statements (measuring the two psychological concepts). Respondents were introduced to a list of potential benefits and asked to estimate whether they had experienced changes in these areas caused by participating in liberal adult education courses during the past 12 months. They were asked to reply on a scale ranging from “Much less (- - -)”, “Less (- -)”, “Slightly less (-)”, “No change (0)”, “Slightly more (+)”, “More (+ +)” and “Much more (+ + +)”.

### Results from the quantitative data in relation to the group of older participants

The figure below gives an overview on the perceived changes after participating in at least one non-vocational, non-formal adult education course. The results are presented based on the single statements of the BeLL Questionnaire.



Figure 1. Changes experienced by all the respondents (N=8,646) ranging from the most to the fewest positive changes reported<sup>4</sup>.

<sup>4</sup> “For presentation purposes, the response options ‘much less’, ‘less’ and slightly less’ have been combined and reduced to only one response, ‘less than before’. Likewise, response options measuring

Referring to the perceived changes in those dimensions corresponding to well-being it can be noticed that, for example, 80,7 per cent of all respondents stated that they were feeling happier after participation in courses of non-vocational, non-formal learning. 78,0 per cent indicate that they are more positive about their lives and 70,9 per cent state that they pay more attention on their health than they have done before. With regard to the respondents' age, the quantitative results show that the group of the older participants (65-92 years old) experienced significantly more benefits in the dimensions of *Social engagement* as well as in the dimensions *Health*, *Mental well-being* and *Sense of purpose in life* compared to the younger and middle age groups (Manninen et al., 2014; Manninen & Meriläinen, 2014). However, it has to be mentioned that overall, these statistical differences are small, even when they reach the level of statistical significance (Manninen et al., 2014).

### **Results from the qualitative data in relation to the group of older participants**

In total, 82 semi-structured interviews were conducted in the BeLL study. Focusing on the group of older people, data are available from 15 semi-structured interviews conducted with learners older than 65 years old. The predominant benefits found in the qualitative data in all ten European countries were (among some others like *changes in educational experiences*, *work related benefits* and *skills and competences*), *social networks*, *mental well-being*, *self-efficacy* and *sense of purpose in life*. *Mental well-being*, *sense of purpose in life* and *self-efficacy* have strong links to the dimensions of well-being (see above); whereas the benefit *social networks* is more indirectly linked to well-being. Furthermore, the benefits *physical health* and *health behavior* contribute mostly directly to the well-being of individuals. These benefits were mentioned in the interviews, too.

The following benefit statements substantiate the contribution of participating in non-vocational, non-formal adult education courses to the different dimensions of well-being, as:

*Mental well-being*: is related to positive and pleasant emotions. Many of the older interviewees in the BeLL study point out positive feelings related to their

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changes in the other direction were merged into one response, 'more than before'. The 'no change' category remains the same". (Manninen et al., 2014, p. 23).

participation in non-vocational, non-formal adult education courses. A 70-year-old woman from Germany (GER\_A) participating in painting, gymnastics, Nordic walking, breathing techniques and Romanian courses, states:

I find this quite astonishing when I'm painting for example. Painting simply makes everything else vanish from my mind. I'd say this because I feel completely relaxed, because when I'm painting, all my problems, somehow, I don't know, they somehow disappear. I'm concentrating on painting and that's it.

The activities in the painting course cause a feeling of relaxation and stress relief and bring her to a positive state of 'flow', which contributes to her mental well-being.

*Sense of purpose in life:* a statement by 70-year-old Romanian women reflects this dimension: "We are very pleased about all the things we can discover, and we can find out so much information on the Internet, and not only from Romanian sites, since we can understand English, too" (RO\_NV; participating in English courses, health courses and ICT). This statement shows that the learner has gained new inspiration for her life from learning English. She can make a better use of the modern technical achievements and thus, gets access to a lot more interesting worldwide information than before. This widens her overall perspectives and gives her a feeling of participation and inclusion, which in turn evokes feelings of happiness and satisfaction.

In the same way, a 77-year-old female learner from Switzerland (CH\_F), who participates in courses on Desktop Publishing, photoshop, Dutch and sewing, points out: "And when you realize, 'I can learn that, I can learn something new', then it's satisfying and you think: So, I could do this, too, or even this". The statement enlightens that positive learning experiences support the well-being of older people and that learning itself can become a goal for one's life, stimulating the wish to move on. Thus, the participation in non-vocational, non-formal adult education courses offers a possibility for older people to upright their learning interests. A male learner from Germany (GER\_D), 72 years old, who participates in French language courses, says: "It gives me personal satisfaction to know, that I'm still capable of going to a course and learning French at my age". While being old is often associated with cognitive regression, older

people participating in adult learning demonstrate the opposite and thus, underline their cognitive capabilities and present themselves as active learners amongst their social environment. Moreover, they report personal satisfaction – as a positive emotion and state of mind leading to joy/happiness – as an aspect of well-being, and linked to a determined learning experience.

The way in which the degrees of cognitive and mental activity over the life span and within later life contributes to cognitive and mental health and social inclusion has also been shown by much psychological, neurophysiological and some educational research (e.g. Baltes, 1990). In this literature, the interrelation of learning over the life span, intelligence and development is discussed, pointing out the great potential of the later life. Moreover, there are several contributions from the field of education research that hint at the benefits of lifelong learning in later life within the framework of organized adult education (sometimes with regard to different areas of study) (Kade, 2007; Kruse, 2006; Nebauer & de Groote, 2011; Schmidt-Hertha & Knauber, 2016; Tippelt et al., 2009)<sup>5</sup>. However, much more evidence from mixed method and also transnational research, as in the BeLL study, is needed.

Returning to the data and to the *sense for purpose in life*, another interview touches the aspect of dealing illness and integrating it into identity and social life. To be an interesting communication partner for her social environment – despite her illness – is one of the concerns of the 77 years old female learner from Switzerland (see above). She says:

I try to imagine my life if I wasn't so busy and I'd obsess about my illness and my suffering – I'd be a completely different person actually. People would invite me out of pity or – take me along with them and suchlike. But quite the opposite – I find we always have exiting things to talk about (CH\_F).

Participation in adult learning courses offers an opportunity for her to live a fulfilled life and to build up an identity as an interested and active person which is not reduced to her illness related to later life.

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<sup>5</sup> Some of this research also deals more with the conditions of participation that lie within and without the addresses.



*Physical health:* within the interviews, physical health is often mentioned in connection with health courses. So does the 70 years old learner from Romania (RO\_NV), who participates also in a health course: “If I come back to the issue of health, certainly this is a great gain for us. (...) However, we do exercises adapted to our age; we’re developing muscle tone, and we sweat”. To become physically trained in view to her age is estimated as a surplus to her life by this learner. As the interview goes on, she states: “Each of us also does exercises every morning at home, as we learned at the course, to lose stiffness”. A regular training on the base of knowledge she gained during her health courses prevents her from physical restrictions increase with age and maintains her well-being.

*Social networks:* this benefit is frequently mentioned “as a benefit both with regard to the interaction occurring in the course and that occurring in the new social networks” (Sgier, 2014, p. 27). Thus, a 70-year-old woman from England participating in writing courses and Welsh courses mentions:

(...) and they [the courses] have given me new social outlets; I have made really good friends – really good friends, lasting friendships. And other things have come out of them: For instance, out of the writing class and the Welsh class, some of whose members coincide. I’ve set up a quiz team and we do charity events – lots of events, some of which we won.

This statement not only proves the well-being stemming from the new social contacts established in adult learning courses, but also shows also that these contacts can lead to a more interesting and active social live outside the courses, which in turn prevents the learner from exclusion and loneliness when getting older.

### **Conclusion**

The BeLL data reveal and illustrate the contribution of non-vocational, non-formal adult education to the well-being (respectively to its different dimensions) in later life. The participation in non-vocational, non-formal adult education courses contributes to the well-being of older learners since it leads to relaxation, stress relief

and a state of inner satisfaction (related to a feeling of “happiness”) and, cushions’ changes and experiences which are not always, but often, related to retirement, the loss of competencies, illness, the loss of family members and/or friends (see also Kade, 2007).

Non-vocational, non-formal adult education offers a unique (and often the only) possibility to learn new things/get new information within the framework of organized learning (meaning: information presented by a professional teacher, learning supported by pedagogical methods and within in a learning group framed by stable structures of time and place) in later life. As a consequence, older people are better able a) to connect to social and technical changes, b) to make new social contacts and establish networks, and c) upright their self-image as learners and demonstrate this to their social environment, too. All this seems to contribute to the well-being of older people and furthermore can prevent them from social exclusion respectively foster social inclusion and coherence.

### **Perspectives for future analysis of the BeLL data**

A focus for further analyses based on the BeLL data set will be laid on the connection between learning interests developed over the life span, participation, benefits and their contribution to the further development of learning interests in later life. Tippelt et al. (2009), among others, have discussed the tremendously important question of how learning interests developed over the life span foster learning decisions in later life in a multiperspective study, the so called EdAge study. Their research provides elaborate evidence on this interrelation, but with a less explicit focus on the question of the benefits as it is laid out in the BeLL study<sup>6</sup>. Connecting to this research, the interpretation of the BeLL data has to expand on (learning) experiences and the (learning) biography (see e.g. Alheit, 1996, and the numerous international contributions to this topic), meaning-making over the (learning) life span (Arnold, 1999) as well as learning interests and emotions (Gieseke, 2016b; Grotlüschen, 2010) whose relevance for the learning process and benefits clearly appear from the BeLL interviews,

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<sup>6</sup> The EdAge study was followed by the PIAAC-related study on the “Competencies in later life” (CiLL) which will have to be taken into account in relation to the benefits, focusing on the question how the competencies can be developed through adult education and how they relate to benefits of lifelong learning (Friebe, Schmidt-Hertha & Tippelt, 2014).

especially with older learners. In particular, learning interests – understood as positive emotions, positive statements towards learning topics and habitus – developed over the life span foster learning decisions in a continuous process and lead to deep learning interests as well as results and new learning decisions as the work by the authors named above show.

Taking these powerful theoretical concepts in adult education research into account, the “benefits” of lifelong learning are to be understood not only as aspects of learning outcomes and effects, but of continuous reflection of one’s life, one’s learning needs and one’s learning process over the life span (see also Fleige, 2015). This has already been pointed out by Duncan (2015), but there seems to be much more evidence from the BeLL data corpus in general and with respect to learning in later life<sup>7</sup>. Learning over the life span maybe linked to literal “life projects” that are followed over time, as discussed by Illeris (2010), bringing about particularly satisfying benefits.

To analyse the interrelation of benefits, interests and biography – as expressed and reflected by learners - seems to be especially relevant in the light of the fact that the later life is a rich source of experiences, of meaning and of a stable self-concept. All this may reveal a particularly strong sense of the benefits that learning in organized learning settings bring about, compared to earlier phases in life. In the light of these assumptions, learning appears as an individual and self-determined formation of one’s own life that is socially, emotionally, cognitively and bodily-rooted (Gieseke, 2016a). Empirically based theory-building on this matter could also help to foster justifications for participation in adult education in later life in contexts where its relevance and necessity is denied or underestimated both by the addressees of adult education and the society (Schmidt-Hertha, 2015; Schmidt-Hertha & Knauber, 2016)<sup>8</sup>. The results from the BeLL study are likely to prove the opposite and to make a strong argument for organized adult education and its maintenance across Europe. As such, the wide range of topics in adult education is needed in order to foster individual development over the life span as the BeLL data show. However, in order to foster a new European initiative

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<sup>7</sup> So far, the benefits of learning in later life have not been the core interest of the analyses within the BeLL consortium, but the topic is worth for further investigation in the data.

<sup>8</sup> In doing so, it will also be important to differentiate but, however, not to over-emphasize the differences of the benefits of learning that may occur from different phases of later life that may occur for different individuals.

for adult education, the questions of access to lifelong learning, or of its benefits, solely and isolated one from another, are overtopped by the *question of how learning in the classroom can sustain learning processes and their benefits – across all phases of the life time and the biography.*

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THE CONTRIBUTION OF NON-VOCATIONAL ADULT EDUCATION TO THE WELL-BEING OF OLDER PEOPLE:  
RESULTS FROM THE EUROPEAN BELL STUDY

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**POTENTIAL FOR ENHANCING OLDER ADULTS' WELL-BEING IN LIBRARIES: SOME EXPERIENCES  
IN JAPANESE PUBLIC LIBRARIES THROUGH THEIR DEMENTIA-FRIENDLY PROJECTS**

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**Abstract**

Japan has been facing serious challenges concerning ageing. The fact that the percentage of the population over 65 reached 27.7% in 2017 clearly shows the nation has the largest volume of elderly in the world today. This is not only attributed to the advancement of medical technology and long-life expectancies, but also to a serious decline in the fertility rate. Along with this demographic challenge, the nation has encountered unprecedented social and cultural problems with ageing, and its impacts have been felt in many different parts of Japanese society. Above all, the nation has seen an increase in the problems caused by living to an older age, especially cognitive problems. With one in five Japanese aged 65 and over, or around seven million people, predicted to have dementia by 2025, the nation urgently needs to take countermeasures. This study intends to explore the potential of public libraries as one of the community institutions which could enable to enhancing older adults' well-being, focusing on one of the latest dementia-friendly projects and its experiences which have been conducted by one public library in Kanagawa Prefecture, Japan. Although more reforms are required, current findings indicate that public libraries by nature have immense potential to enhance the well-being of those with dementia through the use of their resources, regardless of the level of understanding on the contents of materials, in that they provide a means of connection with the community and a sense of belonging in a quiet way. Moreover, public libraries could not only work as an information provider for all kinds of stakeholders with diverse needs and interests, but also provide a space for mutual interaction between ordinary citizens, including those with dementia and older volunteers who show interest in dementia.

## Introduction

The ageing rate of a society can be accelerated by some common features across the globe, such as the advancement of society, advancement of medical technology, long life expectancies and a decline in fertility rates, although the actual situations differ depending on the context. Yet, among the varying situations of the world's countries, it is obvious that Japan has over time stood out in world's ageing process in the following respects.

Firstly, the astonishingly rapid speed of ageing, which has far surpassed the world average, bears mentioning. In 1970, Japan's ageing population, which is defined as the proportion of individuals who are 65 and over, accounted for just 7.1% of the total, and until the 1980s, the proportion remained relatively low, compared to other industrial countries (Cabinet Office, Government of Japan, 2017). In 1994, the ageing population exceeded 14%, starting to overtake the corresponding rates of almost all other industrial countries by the end of the 1990s (Cabinet Office, Government of Japan, 2017). It only took 24 years for Japan's 7% ageing population to double to 14%, which is a very short timeframe compared with corresponding figures in most other industrial nations—the same trend would take 115 years in France, 85 in Sweden and 47 in Britain (Institute for International Cooperation & Japan International Cooperation Agency, 2006). Thereafter, the ageing population exceeded 20% in 2007, and in 2017 the percentage of the population over 65 reached 27.7% (Cabinet Office, Government of Japan, 2017).

Secondly, while experiencing rapid ageing, Japan has been simultaneously facing not only a decline in the fertility rate, but also serious population reductions that have been stated as main factors in accelerating the rapid ageing of Japanese society (Cabinet Office, Government of Japan, 2003; Takahashi, 2006). The country's total population is expected to fall by almost a third within 50 years, from 126.93 million in 2016 to 88.08 million in 2065 (Cabinet Office, Government of Japan, 2017).

Thirdly, the nation is noted for the longevity of its population and the average lifespan for men in 2016 was 80.98 years and for women 87.14 years (Ministry of Health, Labor and Welfare, 2016), and it is expected that the number of those aged 75 and over will exceed the number of those between 65 and 74 in 2020 (Cabinet Office, Government of Japan, 2012a). Moreover, in 2016 the survival rates in those aged 90 are

25.6% for men and 49.9% for women (Ministry of Health, Labor and Welfare, Government of Japan, 2016), indicating the need for further measures.

### **Impacts of aging and some countermeasures in Japanese society**

Along with a sharp demographic upheaval, its impacts have been felt in many different parts of the society at various levels, but the main issues can be explained as follows.

Firstly, accompanied by the decrease in the working population, ageing could seriously impact the nation's economic vitality. In fact, it is predicted that the working population which was 65.87 million in 2014 (52% of the total population) will reach 37.95 million (44% of the total population) in 2060 (Cabinet Office, Government of Japan, 2015). The public burden may exceed the nation's growth, resulting in a decrease in the quality of life and the fall of standards of living (Japan Small Business Research Institute, 2006). The situation is more serious in rural parts of the country, and it is reported that some rural communities have already started to become deserted, due to prolonged ageing and the shrinkage of the working population (Yoshida, 2015).

Secondly, ageing has accelerated the escalation of public expenditures in social services including pensions, medical and nursing care, etc. However, the cost of these services must be supported by working generation, and it is predicted that the existing social insurance system may not be workable if the current demographic trend continues (Satoh, 2017). In medical and nursing care, the public expenditure will not meet the increasing costs of these services in the near future, although the demand will inevitably rise along with ageing (Yamada, 2017). What is worse, the nation has already encountered a serious shortage of those working in medical and nursing care (medical doctors, nurses and carers, etc.) and insufficient physical space for providing those services, e.g., a lack of hospitals and nursing homes for older people and those who will need them in the near future (All Japan Hospital Association, 2016, pp. 51-60). This is especially true in the Tokyo Metropolitan area, which could mean that some elderly people living there will be unable to undertake appropriate medical treatments, unless they move outside of the area (Hoshi, 2015).

Thirdly, the nation has seen an increase in trouble caused by older adults in many different aspects of their daily lives. The most conspicuous cases include a sharp increase in traffic accidents caused by older adults, and it is reported that the rate of fatal traffic accidents caused by the elderly increases sharply after the age of 75 (National Police Agency, 2017). Other minor but serious cases include an increase in single-person households among the population aged 65 and over, an emergence of people including family members who are unable to pay for medical and/or nursing costs and an increase in cases in which an elderly person is supported by another elderly person (in some cases, those with dementia are supported by those with dementia) if they are unable to use any public services and there is nobody to look after them.

To confront the gravity of these impacts on society, there have been some achievements in many different aspects of society over the last few decades promoted by government initiatives. For example, the central government has issued an “Outline of Countermeasures for an Aged Society” which has been repeatedly amended since 1995, proposing some new treatments to cope with unprecedented problems (Cabinet Office, Government of Japan, 2012b). Main solutions in the Outline include redefining “older people” and the abolishment of its uniform regulations on retirement, the creation of more stable social security system including reforms in the medical and personal care fields, an increase in the durability of the housing and appropriate facilities for the elderly, the re-examination of public infrastructure and the promotion of a universal design for communal spaces. The government has also suggested a reform of public transportation by introducing more barrier-free facilities, the diffusion of elderly-friendly information technology devices, the introduction of automation to fill the shortage of human resources, the promotion of research on gerontology, increased focus on the countermeasures for dementia, and protection of the elderly from traffic accidents, crimes and natural disasters (Cabinet Office, Government of Japan, 2012b). Recent reforms also involve some legislative amendments including the Traffic Act and the Long-Term Care Insurance Act.

### **Issue around dementia in Japan and some measurements by public libraries**

Of the issues concerning older adults, it is dementia that draws most attention, given the need for care and attention, and the specialized understanding of typical symptoms, as well as the enormous social costs arising out of the need to cope with this (Prince, 2015; Satoh, 2015). In fact, many troubles have been observed in public space which were caused by older adults who show typical symptoms of dementia. According to the Organization for Economic Co-Operation and Development (OECD) (2017), Japan has the highest dementia prevalence (2.3% of the population) among OECD countries in 2017 and is estimated to reach 3.8% by 2037. It is also forecast that one in five Japanese aged 65 or over, or some seven million people, will have some degree of dementia by 2025 (Ministry of Health, Labour and Welfare, The Government of Japan, 2015).

This requires a wholesale readjustment of societal systems and public policies, not only for those with dementia but also for ordinary citizens in various places who will need to communicate with those living with dementia more effectively. For the latter, although the Ministry of Health, Labour and Welfare has introduced a system of increasing dementia supporters (friends) by offering free 90-minute courses at each of the local welfare centres in order to raise awareness of dementia among the public, that was not sufficient to cope with the reality in various fields. In fact, the steadily increasing prevalence of elderly people showing symptoms of dementia has prompted more openness with regard to the creation of dementia-friendly spaces in various public places, and education is not immune from this change. As seen in other fields, some libraries and museums have been well aware of this issue and started to conduct their own dementia-friendly projects, as there is an urgent need to treat their users who seem to show typical symptoms. While some historical museums have introduced reminiscence programmes for older adults which utilize their existing resources (Ichihashi, 2004), some libraries have introduced more practical dementia-friendly training programmes for library staff. This is because there are relatively more human interactions between staff and users in daily library services, and therefore problems arising from dementia tend to be more clearly exposed.

Following a sharp increase in the number of older adults in society, the central government announced a new policy for future libraries (Ministry of Education, Culture,

Sports, Science and Technology, Government of Japan, 2006), stating that public libraries should support their local community, serving as a hub of information resources. Since then, some libraries across the nation have been trying not only to provide appropriate services for those with dementia, but also provide library resources for a wide variety of users, including carers, professionals and ordinary citizens, in collaboration with local health care centres. The publication of "Guidelines for Library Services to Persons with Dementia" (International Federation of Library Associations and Institutions, 2007) also prompted public libraries to reconsider their existing roles and functions.

For those living with dementia, various books, including children illustrated books and audio-visual materials have helped engage and stimulate their five senses, triggering the recollection of memories, whilst also providing pleasure and entertainment. According to Ogawa (2016), an occupational therapist and researcher who specializes in dementia, patients who seem delusional with early-stage dementia, can still lead a relatively ordinary life with some peace of mind if they remain involved in their local community, exercising their faculties in a familiar atmosphere. Thus, as a respected community institution, the library is now expected to have great potential in this field. On the other hand, for carers, families/relatives and ordinary citizens, some libraries created "a dementia-friendly physical space" where various books about dementia, including texts written by those with dementia, have helped to raise awareness and increase the number of users. With the help of professionals in medicine and welfare, the training of staff and volunteers has also been managed through various methods.

### **Methods**

After briefing on the main impacts of ageing on Japanese society and some countermeasures undertaken by the central government, the study focuses on general trends in Japanese public libraries in terms of dementia. A case study approach will be adopted, focusing on a recent dementia-friendly project undertaken by one of the public libraries in Kawasaki City, Kanagawa Prefecture, Japan. The name of the library is kept

anonymous in order to protect their privacy. The library was visited in October 2018 for familiarization purposes and to interview the chief librarian who is mainly responsible for coordinating its dementia-friendly projects.

### **A case study of the Public Library M**

This section is based on the author's site visit and an interview with one of the chief librarians in the Public Library M in Kawasaki City. Kawasaki City is located in the northeast of the Kanagawa Prefecture, with a population of 1.51 million, in 2017 (Kawasaki City, 2017) and adjoining the capital, Tokyo. It has experienced one of Japan's highest population growth and longevity rates. In line with the latest Kawasaki City Scheme, the city has been trying to create a comprehensive care system, integrating all stakeholders, including residents, private companies, neighbourhood associations, volunteers, public services and those in the medical and welfare fields.

For administrative purposes, Kawasaki is divided into seven Wards, each with its own public library. The Public Library M is located in one of the Wards with a population of 230,000. It is a relatively affluent area with modern medical facilities. According to the latest City's Scheme for Health, Welfare and Nursing Care (Kawasaki City, 2018a), the number of people in Kawasaki with dementia reached 42,115, in 2015, including 4,500 in the Ward where the Public Library M is located, and the number of those with dementia in the city is expected to reach nearly 57,701 in total by 2025.

In recent years, librarians have encountered elderly people who require specialized care and attention, such as those who ask the same question repeatedly; those who cannot distinguish their own books at home from the books in libraries; those who come to the help desk daily to ask for their library card to be reissued; those who take library books home insisting that they are their own books; those who come to the library with their own books, insisting that "they have come to return library books"; and those who are found wandering inside the library looking for the exit. One of the chief librarians, who has a background as an adult educator and later initiated dementia-friendly projects (Kawasaki City, 2018b), did not view these phenomena as "problems", but as new requirements which all library staff must accept as an extension of their

everyday communicative services. However, he also acknowledged his limitations when it came to finding the best solution within the library only, as he lacks the requisite medical and background knowledge for those individuals. Coincidentally, at this point he was invited to attend a local health centre meeting of dementia care experts, including nurses, occupational therapists and social workers etc. Since then, library and care staff have committed to sharing and exchanging information concerning both the illness and patients. As each local health care centre possesses detailed information about local residents who have developed dementia, the library has access to background information on individuals, as well as the best methods for communicating with them, depending on their individual symptoms. The project has also gained support from the Dementia Friendly Japan Initiative, a general incorporated association aiming to more fully understand the impact of dementia through collective thinking, comprising representatives from private enterprises, local government, academia, non-profit organisations, people living with dementia and their families.

This eventually led to the creation of a dementia-friendly space (book shelves) in one corner of the library displaying about 120 books on dementia from a variety of fields, including large-print books, illustrated picture books and children's books, first-hand accounts by those with dementia and general books about the illness from medical, nursing, engineering, psychology and law disciplines. In addition, an array of useful leaflets was displayed on the nearest wall, including a list of useful books about dementia, various public services available, information about local health care centres, helplines, general information about dementia and relevant current events.

Library staff also started sharing their opinions about people who seemed to be developing dementia, discussing the best solution for each case, asking family members if they were happy with their treatment, and whether the family members would also like to use the library resources. Training sessions were offered to library staff with the help of local health care centres, enabling them to become more dementia-friendly. The mobile bus service run by the library which brings various library books to the community also started to spare a designated space for books relating to dementia. Collaboration with professionals in the welfare sector has been effective for health care centres as well in terms of raising awareness, due to the fact that people are more



inclined to visit a library with its relaxed atmosphere, whereas there is a reluctance to go to a health care centre, adult day care centre, memory café or similar places. The library also naturally attracts people of differing ages and backgrounds because of its longer and flexible opening hours. Other useful services introduced involve taking library services and materials to local nursing homes and/or providing services of reading books aloud to them by library staff and/or conducting a reminiscence programme using library resources.

However, some library staff have felt constrained by the time available to participate in this project, so one of the chief librarians has created a system in which healthy older volunteers help those with dementia, especially through a reading-aloud programme. Firstly, the chief librarian offers training courses (at local community centres) to healthy older adults wishing to become a volunteer so that they can coordinate a programme by themselves, covering aspects such as how to communicate with those with dementia and how to use the library materials for this particular programme. To date, 20 older adults have completed this course and now work as special volunteers. They conduct regular meetings at local community centres on their own and conduct a reading-aloud programme at adult day care centres and/or local children's centres, bringing books from the library as requested by individual participants. This is beneficial, not only in reducing the pressure on library staff, but also to the volunteers as it provides the opportunity to create a network of their own, keeping them active, giving them a sense of purpose and staving off dementia themselves. Furthermore, since these volunteers are from a similar generation to those with dementia, they can relate to them more easily. Thus, a new relationship is developed using existing physical and human resources within the local community.

### **Discussion**

The huge potential of libraries (with their extensive resources) has now been acknowledged as their interest in becoming dementia-friendly has grown, resulting in some libraries launching their own innovative projects. Current results can be summarized as follows.

Firstly, it could enhance the well-being of those living with dementia, regardless of how well they actually understand the materials. It is reported that those with dementia enjoy being in a library on their own, especially if they were formerly a book-lover or worked in a job involving books. This scheme is particularly helpful for users with early stage dementia who tend to shy away from social interaction or attending particular "care" places concerned with halting the progress of their symptoms. Even those with dementia in nursing homes or adult day care centres enjoy a reading-aloud programme performed by volunteers, expressing positive feelings about these experiences and benefiting from the intellectual and mental stimulation which they provide, e.g., the joy of being absorbed in the world of a book, connecting with the community, feeling a sense of belonging and confidence from spending time in a familiar place as in the past.

Secondly, a library is well-placed to work as an information provider for all kinds of stakeholders with diverse needs and interests in dementia. For members of the public, a library's designated dementia space could contribute to raising awareness, improving people's general understanding of the illness. For carers and families, it could help reduce anxiety and be a place to deepen their understanding. For professionals, not only those in the medical and welfare fields but also from other disciplines, a library could be an effective context promoting understanding of this issue from various perspectives, although the contents may be limited for them. This expansion of the traditional library remit has certainly led to an increase in circulation of relevant resources.

Finally, a library could be a space for mutual interaction between ordinary citizens spanning different generations and backgrounds. Moreover, as with the Library M, through the innovative use of its resources, healthy senior citizens could help those with dementia in various places, using a range of methods, when properly trained by librarians.

### **Conclusion**

Facing a sharp demographic challenge, Japan has encountered unprecedented social and cultural problems with the aged in many aspects of society. Despite the

gravity of these issues, political countermeasures have not been sufficiently attuned to societal change. As the project in the case study has progressed, it has become apparent that more challenges lie ahead. The first of which is how to overcome the stigma about dementia in Japanese society. At present, with the exception of medical and welfare professionals, there remains a significant gap between those passionately working towards finding a solution and those who show little interest. For example, in the Public Library M, there has been a clear discrepancy between those who are proactive in promoting this kind of project and those who take indifferent attitudes. Another issue is the concern that as libraries continue to explore different avenues, they may lose their characteristic distinctiveness. Some might argue that a library should focus on what it is designed to do, providing a special space where people can enjoy blissful silence, given that a library is by nature a self-absorbed place, free from interference and essentially different to other types of community institutions. A difficulty also remains in terms of how to make use of older volunteers who show particular interests in those with dementia.

More serious consideration would be required on how to properly motivate this rapidly growing segment of the elderly who have already retired but are still healthy, well-educated and economically secure, with plenty of time and energy to spare in their daily lives, which could lead to maintaining their self-efficacy and bringing out their potential contributions to society. Finally, this project focuses solely on the issue of dementia, and does not consider older adults who have other concomitant problems. Overall, more investigation will be required to establish the true meaning of the library's role and function in this respect.

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POTENTIAL FOR ENHANCING OLDER ADULTS' WELL-BEING IN LIBRARIES: SOME EXPERIENCES IN  
JAPANESE PUBLIC LIBRARIES THROUGH THEIR DEMENTIA-FRIENDLY PROJECTS

\*The materials written by Japanese ministries, municipalities, organizations and authors listed above are originally written in Japanese, except for those written by the Institute for International Cooperation & Japan International Cooperation Agency (2006) and Yoshida (2015), and if the English title is not specified in their original materials, it is translated by the author.

**ROLE OF INFORMAL LEARNING FOR WELL-BEING OF ELDERLY WITH THEIR CONTINUED PARTICIPATION AND CONTRIBUTION**

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**Abstract**

Old-age is a sensitive phase; elderly people need care and comfort to lead a healthy life without worries. The traditional Indian society and the age-old family system have been instrumental in safeguarding the social and economic security of the elderly people. However, with rapid changes in society and the emergence of nuclear families in India in recent years, the elderly are exposed to emotional, physical and financial insecurity. In view of the increasing need for the intervention in area of old age welfare, the Ministry of Social Justice and Empowerment, Government of India, adopted a “National Policy on Older Persons” in June 1999. The policy provides broad guidelines to the state governments for acting for the welfare of older persons in a proactive manner. If ageing is to be a positive experience, longer life must be accompanied by continuing opportunities for health, participation and security. Lifestyle choices for active ageing should start early in life and include participating in family and community life, and a supportive environment to preserve well-being. This paper analyses the policy on older persons and identifies the role of informal learning for the well-being of the elderly providing opportunities for continued participation in community life. The case-study of elderly was done under three categories: a) living in old age home; b) living in joint/extended family; c) living independently. The findings would assist the adult educators in their planning and effective and efficient implementation of the policies and the schemes for elderly people.

### **Introduction**

Aging is a universal phenomenon, it is not a uniform experience among aging adults. Some achieve a sense of fulfilment and satisfaction in their old-age, while others turn bitter and lament the decline of their physical abilities and social significance. Old-age is a sensitive phase; elderly people need care and comfort to lead a healthy life without worries. Lending an emotional support to the elders keep them jovial, which leads to a healthy life. Old age had never been a problem for India where a value based joint family system is prevalent. Indian culture is automatically respectful and supportive of elders. The traditional Indian society and the age-old family system have been instrumental in safeguarding the social and economic security of the elderly people. Provision for the aged in the society has become one of the constitutive themes of our modern welfare state. However, with rapid changes in society and the emergence of nuclear families in India in recent years, the elderly are exposed to emotional, physical and financial insecurity. Lifelong learning through informal modes could assist elderly to overcome these hurdles of active aging.

### **The importance of elders**

Senior citizens are invaluable to society because of their experience, knowledge and rational approach to problem solving. Most of the highly-regarded members of society, be it politicians, educationists, doctors, business people or leaders from any walk of life are undoubtedly senior citizens. The inclusion of elders in the teaching-learning process can be described as the 'heart' of pedagogy. Since pre-colonial times, elders have been the gatekeepers of nations wisdom, knowledge, and history. Elders traditionally hold crucial roles in supporting both formal and informal education in communities. They impart tradition, knowledge, culture, values, and lessons using orality and role modelling traditional practices. Elders are the carriers and emblems of communally generated and mediated knowledge. Elders are first and foremost teachers and role models. They are vital in the teaching process, from infancy to adulthood and beyond.



### **Learning is socially situated**

Learning is always socially situated, socially constructed, socially produced and socially validated within social settings which exist as contextual settings. Elders teach others about culture, tradition and about the vision of life that is contained in nations philosophies and handed down in ceremonies and traditional teachings. Nations thinking processes, bodies of knowledge and structures of knowledge transmission are uniquely different from those underpinning mainstream institutions. Non-formal education, informal learning and formal learning are socially organized and socially situated practices.

Informal Learning supplements both formal and non-formal learning. Informal learning for instance comprises the following activities: (a) visits to museums or to scientific and other fairs and exhibits, etc.; (b) listening to radio broadcasting or watching TV programmes on educational or scientific themes; (c) reading texts on sciences, education, technology, etc. in journals and magazines; (d) participating in scientific contests, etc.; (e) attending lectures and conferences. There are many instances of situations/activities encompassed by informal learning, from those that may take place in the learners' homes - such as scientific or didactic games, manipulation of kits, experiments, reading sessions (biographies, scientific news, etc.) - to institutional activities - lectures in institutions, visiting museums, etc.

Learning happens anywhere, any time. The learner is inspired to learn because of an immediate desire to know how to do something or understand a topic. Informal learning is often overlooked and not regarded as particularly valid learning. Some researchers and academics (though not all of us!) have the opinion that informal learning is less valuable than formal, prescriptive learning (due, in part, to the fact that it is difficult to quantify... and is believed that it cannot be quantified, it has no value).

Informal learning is a lifelong process. It does not end when a child enters school and the formal system "takes over". On the contrary, children continue to learn at home. As we get older, we learn from our friends. As we enter the workforce, we learn from our co-workers. Into retirement, we still learn from friends and also from those younger than us. An adult learning to read and write from a volunteer literacy tutor is one example. A retired office worker learning from her grandson how to use an iPad is another example.

Informal learning is what keeps us vibrant, mentally active and interested in the world around us, as well as our own development. Just because informal learning cannot be quantified easily does not mean that it is not worthwhile – or even essential to our development and growth as human beings.

## **Welfare efforts**

### **National Policy**

For intervention in area of old age welfare in a proactive manner, the Ministry of Social Justice and Empowerment, Government of India, adopted a “National Policy on Older Persons” in January 1999. It defines “senior citizen” as a person who is 60 years or above and strives to ensure their well-being and improve the quality of their lives by providing specific facilities, concessions, relief and services and helping them cope with problems associated with old age. It proposes affirmative action on the part of government departments for ensuring that the existing public services for senior citizens are user-friendly and sensitive to their needs.

### **Senior Citizen Guide (Revised 2016 by HelpAge India)**

This guide is an effort to create awareness among older persons and other stakeholders. It describes in detail the constitutional provisions, role being played by different ministries, legal rights, privileges and benefits, helplines, learning opportunities and second careers, etc.

## **Policy documents: a brief introduction**

### **National Policy Statement-1999 & 2011 for the Aged**

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. A person of age 60 years or above is defined as “senior citizen” or “elderly”. Government of India adopted “National Policy on Older Persons” in January, 1999. It was a step in the right direction in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances to older persons contained in the Constitution. Elderly of 60+ year old are rightly considered as important human resource with rich experiences; assuring physical & financial security, health care, shelter and dignified life in their last phase,

especially for the elderly women, and rural poor; and realises the need for supportive action by the government.

According to National Curriculum Framework for Adult Education, a policy for senior citizens (2011), media plays crucial role in highlighting the changing situation of older persons and identifies emerging issues and areas of action. The ADHAAR Unique identity number will be offered for senior citizens across the country assisting the implementation of schemes of Government of India, thereby changing their lives.

Some salient provisions present in both 1999 and 2011 policies are as follows:

- It is a national concern to assure older persons not to live unprotected, ignored or marginalized, by strengthening their legitimate place in society to live.
- In India, family is the most cherished social institution, so the concept of "Ageing in Place" or ageing in own home is promoted.
- Provide income security and homecare services, old age pension and access to healthcare insurance schemes and other programmes and services to facilitate and sustain dignity in old age.
- Being a signatory to the Madrid Plan of Action and Barrier Free Framework, it will work towards an inclusive, barrier-free and age-friendly society.
- Visualizes extending support for financial security, health care, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation, make available opportunities for development of the potential of older persons, seek their participation to provide services so that they can improve the quality of their lives.
- Recognizes the need for affirmative action in favour of elderly. Special attention is necessary for older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.
- Views the life cycle as a continuum, considers 60+ as a phase when the individual should have the choices and the opportunities to lead an active, creative, productive and satisfying life.
- The Policy values an age-integrated society; endeavours to strengthen intergenerational bonds, facilitate two way flows and interactions.

## EXPANDING INTERGENERATIONAL LEARNING – A GAIN FOR ALL NOT ONLY THE ELDERLY!

- Recognizes that older persons, too, are a resource and hence employment in income generating activities after superannuation will be encouraged.
- To promote long term savings instruments and credit activities to reach both rural and urban areas, assuring savings attractive enough to take care of the likely erosion in purchasing power.
- Recognizes that larger budgetary allocations from the State will be needed and the rural and urban poor will be given special attention. However, individuals, families, communities and institutions of civil society have to join hands as partners.
- To advise States to implement the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, and set up tribunals so that elderly parents unable to maintain themselves are not abandoned and neglected.
- States will set up homes with assisted living facilities for abandoned senior citizens in every district of the country and there will be adequate budgetary support.

### ***Education***

By developing information and educational material, especially relevant to the lives of older people widely disseminated using mass media and non-formal communication channels. Access of older persons to libraries of universities, research institutions and cultural centers will be facilitated. This enhances interactions of older persons with educational institutions, so as to strengthen intergenerational bonds and mutually supporting relationships by incorporating material in educational curriculum at all stages.

### ***Non-Governmental Organizations***

The National Policy recognizes the NGO sector (Trusts, charities, religious and other endowments) as a very important institutional mechanism to complement the endeavours of the State in providing services to the aged and so are encouraged and supported. Networking, exchange of information and interactions among NGOs is facilitated. Also, provides opportunities for orientation and training of Adult Educators.

For providing services on a sustainable basis, the grant-in-aid policy provides incentives to encourage NGOs to become independent from government funding.

### ***Research***

Research activities that provide rich database on older persons are required to be strengthened. Funding support is provided to the centres for gerontological studies, research projects and resource centres, utilizing the professional knowledge of superannuated scientists. Professional associations of gerontologists will be assisted to strengthen research activity, disseminate research findings and provide a platform for dialogue, discussion, debate and exchange of information.

### **Organizations working for elders**

- ✓ National Institute of Social Defence
- ✓ Helpage India
- ✓ Agewell Foundation

### **Various Programme/ Workshop**

National Institute of Social Defence - An autonomous body facilitating the training of manpower for care of senior citizens. It is engaged in the formulation and development of projects and programmes in the field of old age care. It also runs training programme, certificate and diploma courses on old age care issues under project NICE. The students are also trained in dealing with ethical issues in geriatric care and using practical tools for addressing the problems of older persons.

HelpAge India - Has been working for the cause and care of the disadvantaged older persons for the last 37 years, improving the quality of life of older persons by providing medical care, income generation through micro credit and micro enterprises projects, social security to destitute elderly. Still only could touch the challenges faced by approx. 10% of the elderly.

Agewell Foundation - An Agewell initiative under Research & Advocacy Centre for needs and rights of older people and;

Department of Adult Education/Continuing Education of Higher Education- Through extension and outreach programmes are organizing training workshops, where

a group of around 40-50 elders are given space where they could interact with experts in the field of psychology, sociology, yoga. Also, could participate in activities of their interests and can avail counselling services. They have been satisfied and happy to be able to resolve their issues whether social, personal or financial.

Culture is the lifeblood of a vibrant society, expressed in the many ways we tell our stories, celebrate, remember the past, entertain ourselves, and imagine the future. Our creative expression helps define who we are, and helps us see the world through the eyes of others. People participate in culture in many ways—as audiences, professionals, amateurs, volunteers, and donors or investors.

In addition to its intrinsic value, culture provides important social and economic benefits. With improved learning and health, increased tolerance, and opportunities to come together with others, culture enhances our quality of life and increases overall well-being for both individuals and communities.

Participation in culture contributes to healthy populations in several ways. Creativity and cultural engagement have been shown to improve both mental and physical health.

A growing body of research also demonstrates that the arts can improve the health and well-being of older adults. Participation in the arts can relieve isolation and promote identity formation and intercultural understanding.

### **Review of related literature**

Learning has always been a part and parcel of our life. Learning equips an individual with life and job-specific skills empowering him/her to become a worthy citizen. Through various formal or informal means/modes these skills are imparted which in turn have an impact on different domains (e.g. health, employability, information seeking behaviour, intergenerational effects, civic and social engagement, vocational skills, volunteering, and many more) in his/her life. Fujiwara (2012) assessed and valued the impact of adult learning on health, employability, social relationships and volunteering and found significant positive effects. Kispalné Horvath (2012) analysed the positive and negative effects of formal adult education on the sense of comfort and found that adult's interest and the nature of training contributes to these effects.

Manninen and Luukannel (n.d.) concluded in a study that adult education influences the learner's enthusiasm to continue studying (93%), skills and knowledge (84%), well-being (88%), development of skills and characteristics related to active citizenship (81%), employment and means of subsistence (33%). Hammond and Feinstein (2005) found adult education leads to build self-efficacy, perceptions of achievement increase self-efficacy, increase in self-efficacy reduce resistance to participate. Further, it illustrates the importance of background and life circumstances in shaping the impacts on self-efficacy of adult learning.

According to Jones (2011) education has become more accessible, yet the dilemma remains – should learning be informal, or firmly focused on skills for employment? The Russell report on adult education in 1973 called for broad educational opportunities to improve the quality of life as well as its economic value. Research showed that informal learning could make people happier, healthier and more confident, and also that 80% of learning happens in informal environment (Thomas, 2017). Villar and Celdran (2013) examined the participation of Spanish older people in formal, non-formal and informal learning activities and presents a profile of participants in each kind of learning activity. Informal activities were far more common than formal ones.

Eraut (2004) investigated informal learning in the workplace, which have been developed through a series of large- and small-scale projects. People keep growing and progressing because of unconscious efforts through informal learning.

The role of informal learning in the construction of individual knowledge of both men and women throughout life is crucial to understanding behaviours, attitudes, beliefs and self-images as members of society. This role is particularly committed to illiterate people who did not have the opportunity to enjoy schooling during youth. There are several central aspects to success in learning: intrinsic and extrinsic motivation to learn, observation of role models, the need to solve problems, reinforcement given by significant others, learning by trial and error, and the feelings of security and satisfaction with new knowledge. This list is not exhaustive but is useful to begin to understand how people can learn, even without participating in structured programmes or courses that confer a qualification (Silva & Vieira, 2015).

The Report by India's leading age care NGO, HelpAge India, has high relevance to all those engaged in building a better India for our citizens, be they government agencies, policy planners, educationists, social activists, political parties, parents and children. It is just as important for those elders amongst us who are active and are fortunately privileged, to lead the fight for their rights and their implementation if a just and fair society is to prevail (Helpage India, 2014).

The Ministry of Social Justice and Empowerment coordinates programmes to be undertaken by other Ministries in their relevant areas of support to older persons. Pensions, travel concessions, income tax relief, medical benefit, extra interest on savings, security of older persons through an integrated scheme of the Ministry of Social Justice and Empowerment as well as financial support was provided for Homes, Day Care Centres, Medical Vans, HelpLines etc are extended currently (National Policy for Senior Citizen, 2011).

Seniors instead of fame, name, money, fortune; just wish for a dignified life and productive aging. Mental activity makes neurons sprout new dendrites and establish connections with other neurons. If one keeps active, there is no aging (Sreenivasan, 2018).

Jai Prakash (2003) highlights the work done under CCR-IFCU project on aging and development. Aging and well-being scenario of older people in Karnataka has been detailed. Results show that rural older have health, psycho-social, and financial needs. Urban people have more psycho-social needs such as loneliness and difficulty in structuring time. Promoting active aging requires cooperation of people at individual, community, society and government level.



### **Rationale of study**

If ageing is to be a positive experience, longer life must be accompanied by continuing opportunities for health, participation and security. Lifestyle choices for active ageing should start early in life and include participating in family and community life, and a supportive environment for old age to preserve well-being. Several authors have explored the role of formal and non-formal learning and its contribution for well-being. Formal and informal learning is valued and graded, but why not informal learning. Does not it contribute for well-being? Let's try to understand in the case of seniors.

### **Objectives**

In the light of the above, in this paper we analyse the policy on older persons and identify the role of informal learning for the well-being of the elderly providing opportunities for continued participation in community life.

### **Methodology and scope**

For this study, all the elderly approachable during the period of data collection and willing to participate were interacted as co-researcher. The case-study of elderly has been done under three categories: a) living in old age home; b) living in joint/extended family; c) living independently. Data was collected using observation and a semi-structured interview schedule at their respective places where the respondents find themselves comfortable. The interview schedule was divided into four sections: a) to know about their routine; b) what questions/problems/issues aging poses before them; c) how do they access/approach to gain related information; and, d) to what extent do they know and are aware of the policy and schemes for seniors.

Collected information was analysed using content analysis technique. Focused group interview was taken. The identity of the respondents is not revealed, only the collected information is presented.

## Results

The results are presented in the following tables, according to the three categories

Table 1

*Category A: Living in Old-Age Home*

| Case | Major routine activities  | Issues related to aging                              | Sources of Information                                    | Awareness of policy and schemes   |
|------|---|--|---|---|
| A    | prayer, reading newspaper, watching TV, sharing home remedies   | Health, finance, day-to-day needs, dementia          | Personal interaction with residents, TV, newspaper        | knew about few schemes and nothing about policies   |
| B    | prayer, walking, reading newspaper and book, watching TV, discussion with colleagues on contemporary issues | Health, assistance in routine activities             | Personal interaction with residents, TV, newspaper, books | being government teacher knew about various schemes, but nothing about government policies        |
| C    | prayer, walking, watching nature and sitting quietly, gardening, visiting temple                            | Health, finance and banking, depression, basic needs | Personal interaction with residents, visits to temple     | Except pension scheme and medical benefits, know nothing about other schemes<br>Unaware of policy |

EXPANDING INTERGENERATIONAL LEARNING – A GAIN FOR ALL NOT ONLY THE ELDERLY!

|   |   |  |  |   |
|---|---|--|--|---|
| D | walking, reading newspaper, listening radio, watching TV, socialization, gardening                                      | Health, about basic needs, depression      | Personal interaction with residents, TV, newspaper | Never heard of policy, only know about pension scheme                   |
| E | prayer, visiting temple, watching TV, assisting colleagues in routine activities, participates in festival celebrations | Health, finance, loneliness                | TV, personal interaction                           | Heard of many schemes but being benefitted by pension and health scheme |
| F | prayer, gardening, watching TV, chatting with colleagues,   | Health, frustration, basic needs, dementia | TV, personal interaction                           | never heard of policy, only know about pension scheme                   |

As we can see from the results presented in Table 1 for those living in an old-age home, the routine is almost similar for all the residents with slight variation as per their personal interests. They keep themselves engaged in one or the other activity, but sometimes sit quietly and remember and miss the family environment. They are less confronted with the psycho-social problems, but regarding health they are worried. They have limited opportunities to participate in activities and contribute for their well-being and satisfied living. But yes, they credit informal learning the most for their well-being and leading a satisfied life.

Table 2

*Category B: Living in Joint /Extended Family*

| Case | Major routine activities  | Issues related to aging                                      | Sources of Information              | Awareness of policy and schemes   |
|------|---|--|-------------------------------------|---|
| A    | Religious prayer, yoga, reading newspaper, preparing food, watching TV (social dramas and news), socialization, participating in festival celebrations, keen to know and learn about contemporary matters | Health, banking, social relationship, depression, loneliness | Personal interaction, newspaper, TV | Except few schemes, don't know about the policies   |
| B    | House chores, prayers, reading newspaper, socialization, full participation in family and social activities, watching TV  | Health, social relationship, frustration                     | Personal interaction, newspaper, TV | Except pension scheme knows nothing about policies  |
| C    | House chores, prayers, socialization, full participation in family and social activities, interaction with grandchildren, watching TV, visiting temple  | Health, banking, social relationship                         | Personal/physical interaction, TV   | Retired from government job, so getting facilities, know about many schemes but unaware of policies |

EXPANDING INTERGENERATIONAL LEARNING – A GAIN FOR ALL NOT ONLY THE ELDERLY!

|   |   |  |  |   |
|---|---|--|--|---|
| D | Walking and simultaneously purchase daily requirements, reading newspaper, watching TV, do interact with grandchildren but keep himself aloof of house activities with least participation in functions and festivals | Health, banking, social relationship, loneliness, taking care, frustration | Physical interaction, newspaper, TV                          | Retired from government job, so being facilitated, but unaware of policies  |
| E | Watching TV (religious channels mostly), interaction with passer-by, socialization, prayer, devote time for herself   | Health, loneliness, social relationship, taking care                       | Personal interaction, TV, newspaper, telephonic conversation | does not know or aware of policies and schemes  |
| F | Interaction with grandchildren (learning from them, take care of their studies), watching TV (news channels, religious channels, crime petrols, discovery, history) reading newspaper, walking                        | Health   | Personal interaction, TV, newspaper, telephonic conversation | Does not know about the policy and schemes in detail, but know about and availing medical facilities being provided |

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Seniors have ample opportunities to participate in family and social activities, but sometimes they unwillingly participate for the happiness of the family. Mostly they could not devote much time for their well-being as they are expected to cooperate and

contribute in carrying out household work. People sometimes have psycho-social problems. But definitely the time spent with grandchildren make them happy as they learn new things which the children are learning and they get refreshed and full of life. The sources of information used to resolve queries and issues of aging are almost informal and the discussions on contemporary matters contributes for a happy and satisfied living (Table 2).

Table 3

*Category C: Living independently*

| Case | Major routine activities  | Issues related to aging   | Sources of Information  | Awareness of policy and schemes  |
|------|---|---|---|--|
| A    | Religious prayer, reading newspaper and magazine, preparing food, watching tv (social dramas, crime based and news), operating smartphone, socialization, participating in festival celebrations, evening walk, keen to know and learn about contemporary matters | Health, banking, social relationship, loneliness, security, taking care, assistance in few household chores, dementia | Personal interaction, newspaper, television, internet, social media- whatsapp, facebook | Except few schemes, don't know about the policies. Husband was in army so being facilitated by government and know well about army provisions and facilities |

EXPANDING INTERGENERATIONAL LEARNING – A GAIN FOR ALL NOT ONLY THE ELDERLY!

|   |   |   |  |   |
|---|---|---|--|---|
| B | Cooking food, prayer, interaction with neighbours, watching people passing-by   | Health, finance, only bothered about immediate issues, loneliness | Personal interaction and gram sachiv of panchayat                    | Knew well about many schemes, but have never heard of the policy  |
| C | Religious prayer, reading newspaper and magazine, preparing food, watching TV (social dramas and news), socialization, special time to interact with neighbours to have updates   | Health, banking, security, assistance in few household chores     | Personal interaction, newspaper, television, telephonic conversation | Knew well about many schemes, have heard of the policy, but don't know much what has been mentioned in policy       |
| D | Religious prayer, reading newspaper and magazine, preparing food, watching TV (social dramas and news), socialization, participating in festival celebrations, having discussion with husband on the contemporary matters | Health, assistance in household chores                            | Personal interaction, newspaper, TV, telephonic conversation         | Being wife of retired army personnel, being facilitated by government, aware of only army provisions and facilities |

EXPANDING INTERGENERATIONAL LEARNING – A GAIN FOR ALL NOT ONLY THE ELDERLY!

|   |   |  |  |   |
|---|---|--|--|---|
| E | Walking, household assistance, prayers, reading books and newspaper, friend interaction, visiting temple, TV (social drama, news), socialization, operating smartphone (WhatsApp, Facebook) | Health, assistance in household chores, frustration          | Personal interaction, newspaper, television, telephonic conversation | Being retired government employee know well about the provision and facilities, but don't know about the policies |
| F | Operating smartphone (WhatsApp, Facebook, emails), reading newspaper, watching TV, socialization, learning new work, walking  | Health, finance, taking care, assistance in household chores | Personal interaction, newspaper, TV, telephonic conversation         | Know very well about the provisions and facilities for defence personnel, but does not know about policies        |

Seniors of this category are married or single (Table 3). They do take efforts to be engaged in work/activities to pass time and consciously or unconsciously keeps learning new information or to resolve their queries. They have dependency to get some personal works and household chores to be done by someone and so seek assistance. This assistance also makes them know a lot about their surroundings and contribute for their well-being. Couples have opportunity to share and discuss various age related matters and contemporary issues. Singles share experiences either on phone or while chit-chatting with some guest/passers-by/neighbours. Still the whole world revolves just around them, there is less space for others. Their participation in festival celebration and social activities is limited. Here also the sources of information seeking are almost informal and it contributes well for their happy, healthy and satisfied living.



### **Discussion and Conclusion**

Policy Documents has well-described the provisions and facilities to meet the growing needs of seniors and highlighted the valuable place of seniors for the society and nation. It seems as if instead of treasure of experiences, they are our liabilities. No, definitely not. We should check our negligence and ignorant attitude towards them. Policy does not mention about the learning spaces which assist a senior to lead a dignified and satisfied life. Most important, it has been revealed that almost all cases were not aware of the policies for seniors. This reflects the paralysis of policies. The dissemination of information is not channelized properly. Mediators executing the schemes and providing provisions do their work by showing that it is your old-age need and is being provided. In addition, they should make them aware of the provision and facilities supported by policies. This initiative will empower our seniors instead of keeping them dependent for assisted living. Policy document is like a magic potion for seniors, but information needs to be disseminated timely and should record their reflection and insight.

With the increasing age, the elderly people not only face physical problems, but also experience emotional challenges as well coupled with stresses that may include living on a reduced retirement income or being unable to care for themselves independently.

Formal education plays a vital role in helping a person to earn his/ her livelihood. The earned money is mostly utilized in raising up their family and maintain societal norms and fulfilling its chorum. It is only informal learning which acts as a saviour for seniors, helping them to bridge the long gap between their family/society and their own loneliness which develops with age and adapting to keep themselves emotionally balanced. Seniors usually keep themselves connected with their children and society even in odd situation. They maintain balance between the negligence and humiliation usually faced by them through their own kins and status in society. This patience which makes them learns to survive and sustain even in the oddest situation is only possible through informal learning, through the continued experience they gain throughout their own lives.

The family, society and the state all should coordinate to provide continued opportunities to participate and engage seniors and letting them resolve age related issues in informal learning environment to live a happy, healthy and satisfied life.

Studies have also pointed out that good mental health conditions result in decreased emotional suffering, improved physical health, lessened disability, and a better quality of life for seniors and their families.

These findings would assist the adult educators in their planning for effective and efficient implementation of the policies and the schemes for elderly people. It is suggested to include content reflecting the learning spaces for seniors in the policy.

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**INTERGENERATIONAL EXCHANGE IN A LEARNING NEIGHBOURHOOD<sup>9</sup>: NEW  
OPPORTUNITIES FOR ENHANCED RECOGNITION AND QUALITY OF LIFE FOR OLDER ADULTS**

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**Abstract**

This paper looks at the Cork city Ireland learning neighbourhoods project with a particular emphasis on how its intergenerational approach impacts on both positive recognition and the quality of life of older adults. It focuses on the Ballyphehane neighbourhood, which has one of the older age profiles of any community in the city. Learning Neighbourhoods offer a potential community level model to generate sustainable, flourishing, inclusive, learning environments. By promoting a culture of intergenerational learning all community members self-identify less according to age stratification. Intergenerational exchange also facilitates cognitive flexibility and creates conditions for mutual learning and mutual recognition across all neighbourhood groups (including different age groups). There are significant benefits from creating this type of environment. While the entire community benefits from participation in education, adults, including older adults particularly benefit in terms of their own health, well-being and happiness. An inclusive, intergenerational learning paradigm, benefits both individuals in later life and older adults as a community within a neighbourhood.

**Introduction**

The Cork city Learning Neighbourhoods project was developed under the umbrella of Cork as a UNESCO Learning City. In 2014 Cork City Council formally adopted the UNESCO Beijing Declaration. In 2015, the city council signed a memorandum of understanding with University College Cork, Cork Institute of Technology and Cork Education and Training Board to jointly advance the UNESCO Declaration on Building

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<sup>9</sup> A Learning Neighbourhood is an area that is constantly strengthening its practice in learning, providing a diversity of learning opportunities for the whole population through partnership and collaboration. There are currently four pilot learning neighbourhoods operating under the Cork city UNESCO Learning City project (Ballyphehane, Knocknaheeny, Togher and Mayfield).

Learning Cities. Cork City received a UNESCO Learning City Award at the second UNESCO International Conference on Learning Cities in Mexico City in 2015 and hosted the third conference in 2017.

Learning Neighbourhoods began in September 2015, operating in two pilot neighbourhoods, it was extended to two additional neighbourhoods in 2016. It is inspired by Peter Kearns of PASCAL International Observatory. From its inception, it has been seen as an evolving model, that could be replicated in other neighbourhoods and in other cities. It adopted a working definition as an area that is constantly strengthening its practice in learning, providing a diversity of learning opportunities for the whole population through partnership and collaboration (Ó Tuama & O'Sullivan, 2015). The Centre for Adult Continuing Education (ACE), University College Cork offered a home for the project, but it is a fully collaborative entity shared by the neighbourhoods (including all their stakeholders and denizens); with each of the original Learning City memorandum of understanding signatories of Cork City Council, Cork Institute of Technology, Cork Education and Training Board and University College Cork supporting it.

Learning Neighbourhoods offer a potential community level model to generate sustainable, flourishing, inclusive, learning environments. By promoting a culture of intergenerational learning all community members self-identify less according to age stratification. There are significant benefits from creating this type of context as it enables opportunities for mutual learning and mutual recognition across all neighbourhood groups. While all the community benefits from participation in education, adults, including older adults particularly benefit in terms of their own health, well-being and happiness. An inclusive, intergenerational learning paradigm, benefits both individuals in later life and older adults as a community within a neighbourhood.

The Ballyphehane neighbourhood has a higher than average age profile, compared to Cork city as a whole, with close to a quarter of its population over 60 years. It has also been impacted by long-term socio-economic and educational disadvantage. A report in 2005 highlighted that half its residents' formal education had ended at the age of 16 years or under (Edwards & Linehan, 2005). However, there are very high levels of community activity in the neighbourhood and the Learning Neighbourhoods project

has been very vibrant. In terms of intergenerational exchange, it has some innovative activities, two of which are discussed here. Ballyphehane/Togher Community Arts & Crafts Initiative (BTACI) has been involved in a project with second level school students (teenage girls) that has had a primary focus of passing on traditional skills like stitching, but in reality, has evolved into much deeper relationships with two-way learning and mutual recognition being central to the process. The Day Care Centre participated in a project called 'Touching Tales' in which an artist led a project, jointly funded by a Cork City Council Arts Grant and funding from the Health Services Executive to use art as a means to explore relationship building between older adults and teenagers. The project operated at two locations, developing a bi-lateral relationship between a local high school and older adults using an adjacent day care centre.

The concept Learning Neighbourhood is premised on the idea of a relatively small area whose borders are generally understood, though with a certain fuzziness as they invariably bleed into other neighbourhoods. Neighbourhood does not have a strong institutional basis, but is more about identity, locality and a sense of membership on the basis of presence rather than say a legal or residential status. From that perspective, the word denizen has been introduced to signify all people connected to the neighbourhood (see O'Sullivan, Ó Tuama, & Kenny, 2017). A denizen is not necessarily a citizen. A denizen can be homeless, live in an institutional residence, a private home, attend school, work or use services in the area, be a regular visitor or have been associated with or lived in the area in the past. What all denizens have in common is an identification with the neighbourhood. Identity with the neighbourhood also assumes mutual recognition as a neighbour. Mutual recognition and respect are essential for full participation in society. Those at the margins are especially vulnerable to less than adequate levels of both recognition and respect. Intergenerational engagement creates respect and recognition links that benefit the entire neighbourhood and serve as a model for engagement in contexts from local to global levels.

### **Defining intergenerational learning**

Bottery (2016) makes the obvious, but often forgotten, point that intergenerational learning has been part of how humans pass on “facts, skills, attitudes, and values” (p. 9) for millennia. Intergenerational learning is an inherent part of families of every conceivable type, it is part of community life, it is part of formal education systems from kindergartens to day care centres for older people and a myriad of other contexts. Nonetheless in developed societies, especially in nuclear families, opportunities for engagement especially between younger and older people is constrained. In their study in Slovenia Kump and Jelenc Krašovec (2014) found a marked difference between people’s experience of informal and formal intergenerational learning. Respondents reported that intergenerational learning was a positive feature at family level, but that at community level “there is almost no intergenerational cooperation and learning” (p. 174). In general, the middle generations have significantly more opportunities to engage with the bookend generations (which of course constitutes intergenerational exchange), but the real challenge is to enable multigenerational exchange. This theme was raised by Kofi Annan, at the close of his term as Secretary General of the United Nations, in his vision for a more holistic integrated society: “A society of all ages is multi-generational. It is not fragmented, with youth, adults and older persons going their separate ways. Rather, it is age-inclusive, with different generations recognizing—and acting upon—their commonality of interest” (Annan [Postscript], 2003, p. 189)

Defining intergenerational learning or perhaps intergenerational exchange will always be subject to many qualifications, for the purposes of this paper it will primarily refer to the facilitation of reciprocal exchange between younger generations (up to the end of teenage) and older people, primarily people in their sixties and beyond. If a neighbourhood can incorporate this type of exchange more extensively, then it de facto creates an environment tending towards one of multigenerational exchange as the bookend generations not only engage with each other, but those engagements bleed into the middle generations, through existing familial, community and professional exchanges.

Intergenerational exchange is not specifically highlighted in the definition of



Learning Neighbourhoods, nonetheless it is a central plank of the approach. It is an important aspect of learning neighbourhoods in practice, but in the main it is implicit rather than explicit. However, there are many examples of planned intergenerational engagements in each of the four Cork city learning neighbourhoods.

Newman and Hatton-Yeo (2008) outline five points that make intergenerational learning critical in the contemporary era. First is the necessity to see older people “as learning resources and as assets to their communities”; secondly to keep older people “engaged longer” both in economic and social support roles; thirdly “as mentors to transmit knowledge and provide additional resources to educational systems”; fourthly to “ground the future in a sense of the past”, and fifthly as catalysts to build “communities that have high social capital” (p. 38). Their message is that intergenerational exchange is not merely a frill but an essential ingredient in building sustainable futures.

It would be useful to add two closely connected societal level perspectives. Firstly, humans are social beings, and engaging across generations is essential to the creation of a society that is not fragmented into competing interests, nor one where closed views are being reinforced in generational, locational or online silos (echoing the ideas of Kofi Annan). This can be extended with reference to the key argument raised by Bottery (2016) that “intergenerational issues are as much about wider macro-concerns of sustainability and equity towards future generations” (p. 13), he rightly points to the significant dividend that intergenerational exchange can deliver in helping us address the many global and intergenerational challenges we face today. He highlights that much of the focus has been around interpersonal exchange and I would add shorter term horizons. Learning Neighbourhoods were conceived in the context of learning cities, with a very strong focus on acting locally and thinking globally.

While accepting that definitions of intergenerational learning can be problematic, it is still important to corral what is being discussed here. The primary focus will be on what I have described as bookend generations. In this context, there are a number of useful definitions we can call upon. Hatton-Yeo (2007) defines intergenerational programmes as ones with “purposeful and ongoing exchange of resources and learning among older and younger generations for individual and social

benefits” (p. 2). The definition of intergenerational learning provided by Kump and Jelenc Krašovec (2014), as “planned activities that intentionally link various generations with the goal of sharing their experience and achieving mutual benefits” (p. 170), is very close to Hatton-Yeo’s definition. Both definitions tune with some of the key objectives of learning neighbourhoods. A learning neighbourhood attempts to generate synergies between all learners and learning activities in a neighbourhood. Drawing a definition from the European Eagle project, Bottery (2016) provides a community-oriented definition of intergenerational exchange, which is “purposeful, mutually beneficial activities which promote greater understanding and respect between generations and may contribute to building more cohesive communities” (p. 10).

### **Intergenerational learning and older people**

In the discussion around their study, Xaverius and Mathews (2004) give a brief review of some important studies that indicate the social and psychological benefits for older people from engagements with children. Among the positive outcomes identified in the literature they review are “increases in life satisfaction”, “improved health”, “increased happiness”, and “improved quality of life” (p. 54). Their study indicates that, in immediate terms, older people seem to gain more from exchanges with children than vice versa. However, to gauge the significance of impact for younger people the time frame would really need to extend out across their lives. Sometimes an episode or experience from childhood will resonate with greater significance later in life.

Zhang, Chen, and Feng’s (2015) study of psychological health among older Chinese, is particularly important as it looks at the relationship between education and health outside developed countries and seems to confirm the same correlation between better health outcomes and educational attainment. Even if the educational experience was markedly different it still translated “into abilities, skills, a lifelong learning habit, and various psychosocial resources that are essential to promote individual health” (p. 1191).

Fragoso (2014) in his analysis of the Portuguese 2006 survey on the transition to retirement by the National Institute of Statistics says it “shows clearly that there is an

intergenerational ‘transmission’ of education... educating adults has the immediate effect of increasing their children’s educational levels” (p. 61).

Golding (2011) highlights the poor engagement by older men in formal adult and community education in Australia, similar trends apply internationally. This poses the obvious question on why this group are excluded or exclude themselves and secondly what are the consequences for this group and for the wider community. These low levels of participation contrast sharply with higher levels of volunteering, as demonstrated by a study volunteer fire and emergency service which “identified 85% of the volunteers as men, skewed toward older-age cohorts” (p. 104). This dilemma has significant individual and community consequences. It is clear that given an amenable context older men are willing to participate in community. The absence of a motivation to actively participate create scenarios that negatively impact their own well-being and instead of being community assets they can be a draw on resources. However, given amenable conditions “men of all ages are able, in nonthreatening social and situated contexts, to informally learn and share skills from their extensive life experience” (p. 110). Context is key and learning neighbourhoods may be an opportunity to create such context. Golding’s finding aligns with key goals of learning neighbourhoods to capture all modes of learning and reach everyone in the neighbourhood, they are especially focused on the wider benefits and not just those aimed at work. The sort of learning experience encountered in men’s sheds and other community contexts worked “because they were not vocationally oriented; rather, they were directed toward the needs and interests of older men” (p. 114).

### **Mutual recognition: the core of a learning neighbourhood**

Mutual recognition is not only the glue of sociability that makes society possible, acknowledging the innate humanness and worth of each individual, but it is also a mirror through which we learn to know ourselves and develop and maintain our self-concept. The arena of mutual recognition is in all our interactions with other human beings, right from birth to the end of our lives. It is never fixed or permanent, but is constantly in transition. May (2016) succinctly sums up, with reference to George Herbert Mead, the centrality of recognition to the human condition “we are inherently relational beings:

we gain a sense of self in relationships with and in relation to other people” (p. 751). She offers a significant understanding of recognition in terms of personal impact, group impact and also how we might perceive the other. In a neighbourhood context these resonate extensively, shared geographical space, accent, identification with a local community are important, but a person can live in an area without belonging. This can be through personal choice, it can also be through modes of misrecognition, including what May describes as “invisible strangers”, those that are excluded from full group inclusion. For a Learning Neighbourhood, this poses a complicated challenge, on the one hand encouraging positive recognition for individuals and groups, while respecting both individual autonomies to remain outside of a group(s) and the right of groups to be different. Using the term neighbourhood rather than community is an important aspect of what a Learning Neighbourhood is, it is not about conflating identity with locality, it is about acknowledging shared spaces and shared interests, but maintaining the importance of diversity, both individually and for groups. Recognition is essential for sustaining that sense of neighbourhood.

Honneth (2002), draws on Hegel’s “three modes of recognition—love, rights and solidarity” (p. 501) to elaborate on the concepts of recognition and respect. Contextualized in this fashion we can see that it impacts individuals at the most intimate level (love), on their experience of living in community with others (solidarity) and in their autonomy as actors with agency, obligations and entitlements as well as legal standing (rights). Honneth (2002) says a person can only be free “in the full sense of the word” (p. 509) when they experience recognition that coincides with how they rationally conceive themselves. Learning Neighbourhoods are premised on the notion of participation by all denizens, it is an action-based concept in the sense that it presumes that neighbours contribute to as well as benefitting from the Learning Neighbourhood. Mutual recognition is key to this as it assumes that all denizens share reciprocal relationships. This clearly has impacts for individuals, groups and classifications of people.

Where recognition resides in a learning neighbourhood (and indeed the whole of society) is perfectly captured by McCarthy (1990). Starting from the individual, “personal identity is from the start interwoven with relations of mutual recognition” (p.

x), but there is also the community context of “reciprocal vulnerability that calls for guarantees of mutual consideration to preserve both the integrity of individuals and the web of interpersonal relations in which they form and maintain their identities” (p. x). In resisting words like community to describe what a learning neighbourhood attempts to achieve; the proponents of the project are driving at ensuring inclusivity and respect for all individuals and groups. McCarthy (1990) nails this mission by drawing out the communicative and reciprocal quiddity of recognition: “it is precisely notions of fairness, impartiality, respect for the integrity and dignity of the individual” (p. *xiii*), that enable open, free, tolerant and learning neighbourhoods.

For the purposes of this paper we are placing a recognition lens on intergenerational learning, to explore how a learning neighbourhood can foster a positive culture of recognition, particularly for younger and older neighbours.

Looking at public intergenerational space Kallio (2017) unearths some interesting contrasts in how young people encounter “different dimensions of recognition, including inconsiderate no recognition, unintentional misrecognition and purposive de-recognition, in contrast with active positive recognition” (p. 100). She makes the point that “it is social life, unfolding as a polis that enables and conditions subject formation and people’s activities, that shapes human beings into political subjects” (p. 101). The key point here is that her idea of political is about “subject formation” and to “develop interests in some-things and engage in political thought, claims-making and action” (p. 89). It is really about the potential to be an active, engaged, socially aware “neighbour” we might say. Her study looks at this from the perspective of younger people in intergenerational encounters, similar experiences can be encountered by older people in their interactions with younger people. Barber et al. (2012) discuss the concept of disrespect in relation to parental interactions with their adolescent children. Though they use different terminology, recognition is the fundamental core of the controlling intrusive interactions by parents they address which de facto “disrespect integrity and individuality of children” (p. 275). The young people in their study had “an awareness of self that they sensed could be disrespected or intruded upon” (p. 278), they made statements identifying examples of disrespect, and the vast majority had a clear understanding of what could constitute disrespect.

Ageism is fundamentally connected with recognition, both of individual older people and older people in general. Pritchard-Jones (2017) presents a typical negative recognition of the older person as one “who lacks the ability to act autonomously; who is entirely dependent on others” (p. 78). She makes the point that “autonomy requires positive relationships of recognition on both a micro (individual) and macro (societal) level” (p. 76). A sense of belonging, having social connections and being recognized is an implicit compact of a learning neighbourhood, for all denizens, including older people. Looking at the lived experience of older people, Wiles et al. (2017) explore the “affective, positive bonds between individuals and their homes, neighbourhoods, and communities” which “are associated with increased autonomy and independence”. They point out that “connectedness (e.g. involvement) is likely to be just as important” (p. 28). In the next section I will look at two intergenerational projects, that enhance the sense of connectedness by participants, which include older people attending Day Care, active retired people, teenagers and younger children in the Ballypnehane Learning Neighbourhood.

### **Community voices**

The group called Ballypnehane/Togher Community Arts & Crafts Initiative (BTACI) is very active in intergenerational exchange. In November 2017, a core group of four leading women from BTACI were interviewed about their work with school children in the Ballypnehane Learning Neighbourhood. To protect their anonymity, they have been allocated the names of Meg, Jo, Beth, and Amy, a professional community development worker was also interviewed with the group and is allocated the name Louisa. BTACI is itself a product of intergenerational learning, its founding members formed the group and developed their own expertise through informal and formal learning as adult learners. The group is actively engaged in transferring knowledge and skills to a younger generation, through a series of engagements with school children from a local convent school. In a group interview the members articulated their wider social impact as well as acknowledging they too learn directly and indirectly from working with younger people.

The group members have a very strong sense of their own personal learning journeys, the importance of a supportive community context for lifelong learning, which they use as a resource to guide the school girls to follow their own dreams. One member described her own reluctance to join an organized class, but that once she joined, everything changed “we were really nurtured” (Jo). They are passionate about how their own tentative beginnings led to so much positive change in their lives: “I mean, it's gone back a long way, but we have learned so much” (Jo). Jo could specifically pinpoint a Damascene starting point to a day organized by the Irish Country Women’s Association (ICA): “That was like an awakening... ‘I'm going to have some of this,’ and we did! (Jo). Building on this theme, Meg, explains the sense of discovering something that “you're good at, that you can get better at, and that this is accessible to you... this is what raises your confidence”. She directly relates this to their current intergenerational project, and their role vis-à-vis the school girls, “raise their confidence because that's what's needed more” (Meg).

Using their own life stories and the lack of opportunities they experienced, they are conscious that the girls they engage with have similar challenges in shaping their futures. They describe the norm for their generation as early school leaving, the necessity to get a job and only much later having a chance to return to education. They seem very focused on getting the girls to identify and exploit their talents. They spoke about one girl whose singing talent they recognized and encouraged and then saw her achieve success.

The intergenerational aspect of this projects has many dimensions. Beth joined on the encouragement of her mother who came to classes through the support of the public health system. Her mother had an episode of poor health and only agreed to return to the class if Beth would accompany her:

I didn't realise, okay, what a gift my mother was giving me, okay, or what these women gave me. Because that opened up huge growth and development within myself as well. And I am a better person today because of that” (Beth).

In another case a 14-year old girl, who was in their intergenerational project, persuaded her mother to join one of the Arts & Craft adult classes.

Beth outlined how, conversations at an informal level often leads to younger people sharing some of their life experiences. Some of the examples of what the younger one's share is not deeply personal, like "their mum's having a new baby, or they're going on a holiday" (Jo), but it indicates a level of mutual trust, akin to what might be expected between a young person and a grandparent. The dynamic of the interaction is very interesting. While the older women see the skills, they are passing on as part of the community's "heritage", they are not precious about staying single minded to that goal. They acknowledge reciprocal learning: "Oh, we learned as well, yeah. We did, yeah" (Amy) and facilitate the sorts of parallel activities that often make this possible. One such liminal space is impromptu performances by the girls, "They would be singing or somebody else then would want to tell you a story about something that happened in class or whatever. And they were like, 'We're willing to share'" (Beth). She explains that their relationship is not one of locus parentis, so "you can be more compassionate and more understanding to them. You can have a softer approach" (Beth).

Evidence of the mutually safe environment created by BTACI is indicated through the young people's confidence to go off message vis-à-vis the ostensible purpose of the classes. On one occasion the school girls gave an impromptu performance from The Sound of Music. This had a positive impact for both generations, the younger ones being able to show another line of talent and the older ones feeling a sort of grandparental pride. Meg emphasized how that intergenerational exchange creates a sort of surrogate grandparent for the school girls. She says, "they hear you... you encourage. I think that's a big thing with intergeneration because a lot of them don't have their nans [grandmothers] around" (Meg). Similarly, Beth talks about families being busy and that: "There's a lot of interaction between the children and us, really, that, I suppose, would otherwise happen at home. Or that doesn't happen at home" (Beth).

At a neighbourhood level the group members and the school children frequently encounter each other in places like the supermarket, on the bus, the city centre or other public spaces. In these circumstances, they normally recognise each other and engage at some level. For Jo the interactions in these neutral public spaces "tell you how close



they get to you when you are walking around” (Jo). There is positive recognition too, an example being the group getting privileged places at a school show in the front row with the nuns: “We're upfront and they're all waving, and they're all smiling at you” (Meg).

The group interview indicated a strong sense of what Granovetter (1983) calls “cognitive flexibility” in BTACI. The group’s modus operandi and impact within a learning neighbourhood is significant, as they actively exhibit “a habit of mind that permits one to assess the needs, motives, and actions of a great variety of different people simultaneously” (Granovetter 1983, p. 205). Their contribution was recognised nationally when then they won the outstanding group category in the 2017 Volunteer Ireland Awards (see <https://www.volunteer.ie/events/vi-awards/outstanding-group-2017/>). Their nomination for the award acknowledged their commitment to using “craft skills for education, for community education, for community health work... for social inclusion, ... creativity in older age, ... the LGBT awareness week” (Louisa). Even in their own specialist fields the group members, demonstrate the cognitive flexibility to learn and acknowledge learning. On such learning episode came through observing the work of a younger girl: “There was one little girl... sewed like I couldn't sew. And you would be in awe” (Meg). For the BTACI members, Beth felt the young people’s engagement reawakened “how to be young really... Their joy, and just the way that they're open, and they just take everything on board...They're willing to give anything a try” (Beth).

The project in the Day Care Centre was called Touching Tales, which is also the name of a small book published at the end of the project. The artist who conceived the project was interviewed in November 2017. It was conceived and organised by this artist who won a small Cork City Council Arts Grant and then secured matching funds from the Health Services Executive. Her project was essentially about engagement between older women and men who use two Day Care Centres, one in Ballyphehane and the other in the adjoining neighbourhood of Turners Cross, working in partnership with students in Transition Year in adjacent schools. She also called on a graphic novelist for some of the sessions.

Each of the older people was requested to bring some old photos to the session in order to rekindle memories of their earlier lives. They would then work in collaboration with one of the students to create images based on those photos or old

photos provided by the project leader. They would discuss the contents of the photo and talk about their lives then and now, including the contemporary experiences of the younger person.

The students and older people mutually agreed who would work with whom, using a sort of speed-dating game where the students visited tables of older adults. Each student ultimately selected which older adult they would work with and they then worked in pairs for the remainder of the project.

Each pair worked as a partnership according to their own informal rules. In the interview the artist confirmed that: "They were definitely collaborating", but not always as a totally equal partnership. In some pairs the younger person was the dominant one, others the older adult and in some it was more even. They worked together once a week at the Day Care Centre on a number of mini-projects, including short graphic novel pieces, different artistic methods and ultimately selecting images for the project book *Touching Tales*. There was a high level of self-direction.

On the last day of the project each pair (young person and older adult) collaborated on creating a picture of a world in which both of them could live. Some of these were included in the book. Each pair also selected an image they had jointly created over the course of the project to be included in *Touching Tales*. Each of these images, mostly related to an episode, period, image or memory of the older person is included and is jointly credited to the younger and older person.

The coordinator allowed the participants as much autonomy as possible. Like in the BTACI project, there were more personal conversations as trust developed. In the interview, she said: "Things came up, they came up in conversation and they weren't forced". The coordinator allowed these intergenerational engagements to follow their own trajectories. On one occasion, there was a big discussion about contemporary dancing mores, in which boys could dance with other boys. On other occasions, there were discussions around fashions, food and life for the older people in their earlier years. The coordinator noted at how well the partnerships worked and commented that the younger people were very impressed with the feisty attitude of some of the older people. Over the course of the project strong bonds developed in some of the partnerships.

The project leader encouraged a culture of mutual respect and recognition. She skilfully allowed both generations to bring things to the table. For instance, many of the younger boys had an interest in graphic novels and were keen to learn pen and ink skills from their older partners. This turned the tables in the interactions, as, in general, the younger person led in terms of artistic skills. The book contains some testimonials from the younger people, which attest to an overall very positive experience in which they incidentally mention things they had learned from the older people that surprised them.

### Conclusion

This paper looked at Learning Neighbourhoods as fora for intergenerational exchange, that deliver community wide benefits, with a specific focus on how they might enhance the quality of life for older adults.

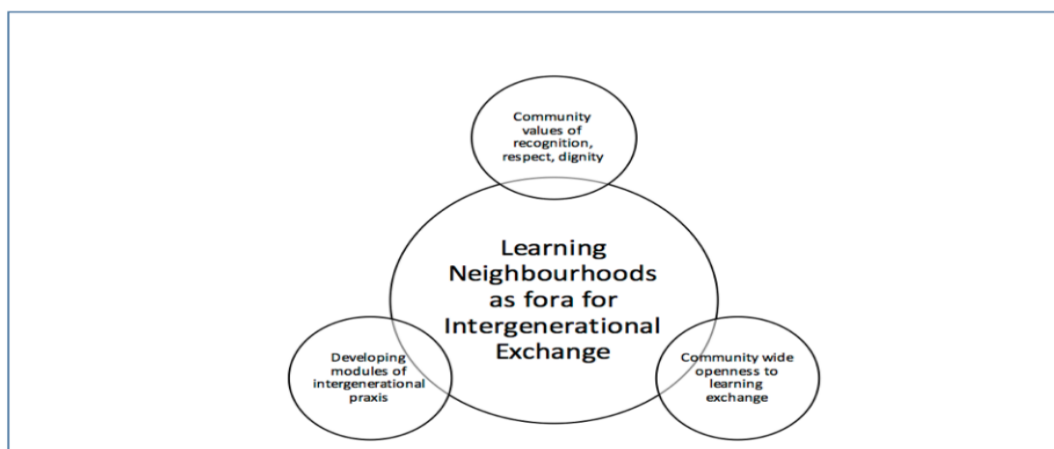


Figure 1. Learning Neighbourhood as fora for Intergenerational Exchange

In doing this it used a theoretical framework around community values of recognition, respect, and dignity. Respect, dignity and recognition are the fundamental building blocks of rights based, open, free societies. However, even the most liberal societies have lacunas in which some individuals or groups do not receive the recognition they are owed as human beings. Highlighting some of the challenges around recognition that older adults experience, shines a broader light on societal values that sometimes preferences individuals and/or groups on the basis of gradations of ascribed

recognition and the right to dignity and respect. Addressing those issues around older people enriches our appreciation of a broader issue. Once we establish fundamental rules around recognition, we are establishing them for all humans, regardless of their status, age, gender, ethnicity, legal status, wealth, fame or any other label we wish to use.

Learning Neighbourhoods are also premised on certain values. Those are values that champion community wide openness to learning exchange. Placing an intergenerational lens to this, also asks questions about recognition vis-à-vis age stratification, but it could equally be applied to any number of the criteria we so often use to carve communities into classifications. Inclusiveness is a project of constant vigilance in learning neighbourhoods as much as in any society. Theories around recognition can offer reasons why it's important, but it's equally important to see how that might play out in practice. The two projects examined here demonstrate very well how those two sets of values of recognition and openness to learning exchange can come together and deliver significant learning and life enhancing experiences for participants. The scale of the investigation here is very small, but the indications are that Learning Neighbourhoods have potential to enhance learning exchanges and to incubate modules of praxis that have the potential for wider application.

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## **LEARNING AND HEALTH FOR OLDER ADULTS, A SYSTEMATIC REVIEW OF RESEARCH**

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### **Abstract**

Several lifelong learning policy documents have been elaborated and the interest for education and learning for the older generations has increased. But still little has been done to map the field regarding the relations between older adults institutionalized and organized learning and health. The aim of this systematic literature review, is to get a deeper understanding of the relations between learning and health for older adults and to further map the research in the field. This review aims to be a starting point for further research designs, to discuss the research conducted in this field and present some results regarding the relationship between learning and health for older people.

### **Introduction**

The population of older adults over 60 years of age are estimated to double till the year of 2050 (World Health Organization [WHO], 2015). Improved health and longevity have increased the lifespan of the society today. This means that a majority of the population will spend a great deal of their lives as seniors and older adults. The increased life expectancy is overall positive and brings new challenges and possibilities to the society. To face the challenges for the future, both the European Union (EU) and the Organization for Economic Cooperation and Development (OECD) have highlighted education as one central aspect. People need to be flexible to the more shifting and varying society. With this in mind we need to gain more knowledge about living in late life and identify the resources and factors that can contribute to the health of older adults.

## Background

Different theories and traditions have featured the concepts of learning and health. People have various notions about what it should be and can be. To describe the relation, we need to clarify what perspectives we want to relate on. Below I will explain the standpoints about the concepts of learning and health in this article.

## Education

Findsen and Formosa (2011) argues that the first step to develop education for older adults was made during the postwar and serious educational activities directing the older generations were formed during the decade of 1970. One important factor was the emergence of University of the Third Age (U3A). They started in the year of 1973 in France with their focal point on improving the quality of life for older adults but also on supporting research (Andersson & Tøsse, 2013). Today U3A is global and has been established in several countries. However, the concept of U3A is not interpreted in the same way everywhere, but many institutions have similar functions. Osher Lifelong Learning Institutes is one example. Those institutions are located within colleges and universities and are dedicated to adults lifelong learning.

Older adult learning as an academic discipline has its origin in concepts like educational gerontology and gerontology. But there has been a shift during the years, from academic gerontology to the field of adult and lifelong learning (Findsen & Formosa, 2011). Lifelong learning is a concept that stresses personal growth and person-oriented aspects. But the concept has also through the years been connected to an economic discourse where lifelong learning works like a tool to develop the society (Fejes, 2006).

Throughout history, there have been different notions and interpretations of education and knowledge in the research field of education. Many disciplines have taken part in the development of that field, for example, education, linguistics, economic and psychology. But two different traditions have been essential for the entire field: The *American curriculum theories* and the *German Didaktik Tradition*. Where the *American curriculum theories* has been more important in the Anglo-Saxon context and the *German Didaktik Tradition* in the European. But there have been important exchanges between those two traditions.



In the curriculum perspective knowledge and education are seen more or less like tools to educate people to contribute to the economy of the society. Education is considered more instrumental and the aspects of psychology is in focus. Methods and effectiveness of the teaching are vital.

In the Didaktik tradition, on the other hand, focus has been on the German concept *bildung*. The concept was established by Wilhelm von Humboldt and elaborated later on by Wolfgang Klafki. Primary importance of German Didaktik is the content of education. Thus, the question of what to learn is essential and learning is considered more as a process. Central to this tradition is personal aspects like learning for your own sake (Wahlström, 2015).

These two traditions stress different features of learning and education. Bobbitt and Dewey were well known curriculum theorists in US during the beginning of the 20<sup>th</sup> century. But they had different ideas about knowledge and learning and the discussion between them can be seen as an example of the tension between those two traditions. Bobbitt believed that teachers should prepare students for the society to make successful living. The students were regarded as empty vessels ready to be filled with knowledge. Dewey on the other hand believed in learning through discovery and in the importance of life experiences. The teacher's role was to encourage problem-solving and critical thinking. Bobbitt was the winner of the discussions and the curriculum theory come to be the dominating theory in US (Wahlström, 2015). Interestingly both standpoints can be found in the philosophical perspectives of older adult learning.

Findsen and Formosa (2011) demonstrates further views of learning. The functionalist paradigm highlights education as a mean to meet different challenges in older adulthood and to contribute to the society. Education and learning have a potential to promote health and help people to be adapted to changes in late life. In the liberal-humanist perspective the personal development is central. Liberal-humanist forms of education stress developing citizenship in a democratic society and personal creativity.

As can be seen there exist different definitions of the concepts learning and education and researchers must be aware of that and relate to those definitions. Those different perspectives tell us something about what learning should be and can be. The perspectives also give information about the types of research methods that can be used

and what aspects that are essential for a researcher. It is important as a researcher to be aware of these perspectives and make clear what standpoints they have regarding learning and education. If we do not give attention to this, it can be difficult to discuss the relation as we have different expectations about the definition of learning.

## **Health**

The concept of health has also been interpreted in different ways. The first dominated definition was the moral normative perspective. The norms of the ideal society were of importance. This perspective also informed people how to live to avoid sickness and disease and how to contribute to the economy of the society. Another perspective, that later has dominated, is the scientific normative perspective. Here biomedical science has the priority to define health. Science is seen as solution to problems that occur in older adulthood. In this perspective, there is a dichotomy between health and disease, where health is defined as absence from sickness and death (Quennerstedt, 2006).

Consequently, health and ageing can be viewed from different perspectives. But a balance between the individual and the society is essential. Some perspectives have focused on prevention for sickness and disease. Others have focus on the destructive parts of ageing and describe older adults as a burden to the society. Further perspectives emphasize good lifestyle to avoid sickness and disease. Being active is a way to provide healthy ageing in older adults (Findsen & Formosa, 2011). As mentioned earlier, biomedicine science has been a major factor regarding research field ageing and health of older adults. This means that prevention has been central in the work with ageing. Such models stress the conditions of disease and how we can avoid or reduce sickness. But some have advocated to view health in a broader perspective. More attention has now been given to promotion and how different factors can provide health. Aspects like mental, physical and social well-being have been included in the World Health Organization definition of the concept (WHO, 2015). Thus, focus is no longer on objective health but on people's estimated and subjective health. However, in the research of promotion there has been an emphasis on risks and deficits (McCuaig, Quennerstedt, & Macdonald, 2013). This calls for a more salutogenic view of the work with promotion for older adults. McCuaig et al. (2013) emphasis a salutogenic, strength-

based approach to health. Where focus is on the promotion of a healthy living rather than on preventing illness. Aaron Antonovsky created the salutogenic perspective. From this perspective, the focus should be on the resources of an individual and not on the type of diseases or unhealthy habits the person has. He wanted to avoid the dichotomy between ease and disease. Instead we should look upon this as a continuum.

Healthy living is multi-dimensional health-illness continuum between two poles with physical, social, mental, spiritual, environmental and community dimensions. Health in that perspective is regarded as an important prerequisite for a good life (McCuaig et al., 2013). As the demographic changes stress education for older adults as an instrument for future challenges, important questions are how education and learning for older adults can be developed to increase a healthy ageing.

Health is a complex concept and it has been interpreted in several ways in history. It is vital that researchers make clear their perspective of health. The view point regarding health steers what aspects we should highlight as researchers. It is also essential when we want to connect other phenomes to well-being and health. Education can for example be seen as a tool, to prevent and avoid sickness, deficits and risk behaviors. But it can also be viewed as a resource that can contribute and strengthen peoples' life like better self-esteem and self-efficacy.

## Methods

The aim of this review is to map the field regarding the relation between learning and health for older adults. Guiding analytical questions are: How are learning and health defined and what concepts have been used to explain them. What are the connections between older adults' health and learning?

## Approach

This review follows the methodological guidance set out by *Systematic approaches to a successful literature review* (Booth, Sutton, & Papaioannou, 2016) and, *Systematic Mapping and Analysis of Research Topographies SMART* (Nilholm, 2017). In addition the method descriptions from Manning and Edwards (2013) have been used to fine tune the methodological approach. This methodological guidance has been the

starting point. The main aim of this study is to describe the research area in a broader way without any restrictions. This will give a better overview and more possibilities to deeper analyse relevant findings. All background data will not be presented due to lack of space. But information that gives a better picture and understanding of the process and the results will be presented.

The "Pearl growing model" (Booth et al., 2016) has been used to generate suitable keywords/search terms. This is a model where you start with some relevant articles for the research focus to find those articles' keywords. With this method six keywords have been chosen, *education, learning, health, well-being, older adults, aging*. Then the thesaurus in the database ERIC were used to find more search terms. All search terms have been combined with the Boolean operators OR, AND to make a suitable number of searches in the three databases, Scopus, Web of Science and ERIC. Scopus and Web of Science are multidisciplinary in their character while ERIC is focusing on education. To get more relevant searches the terms were adjusted for the databases. The search term *cognitive processes* have, for example, been removed to narrow the searches and get more relevant findings aiming education and learning in Scopus and Web of Science.

### **Selection of studies**

The inclusion criteria for the study are:

- It must be an empirical study.
- The analysed learning must be organised or institutionalized. The learning context must not be created just for this study.
- The aim of the article must involve the relation between health/well-being and learning for older adults.
- The participants in the study must be older adults or older people. Other age groups can be included, if the older adults can be analysed as a separate group. However, the age range vary. In international studies the definition of older adults often starts at 50. But it is important that the participants are described as older by the researcher.

Articles are selected if the inclusion criteria are met. As this study focus on the association between older adults' participation in lifelong learning activities and their

well-being and health, articles are excluded when the researcher themselves have created the learning context or when it is an invention study aiming the participants' health and well-being.

The search in the databases resulted in 3470 articles. 2960 were excluded after reading the titles. For the remaining 510 studies the abstracts were read. This assessment resulted in 459 articles that were deleted and 51 that were careful read ones more. Out of them 18 were lastly deleted. After this assessment process 33 articles remained for further studies.

After the selection of relevant articles, conceptual analysis was applied to identify different definitions and concepts used to describe health and learning, and also the relation between them. Guiding analytical questions are: How are learning and health defined and what concepts have been used to explain them. What are the connections between older adults' health and learning? What kind of learning takes place in different learning contexts?

### **Analysis**

In the first step, background data for authors, country, university, institution name of the journal, were collected. Then a deeper analysis was made for the concepts used regarding learning and health. The concept analysis has been both explicit and implicit. Some articles have been clear, and outlined in their thoughts regarding learning and health while others haven't. Several aspects can appear in the same article, but the articles have been classified after what aspect they put emphasis on. The analysis has focused on the article as a whole, but most attention have been given to the method and the result. The method used, questions directed to the participants and the answers to these questions give useful information about education and learning. To classify the articles in the study, a template was used. The template was developed by the authors.

### **Learning**

To analysis the concept of learning, four different perspectives were used. Articles were classified as *instrumental/functionalism*, *personal enrichment*, *social factors* and *individual factors*. All perspectives were placed as opposite poles in a 2X2

matrix (Figure 1), *Instrumental* were placed at the top and *personal enrichment* were placed at the bottom of the horizontal line. *Social factors* were placed to the right and *individual factors* were placed to the left of the vertical line.

The perspectives highlight different aspects of learning. Instrumental and personal enrichment focus more on the goals of learning and why people wants to participate. Social factors and individual factors focus more on what aspects determine learning and processes in education. Criteria to classify the articles in learning were as follows:

*Instrumental/functionalist*: Focus is on skills and to gain ability, for example to be active both mentally and physically. It can also focus on new behaviors that are positive for the older adults. Education works as a mean to reach different goals like better health for example. Effectivity and effect are of importance and to measure what impact education has on health and well-being.

*Personal enrichment*: Learning for joy and on its own sake is central. Attention is given to the learning experience of the participants. Aspects like emotions and intellectual growth is of importance to broaden one's horizon.

*Individual aspects*: The inner processes of learning are vital. Mental patterns and cognitive processes are highlighted as meaningful. Learning is a process were persons construct their own knowledge. The inner factors determine what kind of learning that occur.

*Social aspects*: Learning occurs through participation in different contexts. To socialize and communicate with others is crucial. Knowledge is something people use in their actions with other humans. Social factors steer the learning activities.

## **Health**

The primary analysis made for the concept of health used two classifications based on the categories in McCuaig et al. ( 2013). Promotion with a focus on risks and deficits and promotion focusing strengths and resources. But during the analysis processes it becomes clear, that some articles took the approach of prevention on health. Therefore, four perspectives were used to classify the concept of health. Risk/deficit approach, strength/resource approach, prevention and unclear. Criteria to classify the articles in health were as follows:

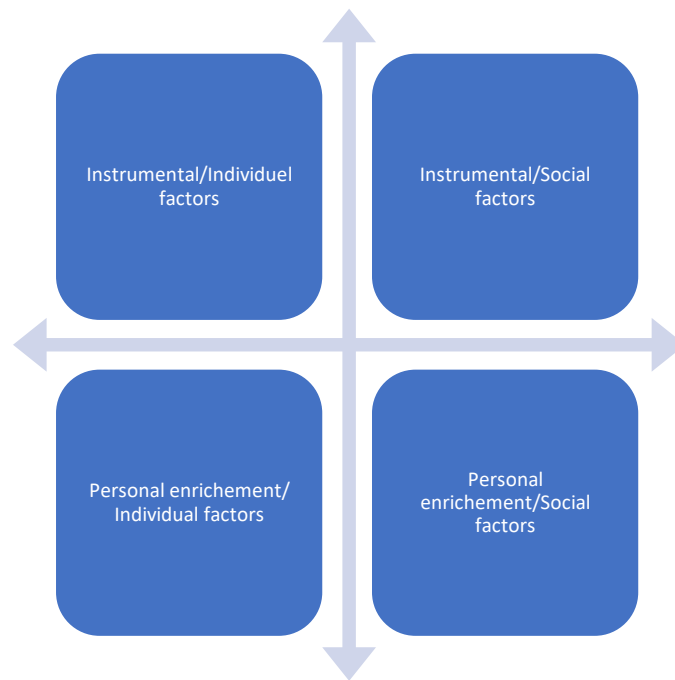
*Promotion risk/deficits:* There is a dichotomy between health and sickness. Health is static and a goal in its self. Education works as a solution to health-related problems. To keep being active to avoid sickness and risk behaviours is of importance. There is a problem that has to be solved. The solution is to avoid different behaviours and risks that can contribute to health negatively

*Promotion strengths/resources:* Focus is on developing and strengthen the resources in an individual, which gives the individual better possibilities to live a good life. The perspective of health is wider and aspects like the interaction between physical, social and environmental factors is underscored. Health is a process that goes on the entire time and it is created and lived by human beings. Education is seen as a resource that can strengthen peoples' health and there is no problem that has to be solved.

In the conceptual analysis of learning and health, some articles were classified as unclear. It means that there were not any clear perspectives outlined in those articles regarding health or learning.

### **Findings**

The preliminary findings will start with the different perspective of learning. Some examples will be given for each aspect and what the articles have emphasized. The authors of the articles may sometimes have taken a broader perspective of learning. But on the other hand, some participants have stressed other aspects of the learning activities. This means that one article can have more than one perspective included. But in the analysis, I have tried to classify them after the most emphasized perspective. The articles have been carefully read thoroughly to find out their definitions of learning and health and later on be placed in the 2X2 matrix (Figure 1).



*Figure 1.* Different perspectives on learning

## Learning

### Social factors

Articles directed to this perspective highlighted social dimensions and other environmental factors. The majority of them have used survey methods. The researchers have for example been interested in classroom environments and social networks. They have asked questions about the participant's social activity and if that has increased with participation in education activities.

The participants have been giving attention to different aspect of the social factors. A welcoming and lively atmosphere in education is one example but also connections with others like friendship and affinity. Meeting new people is of importance. The participants stress the need to attend interactions and discussions. Small informal groups have also been underlined as important in the learning activities. In summary to be part of a fellowship and to develop a social network were vital.



**Individual factors**

The methods in this perspective focused, for example, on factors like reasons to engage in learning, interests and how the participants preferred to learn. The majority of the articles in this perspective used interview as a method. The authors wanted to get a better understanding of the participant's commitment in learning. Important in this perspective was the emphasis on different inner processes of learning. For instance, what is the meaning of learning. Further on reflective thinking and critical inquiry were mentioned to solve problems. Cognitive and intellectual improvements were mentioned as factors in this perspective. Participant stated that thinking skills and to develop their student identity were important. To stimulate the intellectual needs and to use the cognitive abilities were highlighted. The learning activities should be challenging and experimental.

**Personal enrichment**

Those articles are focused on the participants learning experiences and motivations to take part in learning activities. The majority of the methods were interviews. Research questions were directed to the values of learning and the participants thirst for knowledge. They highlighted aspects like the pleasure and joy to join learning activities. Perspectives like emotions and interest in the studied subject was of great value. The topics for the educational activities were needed to be relevant and meaningful. Taken together, the thirst for knowledge and to gain knowledge for its own sake were characteristic for this perspective.

**Instrumental factors**

Research in this perspective focus on the effects of learning and how those effects can work as tools to acquire different skills. Survey is the most common method and some of the articles use statistics to describe the relation. Focus is on big data to find general patterns. No deeper understanding is given regarding the relationship between learning and health. And in the same way, the thoughts and ideas of the participants are not important. The researchers, for example, analyzed different learning activities to see what impact they had on well-being. The research methods gave attention to memory but also to the duration time. To use time productively and

to get increased opportunities in life were of importance for the participants. The result underline that education have helped the participants to improve different skills, and to stay active both mentally and physically.

## **Health**

### **Strengths-based approach**

Central here was the attention given to aspects that focused on how learning can strengthen and work as a resource in life. Articles focused on emotions like positive feelings and well-being were framed as important. To take classes helped the older adults to increase their emotional satisfaction and they enjoyed the educational activities. Education can work as a mean to increase well-being in terms, for example, of mental, spiritual and physical health. Great self-esteem and independence were other factors underlined by the participants. Terms like identity were used to describe their commitment to learning and how education contributed to their well-being. To participate in learning made life more meaningful, and their mentally and physically capacities were stimulated and challenged. Happiness, hope, being more positive and high satisfaction with life were also common answers from the participants.

### **Deficit/risk approach**

Features in this perspective were aspects that focused on risks and deficits. Risk factors and conditions and potential threats were central in some of the articles. Aspects like depression and cognitive symptoms were highlighted. Vulnerability were also one term that were stressed. Some of the articles mentioned aspects like stress and anxiety. Attention were also given to health states and factors like number of chronic diseases and illness reports. Education were seen as a mean to help being physically and mentally active. To stay physically and cognitive fit to meet changes in later life regarding ageing were emphasized.

### Synthesis

A synthesis of the perspectives was applied. The articles were placed in in the 2X2 matrix in relation to their views regarding health. A perspective of health could be more dominate in one square of the 2X2 matrix while it could be quite equal between the two health perspectives in another. In the matrix below (Figure 2), the perspective of health in bold print is more emphasized. If both perspectives are in bold, both were applied to the same extent.

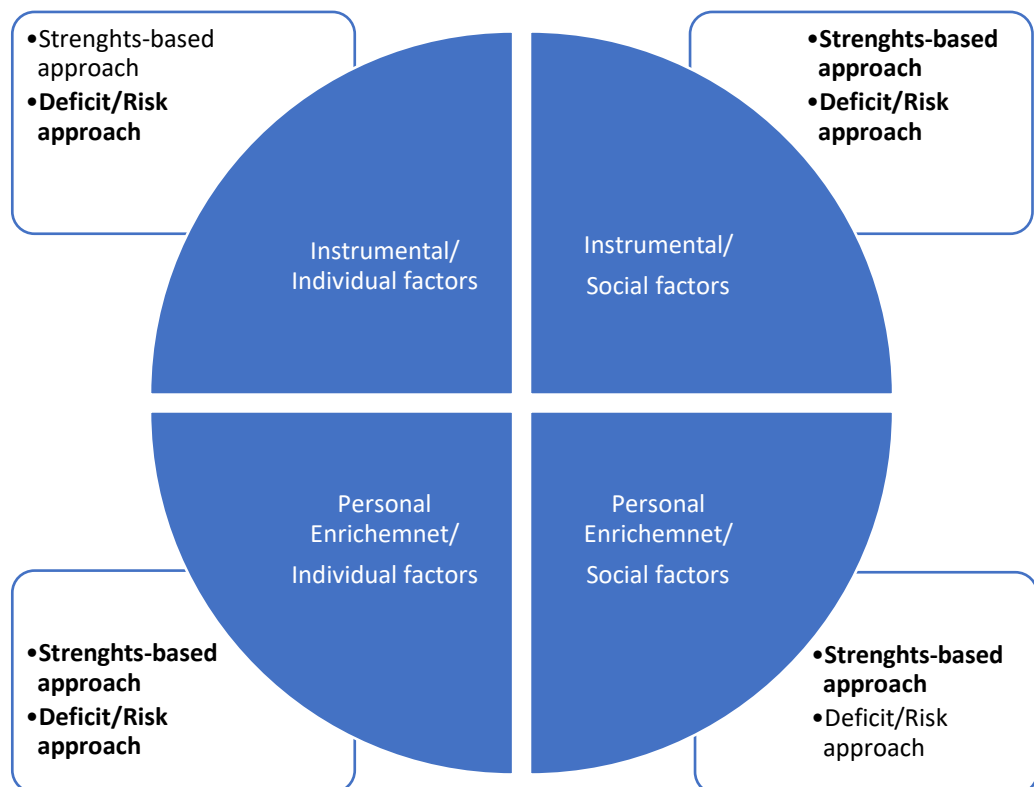


Figure 2 - A synthesis of the learning and health perspectives

Both perspectives of health promotion were represented in the research field of older adults learning and health. Overall those perspectives were used to the same extent, with a slightly overweight to the deficit/risk approach. Put in relation to learning they were more common in some of the squares. A strengths-based approach to health were more used in the articles focusing on personal enrichment and social factors. Only one of the articles classified in that square took a clear deficit/risk approach. On the contrary, deficit/risk approach were more frequently used in the articles classified in the

square of instrumental and individual factors. A clear standpoint in the strength-based approach were used only in one an article. In the other two classifications of learning the perspectives of health promotion were used to the same amount. All perspectives of learning are represented in the field. But it was more common to focus on instrumental aspects. Of the articles classified as instrumental there were somewhat overweight of articles classified as *instrumental* and *individual factors*. The majority of those articles used quantitative methods. But some also used interviews of different kinds. Few articles used observation as method.

### Discussion

The results indicate so far, that some perspectives of health promotion are more common in a certain type of articles regarding learning. Articles classified as instrumental and focusing on individual aspects emphasis more of the deficit/risk approach. One explanation of this can be the emphasize on the effects of learning. It easier to focus on risk/deficits when trying to examine the effects. On the other hand, the articles classified as individual enrichment and social factors used more qualitative methods. It was more common to explore the participant's experiences regarding learning and how they connected it to health. It also gave answers that focused more on different aspects of health. To summaries there is a tendency, that even if we take stance in promotion we have a focus on deficits/risk. Focus is on a broader spectrum of health and not just prevention. We are still having a focus on what they should avoid. In order to get more information on the relation between learning and health for older adults, and how education can work as a resource, a more emphasize should be on the strength-based approach. Education shouldn't be seen for example as a way to avoid different behaviours that have negative effect on health. Instead the focus should be on how education strengthen their lives and in what way?

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## THE RELATION BETWEEN ADULT EDUCATION AND HEALTH OF OLDER ADULTS

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### Abstract

Demographic change and an increasing life expectancy lead to the challenge to provide older people with different opportunities to stay healthy and active. In this context, adult education plays an important role because it enables people to participate in society by supporting them to engage in meaningful and productive activities (World Health Organization [WHO], 2002). Moreover, adult education may have healthy benefits itself. There are a few studies sustaining a positive correlation between participation in adult education and health, however most of these studies do not focus on older adults and do not answer the question how adult education may lead to better health? Therefore, underlying the *self-in-context* model by Feinstein, Sabates, Anderson, Sorhaindo and Hammond (2006) as theoretical framework the present study analyses, whether there is a correlation between participation in adult education (focusing on continuing vocational education and training (CVET)) and health of older adults. In addition, it tries to identify important personal and contextual key factors within this relation. For the analyses, quantitative secondary analyses were conducted using cross-sectional data from a project carried out at the University of Tuebingen as well as longitudinal data from the German Ageing Survey (DEAS). With regard of the cross-sectional data different regressions methods were used to proof whether there is a significant correlation and to identify relevant personal and contextual factors moderating the relationship. To analyse the different pathways explaining the link between CVET and health, structure equation models were constructed. The results indicate that there is a significant correlation between CVET and health of older adults and that there are especially relevant personal factors moderating or mediating the effect. Particularly, a positive perspective (optimism) seems to be important. Nevertheless, other factors like self-efficacy were not significant, maybe because the target group and the type of adult education were not further differentiated.

## Introduction

Two societal trends concern almost the whole world. On the one hand, life expectancy is growing around the world. For example, in comparison to 1960 in 2009 averaged life expectancy in Indonesia increased by 30 years, in Mexico by 17,8 years and in the United States by 8,6 years (Organization of Economic Co-Operation and Development [OECD], 2011). In Europe, today's life expectancy is approximately 82 years because of a decline in infant mortality, higher living standards, healthier lifestyles, better education and advances in healthcare (Eurostat, 2018).

On the other hand, this global development is leading to another societal change: Population becoming older, in some countries there will be more people aged over 60 years than younger people. Especially Germany is concerned by this demographic change because of low birth rates. Therefore, it is estimated, that until 2050 one third of the German population will be 60 years old (Kühn, 2017). This development includes different issues for health care, social protection systems (e.g. pensions), economy and labour market (e.g. shortage of skilled labour) in Germany because as people retire aged 60 or 65 they will still live for 20 or 15 years (Heckel, 2017a, 2017b). Therefore, the main challenge is to provide older people with different opportunities to stay healthy and active and thus to remain an active member in society.

### **The concept of *active ageing***

Against the background of demographic change and an increasing life expectancy, the concept of *active ageing* becomes more and more relevant. "*Active ageing* is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002, p.12). Thereby *active* is not only referring to physical functioning or to remain in the labour market as long as possible, it also means a continuous participation in economic, civic, cultural, social and spiritual life (WHO, 2002).

According to the WHO (2002) *active ageing* is determined by factors related to health and social service system (e.g. health promotion), to conditions of physical environment (e.g. safe housing, clean air) as well as to health behaviour (e.g. use of tobacco and alcohol) and to economic determinants (e.g. income, socio economic status). Further, personal factors (e.g. self-efficacy, cognitive capability) and social

conditions are important (e.g. social support, peace). Regarding the latter also participation in adult education plays a significant role because it supports social integration and helps people to “remain engaged in meaningful and productive activities as they grow older” (WHO, 2002, p. 29).

Hence, adult education is an important factor contributing to *active ageing* because it enables older adults to participate in society and to cope with changes in later life like retirement (Kolland, 2011). Furthermore, adult education may also contribute to *active ageing* because of its positive health benefits. Thus, there are some hints that adult education may positively correlate with health outcomes (e.g. Feinstein et al., 2003; Fujiwara, 2012; Manninen, Fleige, Thöne-Geyer, & Kil, 2014). However, most of these studies do not focus on older adults and do not answer the question of how adult education may lead to better health?

In this context, the present study analyses whether there is a correlation between participation in adult education (focusing on Continuing Vocational Education and Training (CVET)) and health of older adults. In addition, it tries to identify important personal and contextual key factors within this relation.

### **Theoretical Framework: The *self-in-context* model**

To answer the question whether there is a positive correlation between participation in adult education and health of older adults the study underlies the *self-in-context* model by Feinstein et al. (2006). The *self-in-context* model attempts to explain the link between education and health referring not only to schooling but also to education in adulthood and later life. Thereby, the *self-in-context* model considers different theoretical approaches (e.g. Public Health, Economy, Psychology, Sociology) and presents different mechanisms how education may foster health benefits.

The *self-in-context* model supposes that individuals live in multiple multi-layered contexts interacting reciprocally with the individual. Moreover, within these contexts there are different social relations and various environmental factors protecting or threatening health. The social relations in each context encompass different elements of structure constraining individual’s agency to form health outcomes (Feinstein et al., 2006). So, the main assumption of the *self-in-context* model is that “individuals have a



degree of agency in the determination of their mental and physical health<sup>10</sup>. But that this agency is bounded by structures and contexts and by features of the self that constrain healthy choices” (Feinstein et al., 2006, p.180).

At this point, the *self-in-context* model postulates that education may play an important role because it empowers healthy choices by different channels on a personal as well as on a contextual level. Thus, on the one hand education may have direct effects on health by influencing features of the self (personal level). On the other hand, education may have indirect effects on health by determining contexts in which people live and by facilitating the opportunity to choose such contexts (contextual level) (Feinstein et al., 2006). In the following, a brief summary of the most important assumptions and pathways on the personal level as well as on the contextual level is given.

### **Personal level**

On the personal level, the focus in the *self-in-context* model lies on features of the self “that are amenable to intervention through learning or other developmental impacts” (Feinstein et al., 2006, p.182). These features are *beliefs about the self (self-concept)*, *valuation of the future* and *resilience*.

With regard to *self-concept*, especially the features self-efficacy and self-esteem are two important factors mediating the link between education and health. Therefore, theories of self-efficacy as well as theories of self-esteem mention different sources that may be supported by education. For example, Bandura (1977) described the perception of success as one important source of self-efficacy. Experience of success rises individual’s self-esteem, too (Schütz, 2000). Thus, for example accomplishing participation in adult education successfully may rise both individual’s self-efficacy and self-esteem. Various studies substantiate positive correlation between participation in adult education and a higher self-efficacy (e.g. Hammond, 2004; Hammond & Feinstein, 2005) as well as a higher self-esteem (e.g. Hammond, 2004; Tett & Maclachlan, 2007). Otherwise, self-efficacy and self-esteem are important factors regarding health

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<sup>10</sup> The term of health in the *self-in-context* model refers to the definition of the WHO (1946) in which health is defined as the “state of complete, mental and social well-being” (p.1) and to the biopsychosocial model of Engel (1977).

behaviours. There is a number of studies suggesting a positive correlation between self-efficacy and healthy eating or physical activity (for an overview see Hohmann & Schwarzer, 2009). In addition, self-esteem possesses a protective impact on health like several studies show (e.g. Piko, Varga, & Mellor, 2016; Rode & Rode, 2018).

Taken the aspect *valuation of the future* into account, the *self-in-context* model refers to the economical approach of *intertemporal choice* or *time preference* assuming that education may foster patience and the willingness to invest in the future, although it takes some time to obtain rewards:

schooling focuses students' attention on the future. Schooling can communicate images of the situations and difficulties of adult life, which are the future of childhood and adolescence. In addition, through repeated practice at problem-solving, schooling helps children learn the art of scenario simulation. Thus, educated people should be more productive at reducing the remoteness of future pleasures (Becker & Mulligan, 1997, p. 735).

In this sense, also participation in adult education may foster patience because people commonly invest time and money immediately although possible benefits like certificates or higher wages will occur later. Simultaneously, *intertemporal choices* or *time preferences* are also important for health behaviour because according to self-regulatory theory it may influence the choices whether the focus lies on long-term consequences of health behaviour or on the immediately often unhealthy rewards (Groß & Kohlmann, 2017). Thus, studies show that patient people tend to lower overweight (Golsteyn, Grönqvist, & Lindahl, 2014) and people preferring immediately rewards are more likely to smoke (Scharff & Viscusi, 2011).

The last aspect on the personal level assuming to mediate the link between education and health is *resilience*. "Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 543). There are different factors fostering *resilience*. On a personal level, again aspects like self-efficacy, self-esteem or problem solving are important to establish *resilience*. Otherwise, factors in the social environment may promote *resilience*.

Especially strong relationships to caregivers and the perception of social support are relevant (Werner, 2005). As mentioned before a successful participation in adult education may rise self-efficacy and self-esteem supporting *resilience*, too. Moreover, adult education may strengthen or facilitate social contacts and provide social support fostering *resilience*. With regard to health, *resilience* is an important factor protecting from negative consequences of stress because resilient people experience less stress and are more likely to cope with stress not in an unhealthy way like drinking alcohol or taking drugs (Feinstein et al., 2006).

### **Contextual level**

On the contextual level, the focus in the *self-in-context* model lies on *family and household, work, neighbourhood and community, inequality and social cohesion*.

The *family* context is important for the development of children's health behaviour as well as for the formation of the self-concept conditioning the health behaviour in later life (Feinstein et al., 2006). Thereby the educational level of parents is important because it influences family characteristics like income or occupations of the parents as well as parental attitudes and values (towards health). Especially income is an important factor mediating the link between parental education and children's health because with a higher income there are higher health expenditures possible. Thus, parents with a higher income show other preferences referring to children's health as parents with a lower income (Seyda & Lampert, 2009).

In this context, also the *household* in terms of the economic approach of household production of health (Grossmann, 1972) is important. Here the *self-in-context* model postulates: "One of the basic insights of the economic model is that health is a stock and that current inputs and chosen health behaviours are investments producing increments to that stock" (Feinstein et al., 2006, p.204). It is assumed that education influences the current inputs to the stock of health by enhancing individual's skills to produce health (e.g. better understanding of symptoms or better communication skills to explain these) (Feinstein et al., 2006).

The context of *work* encompasses different risk factors affecting physical as well as mental health. For example, occupations including physical stresses like the lifting and carrying of heavy loads or high repetitive manual activities are linked to

musculoskeletal disorders and to cardiovascular disorders (Bundesinstitut für berufliche Bildung [BiBB] & Bundesanstalt für Arbeitsschutz und Arbeitsmedizin [BAuA], 2014; Lohmann-Haislah, 2012). Furthermore, mental stresses at the workplace are becoming more. Particularly, demands of work content and work organisation like time and performance pressure or high working speed may evoke emotional exhaustion (BAuA, 2013). Here it is supposed that higher education may facilitate individual's access to workplaces that are less harmful for health (Feinstein et al., 2006). Participation in adult or further education may have the same effect because it provides the opportunity to change stressful work tasks or work positions.

Besides the context of work, also the context of *neighbourhood* includes risk factors of health like air pollution, traffic or crime. In the *self-in-context* model, it is hypothesised that higher education mediated by higher income enables individuals to live in better neighbourhoods with less risk factors. However, not only characteristics of the neighbourhood are relevant to health in this context but also the perception of *community*. The term of community includes aspects like social capital or social support/social networks. It is shown that both aspects are correlated with health outcomes (e.g. Lüscher & Scholz, 2017; Siegrist, Dragano, & Knesebeck, 2009). Especially, social support is important to health because it is linked for example to self-esteem and well-being. Moreover, it may have a buffer effect in stressful situations (Lüscher & Scholz, 2017). Adult education may rise individual's social capital by providing them the opportunity to make new contacts or to strengthen social relations as well as to establish social competences (e.g. Ballati, Black, & Falk, 2006; Rees & Schmidt-Hertha, 2015).

With regard to social *inequality and social cohesion*, the *self-in-context* model refers not only to the consequences of higher or lower income but also to the subjective perception of social inequality. Therefore, being deprived may be associated with personal features like lower self-esteem, insecurity and lower locus of control (Wilkinson, 1997) affecting health. Here, adult education may strengthen these features of self and thus buffer the negative consequences to health as mentioned before.

Interestingly, explaining the different links between education and health the *self-in-context* model refers to the different determinants of active ageing (e.g. physical environment, social and personal factors). Against this background, it is hypothesised

that adult education may promote health benefits of older adults and so contributes to *active ageing*. To proof this hypothesis in this study different secondary analyses were conducted focusing on CVET and mental or physical health of older adults as described in the following.

### **Methodological Design**

The secondary analyses based on two different kinds of data. On the one hand cross-sectional data were used stemming from the project “Further education interests of older persons - shaping one’s own continuing education biography against the background of individual professional biographies and plans” (WiE 50+) that was carried out from September 2015 until October 2016 at the University of Tuebingen. In this project, quantitative data from people aged between 50 and 69 years were collected. Data collection followed a multiple-layered three-stage random sample. At first 23.719 households were visited but only in 10.492 lived a target person speaking German. However, at the interview not every target person was present so that in the end, 2.017 people could be interviewed, but only data from 2.005 were usable. People were questioned by computer assisting personal interviewing (CAPI). The data collection as well as the interviews were conducted by the German survey institute KANTAR TNS.

On the other hand, longitudinal data from the German Ageing Survey (DEAS) were requested. The first DEAS survey took place in 1996. The next surveys followed 2002, 2008, 2011 and 2014. Firstly, at every survey year a basis sample was drawn and in addition, people from the first basis sample in 1996 were interviewed again (panel sample). In 2011, no basis sample was drawn and only people in the panel sample were questioned. Target group for the basis samples were people aged between 40 and 85 years. The data collection bases on a multi-layered random sample from the register of residents. The people were interviewed by CAPI. Meanwhile 20.715 people were questioned but for the present study only data from the panel sample interviewed 2011 and 2014 were used (n = 2.753).

## Methods

First, various multiple linear regression and moderator analyses were performed with the WiE 50+ data to proof, whether there is a correlation between participation in CVET and physical or mental health of older adults and to identify personal and contextual factors that strengthen or weaken this correlation (moderator analyses). Further regression analyses study whether there is a difference in the health outcomes with regard to duration, type and motives of the participation in CVET.

Second, underlying the *self-in-context* model several structural equation models were constituted with data from DEAS to study which personal and contextual factors are significant mediators explaining the relation of CVET and physical or mental health of older adults.

## Operationalization

Secondary analyses have the disadvantage that the used data sets are mostly collected for other's research aims and not for the own research questions. Therefore, both data sets do not include all relevant variables that are mentioned in the *self-in-context* model. Nevertheless, there are interesting other variables representing aspects of the variables in the model. In the following, there is an overview of the theoretical aspects and the representative empirical variables used for the secondary analyses:

Table 1

*Overview of used variables for secondary analysis*

| <b>Self-in-context Model</b>   | <b>WiE 50+</b>  | <b>DEAS</b>   |
|--------------------------------|---|---|
| Health                         | Mental health dimension<br>from the SF-12v2**                               | Positive and Negative<br>Affect *                     |
|                                | Physical health dimension<br>from the SF-12v2**                             | Physical health dimension<br>from the SF-36**         |
| Education                      | Participation in a CVET in the<br>last year                                 | Participation in CVET in<br>the last three years      |
| Self-concept                   | Occupational self-efficacy*   | Self-efficacy*  |
|                                | Image of ageing**   | Self-esteem*  |
| Valuation of future            | Negative and positive<br>attitudes towards transition<br>into retirement ** | Optimism*   |
| Work                           | Mental and physical<br>workloads (based on ISCO-88)                         | Mental and physical<br>workloads                      |
| Neighbourhood and<br>Community | Active social lifestyle**   | Number of members of<br>social network<br>Loneliness* |
| Social inequality              | Socioeconomic status (ISEI)   | Income  |

\*based on established scales; \*\*based on items in other large-scale studies  
For the aspects resilience, family, and household no adequate variables existed.

## Results

The results of the first multiple regression suggest that there is a significant positive correlation between participation in CVET and mental health ( $\beta = 0.06$ ;  $p < 0.05$ ) as well as physical health of older adults ( $\beta = 0.07$ ;  $p < 0.01$ ). With regard to the moderator analyses on the personal level only the variable of a positive perspective towards transition into retirement seems to be a significant moderator concerning the correlation between participation in CVET and mental health ( $\beta = 1.356$ ;  $p < 0.05$ ) as well as between participation in CVET and physical health ( $\beta = -1.634$ ;  $p < 0.01$ ). On the contextual level, a social active lifestyle moderates the relation between participation in

CVET and mental health significantly ( $\beta = 2.006$ ;  $p < 0.01$ ). Further it is shown that the socioeconomic status does not moderate the relationship but has itself a significant positive main effect to physical health ( $\beta = 2.445$ ;  $p < 0.000$ ). Regarding the further regressions analysing the difference in the health outcomes with regard to duration, type and motives of the participation in CVET it has to be mentioned that the results are statistically not meaningful (because there is no significance of the F-test). Only results concerning the motives of the participation are statistically significant. Therefore, people who participated because of personal initiative show significantly higher scores in mental health than people who participated because of occupational order ( $\beta = -0.097$ ;  $p < 0.05$ ).

For the structural equation model, difference variables were built, illustrating changes in the scores of self-efficacy, self-esteem, optimism, loneliness, workloads, positive and negative affect, physical health (SF-36) as well as of the number of network members and income in the last three years (2011-2014). In the following figures, these difference variables begin with "D". Moreover, the variables of gender, age and educational level served as control variables and the variable of participation in CVET during the last three years (2011-2014) were used as predictor. Considering parsimony and complexity, two basis structural equation models were generated: one including all important personal factors (see Figure 1) and one including all important contextual factors (see Figure 2). Respectively to the three different health outcome variables (positive affect, negative affect and physical health (SF-36)) one structural equation model were calculated.

### **Personal level**

On the personal level the role of self-efficacy, self-esteem and optimism as features of the self were analysed:



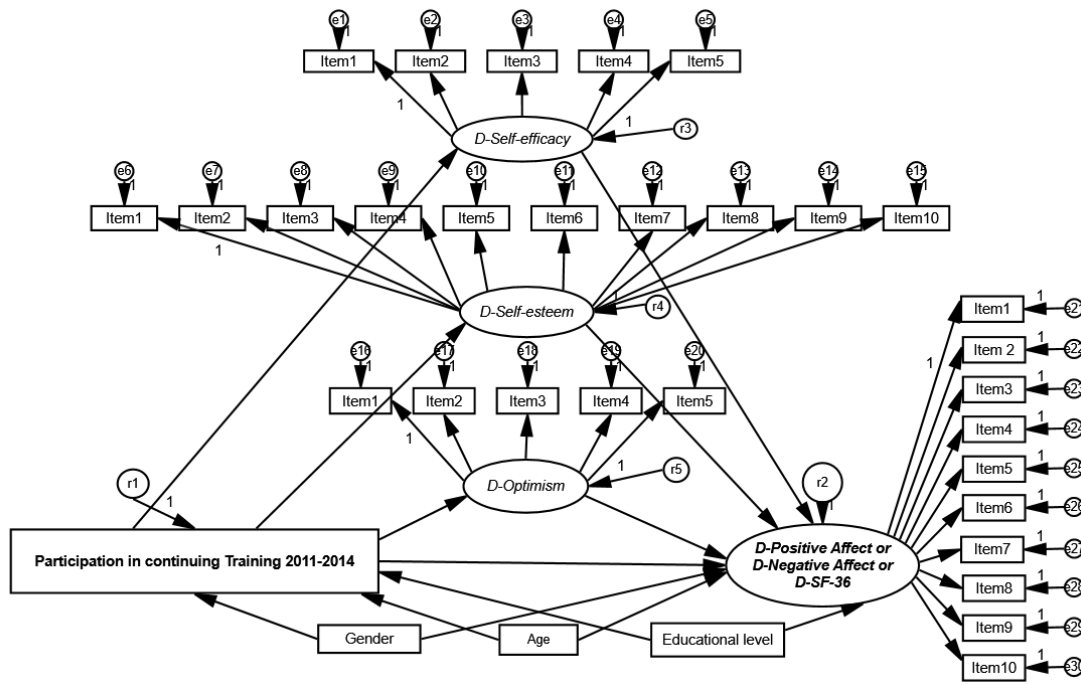


Figure 1. Basis structural equation model with personal factors

Taking the difference variable of **positive affect** as outcome there is a good model fit showing that the empirical data represents the theoretical assumptions adequately ( $\chi^2(518) = 1298.729$ ,  $RMSEA = 0.049$  (CI90: 0.045 - 0.052),  $SRMR = 0.081$ ,  $CFI = 0.723$ ). In this model, a change in self-esteem correlates significant positive with a participation in CVET ( $\beta = 0.09$ ;  $p < 0.05$ ) as well as with a change in positive affect ( $\beta = 0.38$ ;  $p < 0.001$ ). In addition, a change in optimism is significant positive correlated with a participation in CVET ( $\beta = 0.14$ ;  $p < 0.01$ ) and changes of positive affect ( $\beta = 0.18$ ;  $p < 0.01$ ). Accordingly, a participation in CVET leads to a rise of self-esteem and optimism increasing positive affect. A change in self-efficacy shows no significant effect but with regard to the control variables educational level correlates significant positive with participation in CVET ( $\beta = 0.30$ ;  $p < 0.001$ ).

Similar results are shown using the difference variable of **negative affect** as outcome. Here, also a change in self-esteem and optimism correlates significant positive with a participation in CVET (self-esteem:  $\beta = 0.10$ ;  $p < 0.05$ ; optimism:  $\beta = 0.14$ ;  $p < 0.01$ ) and significant negative with a change of negative affect (self-esteem:  $\beta = -0.27$ ;  $p < 0.001$ ; optimism:  $\beta = -0.34$ ;  $p < 0.001$ ). Therefore, participation in CVET increases self-esteem and optimism leading to a decline of negative affect. A change of self-efficacy is only significant positive linked to participation in CVET ( $\beta = 0.12$ ;  $p < 0.05$ ). Moreover, the

educational level correlates again significant positive with participation in CVET ( $\beta = 0.29$ ;  $p < 0.001$ ). For this model also there is a good fit ( $\chi^2(518) = 1384.017$ ,  $RMSEA = 0.051$  (CI90: 0.047 - 0.054),  $SRMR = 0.081$ ,  $CFI = 0.672$ ).

Regarding the difference variable of **physical health** (SF-36) as outcome only a change in optimism correlates significant positive with participation in CVET ( $\beta = 0.14$ ;  $p < 0.01$ ) as well as with a change in the physical health ( $\beta = 0.16$ ;  $p < 0.01$ ). A change in self-esteem and self-efficacy is only significant positively linked to a participation in CVET (self-esteem:  $\beta = 0.10$ ;  $p < 0.05$ ; self-efficacy:  $\beta = 0.11$ ;  $p < 0.05$ ). With regard to the control variables, no one is significant. This model shows a poorer but still acceptable model fit ( $\chi^2(518) = 1717.383$ ,  $RMSEA = 0.059$  (CI90: 0.056 - 0.062),  $SRMR = 0.081$ ,  $CFI = 0.756$ ).

**Contextual level**

On the contextual level, factors like number of network members, the feeling of loneliness, workloads and income were analyzed:

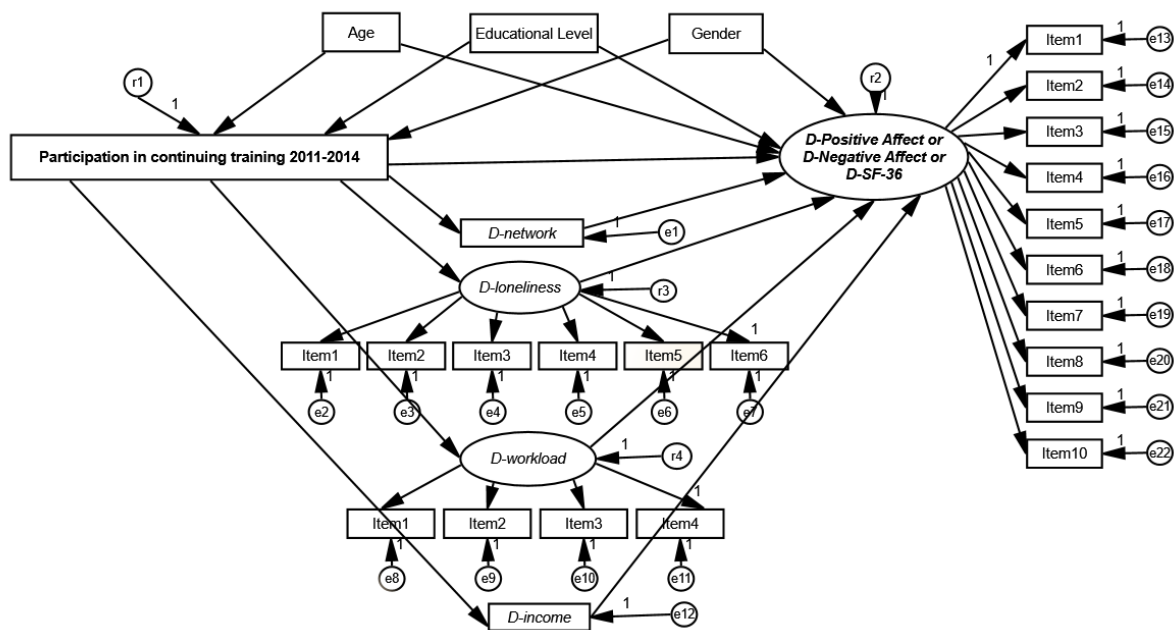


Figure 2. Basis structural equation model with contextual factors

However, the results suggest no significantly mediating effect because no contextual factor correlates significantly with participation in CVET on one side and with any health outcome on the other side. A change of loneliness correlates only significantly with positive affect ( $\beta = 0.16$ ;  $p < 0.05$ ) and negative affect ( $\beta = -0.37$ ;

$p < 0.001$ ) and a change in workloads correlates only significant negative with physical health ( $\beta = -0.16$ ;  $p < 0.05$ ). A significant correlation between participation in CVET and a contextual factor was only found with the change of network members using positive affect as health outcome ( $\beta = 0.09$ ;  $p < 0.05$ ).

### Discussion

Summarising the results there is a significant positive correlation between participation in CVET and different health outcomes. Moreover, as the *self-in-context* model postulated there are various personal and contextual factors moderating and mediating this correlation.

On the personal level, especially a positive perspective towards the future seems to be an important factor as moderator (“positive attitude towards the transition into retirement”) as well as mediator (“optimism” in the structural equation model). There are various studies substantiating that optimistic people for example recover better from operations (Scheier et al., 1989) or have a lower mortality (Weiss-Faratci et al., 2017). CVET may contribute to optimistic beliefs because it maintains people’s employability and may prepare them for future tasks on work or provide the opportunity to shape the (transition into) retirement.

Referring to mental health outcomes also the change of self-esteem in the structural equation model is a significant mediator. The study of Hammond (2004) indicates that participation in adult education may foster individual’s self-esteem by providing new skills and knowledge or by the experience of social interaction with others. Otherwise, for example the meta-analysis of Sowislo and Orth (2013) substantiates that low self-esteem significantly correlates with depression explaining the significant effect of self-esteem on positive and negative affect in the structural equation model. The image of ageing in the moderator analysis has no significant moderating effect.

Despite of theoretical assumptions, also self-efficacy has no significant effect neither in the moderator analyses nor in the structural equation models. One reason could be that the study focuses only on older workers and only on CVET and there is no further differentiation in both. For example, Feinstein et al. (2003) conclude in their

study combining quantitative and qualitative data, that an increase in self-efficacy by participating in adult education was notably significant for women with poor school attainment. Moreover, the qualitative data suggests that the individual background as well as life circumstances are important in shaping impacts of adult learning on self-efficacy. Therefore, it has to be assumed that adult education in general does not rise self-efficacy automatically, rather it may depend on the content, duration and format of the adult education (see also Hammond, 2004) and on the background or life circumstances of the target group. In addition, the results of the study of Hammond and Feinstein (2005) show that participation in employer-provided training courses does not play an important role to self-efficacy but the work itself. Following this, the results of the further regression analyses in the present study imply that in contrast to people who participated because of occupational order, people who participated because of personal initiative have a higher mental health. Hence, further research should be more sensitive to the heterogeneous target group and the type of adult education.

On the contextual level regarding the moderator analyses only an active social lifestyle has a significant positive moderator effect meaning that individuals with a high active social lifestyle participating in CVET aim higher scores in mental health than individuals with less active social lifestyle. According to the theoretical assumptions that social interactions providing social integration and social support leading to health benefits it is plausible that this contextual factor strengthens the positive relationship between participation in CVET and mental health. The socioeconomic status has also a significant effect but this must be interpreted as main effect and not as moderator effect. There are various studies substantiating the correlation between socioeconomic status and different health outcomes (for an overview see Glymour, Avendano, & Kawachi, 2014).

In contrast to the theoretical background neither in the moderator analyses nor in the structural equation models, there is a significant moderating or mediating effect of workloads. The most likely reason for this may be a lacking of stressful workloads within the samples. Regarding the educational level in both samples, it should be noted that there are in the sample of WiE 50+ only approximately 9% and in the sample of DEAS only 6% individuals with a low level of education. Thus, it may be assumed that most of the interviewed people work in environments with less physical and mental

workloads. Moreover, workloads depend on the field of activity and on the work-related sector. Further research should analyse the mediating effect of workloads within different specific sectors.

Regarding the structural equation models, no further contextual factor had a significant mediating effect. Neither the change in the number of network members nor the change in the feeling of loneliness were significantly correlated with participation in CVET and health outcomes. The reason might be that only people in employment were questioned having still their colleagues around them every day, and likely the same people participate in CVET. Therefore, it is plausible, that there are no changes in the number of social network members or in the feeling of loneliness.

Despite of the theoretical assumptions also a change in income has no significant mediating effect. In this context, the study of Pollak et al. (2016) analysing the German National Educational Panel Study (NEPS) concludes that CVET only leads to significantly more income if there are internal promotion opportunities and if the CVET is financed or obligated by the employer. Furthermore, the study of Wolter and Schiener (2009) analysing the German Mikrozensus Panel indicates that significant income effects only occur for younger people (aged 22-40) and not for older people (aged 40-64).

Although there are various limitations to the study it shows that participation in CVET may foster health benefits and thus contribute to *active ageing* through different channels. For enterprises, the results imply that providing CVET not only maintains the employability of older workers by assigning qualifications or promoting new skills and knowledge but also contributes to good health.

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## **THE STUDY OF SCIENCE COURSES AMONG THIRD AGE LEARNERS**

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### **Abstract**

Our study examines teachers' perception on science courses learned by elderly adults at third age learners' centres. Though the curriculum of these courses were identical to conventional college courses, adjustments needed to be made in the purpose of making them suitable for third age learners. Numerous studies have indicated that cognitive activity during the third age is important for general health. Yet choosing to study science courses was unexpected. Therefore, this study is trying to shed some light on the meaning and contribution of science courses to older adults through their teachers' lens. This study points to several special requirements that had been done, such as flexibility in the educational approach and focusing on active learning. One of the innovations in this study is the description of a new and unfamiliar subject matter of studies for older adults. This research also reflects the stand that the study of science course among third age learners, gave the participants a sensation of success by overcoming a task that was challenging for them as revealed from the teacher's point of view.

### **Introduction**

Our study examines science courses taught in third age learners centres. Ageing affects all aspects of our life, social, economic, and cultural. Understanding the needs and wishes of ageing population, and response by providing them, is an important issue for the twenty-first century, therefore the World Health Organization has proposed a model of active ageing, in order to enhance quality of life for people as they age (World Health Organization [WHO], 2002).

Studies conceptualized active ageing for older people in terms of being physically and mentally active and engaging in learning (Boulton-Lewis, 2010; Lautenschlager, Cox, & Cyarto, 2012; Misan et al., 2018; Ricardo, Tavares, Coelho, Lopes, & Fragoso, 2014;

Wlodkowski & Ginsberg, 2017). It indicated that cognitive activity and therefore engaging in learning during the third age is important for general health (Carragher, 2017; Carragher & Golding, 2015; Misan et al., 2018; Ricardo et al., 2014; Tam, Boulton-Lewis, Buys, & Chui, 2017; Wang et al., 2017).

Yet choosing to study science courses, was a new and unfamiliar subject matter that had not been reported. This study is trying to shed some light on the meaning and contribution of science courses to the well-being of older adults from their teachers' perspective.

## **Background**

### **Learning along life**

It should not surprise us that older adults want to learn, it is well known that they need it, but learning at third age isn't just essential, it is also a wish, a desire. Wanting to learn is wanting to stay interested and keep enjoying life, since education and learning give the participants enjoyment and a feeling of recreation. The act of learning also allows older people to adapt to changes (Boulton-Lewis, 2010). Learning in its higher forms can be described as understanding, seeing things differently, and, perhaps, changing as a person (c.f. conceptions of learning as defined by Marton, 1988). It is clear that learning is very important for active ageing, and lifelong learning would enable elderly adults to maintain their mental, cognitive, physical, health, and social relationships (Ardelt, 2000; Boulton-Lewis, 2010; Dench & Regan, 2000; Glendenning, 1997; Misan et al., 2018; Ricardo et al., 2014; Tam, 2012; Tam et al., 2017; Wang et al., 2017; Withnall, 2000).

Withnall (2000) stated that research suggests that mental training in the third age can assist in maintaining mental function, and help to reverse memory decline (Kotulak, 1997). The influence of learning as a reducer of memory weakening has been examined comprehensively and referred by numerous studies (e.g. Misan et al., 2018; Ricardo et al., 2014; Wang et al., 2017). Furthermore, as Boulton-Lewis (2010) have noted a "given time and sufficient motivation, older adults are able to achieve

equivalent learning outcomes to younger learners” (p. 218). That supports Charness (1992) point of view that with practice third age will perform as well as younger people.

### **Why do older adults learn?**

Dench and Regan (2000) described the effects of formal and informal learning for older adults and noted that the most important reasons older adults indicated for learning were to keep their brains active and to enjoy the challenge. Apart from the reasons described above, what motivates older people to keep learning? Older adults are also motivated to learn for the reasons of self-fulfilment and pleasure (Boulton-Lewis, 2010). Motivation is critical to learning at any age, and so as people become older. Boulton-Lewis (2010) indicated that older adults generally agree that they want to keep up to date with new technology, and try to learn new things. The elderly participants in Boulton-Lewis study stated that their most important learning needs were associated with transportation, health, and safety. Thought the matter of ‘Why do older adults learn?’ is a very significant question that has been examined by older adults' researchers from the researcher point of view (Misan et al., 2018) and by reflecting the learners' perspective (Boulton-Lewis, Pike, Tam, & Buys, 2017). In our knowledge, up to our study, research on teachers' perceptions who teach third age was not published, therefore there is no indication on why older people learn, throw the teachers perspective.

### **Teaching older adults**

Knowles (1990) conceptions about learning at third age were the following: Since older adults have a great deal of experience, they know what they need and want to learn, and are ready to learn what they believe they need to know. Third age learners believe that they are responsible for their own learning.

Pincas (2007) described what teachers of older people need to know and what needs to be considered when teaching older adults, such as, conditions for learning, learners' prior knowledge and competency and capability of third age learners. Boulton-Lewis, Buys and Lovie-Kitchin (2006) indicated that third age students learn slower and they need more practice, their motivation will be strong enough to learn new skills and subject matter. Mauk (2006) noted that adaptations should be made to accommodate vision changes that are common at aging, “to avoid glare don't stand in front of a

window or mirror when your teaching”, since peripheral vision decreases through age, “when planning a teaching session, keep the material in front... stay in the main field of vision” (Mauk, 2006, p. 158). When approaching third age learners and teaching them, the very common physical condition of hearing loss, that is often accompany ageing should be take into consideration. Therefore, speaking slowly, naturally and clearly, would suit our listeners (Mauk, 2006).

Jones and Bayen (1998) have been setting a list of recommendations for older adults’ teachers. The list summary the studies and publications of several leading third age researchers and consider both cognitive and physical needs of older learners. From the cognitive point of view, it recommended to allow sufficient time during instruction in order to process information since older adults have been shown to take more time to collect new information and complete training. It also recommended class discussions, since it allows the teacher and learners more processing time and elaboration.

Based on Light (1996) research that has shown that older adults have a greater reliance on external memory, Jones and Bayen (1998) proposed that written notes might be more important to third age learners. It seems to be with great importance, since studies had indicated that older adults have been requesting more and expended explanations than younger adults (Elias, Elias, Robbins, & Gage, 1987; Zandri & Charness, 1989). Jones and Bayen (1998) noted that it is important for the teacher to anticipate questions and encourage third age students to ask them. Many studies focused on computer software applications (e.g. Charness, Schumann, & Boritz, 1992; Czaja & Sharit, 1993; Driscoll et al., 2003; Elias, Elias, Robbins, & Gage, 1987; Hartley, Hartley, & Johnson, 1984; Leedahl et al., 2018; Zandri & Charness, 1989; Young, 2017). They have been tested the ability to process new information during computer software applications lessons learned by elderly.

From the physical point of view Jones and Bayen (1998) have recommended that in the classroom, noise disturbances should be eliminated, as possible, since older adults have difficulty ignoring irrelevant auditory stimuli (McDowd, Oseas-Kreger, & Fillion, 1995). Jones and Bayen (1998) suggested that the teacher should be aware of and regulate other environmental distractions in the classroom such as poor lighting, unnecessary movement and extreme or unpleasant temperatures (cold or warm).

Saxon, Etten and Perkins (2015) noted that third age learners is a very diverse group, therefore it is wise to determine learning needs before teaching. For that reason, it should be taken into consideration that using a range of different teaching approaches contribute to success of teaching third age learners. Since many older adults enter retirement with a high level of education, third age learners should be treated with respect and should never be talk down (Saxon et al., 2015).

Though “How should we teach older adults?” is a question that many researchers of older adults deal with. Most of the studies reflect statements about what researchers and others believe is necessary for older learners. This paper describes what the teachers of older people reflect or say about how they teach third age learner science.

### **Method**

The data in this research were obtained through a semi-structured interview of nine teachers (seven men and two women) educating third age learners. Since all participants were Hebrew speaking all the interviews were conducted in Hebrew and audio recorded and transcribed. All of them are teaching science courses, both in third age learners' centres and students of Academic institute (university or college). A variety of science courses were learned: Introduction to Chemistry, Marine Biology, Science in Everyday Life, Disease and Vaccine, Introduction to Geology, Evolution Theory, Recent Discoveries in Biology, Animal Behaviour and Recent Discoveries in Chemistry and Physics.

The teachers participated on a voluntary basis. Ethical clearance was sought and granted by the Oranim academic college's human research ethics committee, and written consent was asked from each participant prior to the interview. Since the research involves human subjects, ethically responsible considerations should be taken. Therefore, in protecting the privacy and confidentiality of the participants, the names mentioned and used in the publications of this study are fictitious names.

Our semi-structured interview contained 21 questions written by the researchers and given for an objective evaluation to four researchers at relevant subject matter. Each interview lasted 30–90 minutes and included all 21 questions in several sections as a part of a larger study. In this paper only four questions are presented, some

of them concerned the teaching itself, the adjustments needed to be made in the purpose of making the course suitable for third age learners and the requirements that had been done in respective to learning at old age.

The questions related to this paper were phrased as follows:

1. Why do older adults learn science?
2. How should science courses be taught for older adults?
3. What is the contribution for third age from learning science?
4. What were the adjustments needed to be made in the purpose of making the course you have taught suitable for third age learners?

The questions aimed to reflect teachers' perspective on third age learners choose to study science, how should science be taught for third age students and what was the contribution, for their older adult's learners, as they experienced. The data coded and recoded and the codes organized into categories and subcategories (Saldaña, 2013).

## **Findings and Discussion**

### **Why do older adults learn science?**

John is a professor of Biology who's teaching third age learners for over two decades. From his long experience, he mentioned that: "At third age you can truly learn for the reason of pleasure, pure pleasure". John's perception of learning for pleasure at third age was noted by all the participants, it was the first motivation they all came up with. Robbi that is an older adult himself and was teaching third age learners for eight years described: "The elder learners that are now at their late 60 or more, come from a generation of hard work and focusing on being practical". It seems that longing for pleasure is a very essential and a major motivation of learning science at third age. This motivating perception has been supported by Wlodkowski and Ginsberg (2017).

Dan, a Biologist, that is teaching older adults for three years explained: "older adult learn science, simply because it is new for them and challenging". Dan's point of view was emphasized by Rina, by saying that people appreciate learning new issues: "They enjoy getting knowledge in a new subject matter, in a field they were never exposed to". Ben, a Biology professor that has been teaching third age learners for over

a decade, like other interviewees in this study shared Dan's and Rina's point of view. Ben enhanced: "people that used to be active and mentally challenged throw their life, are looking for the same at their elderly". This perception was noted by Boulton-Lewis (2010).

The question about what motivate third age learners to study science, relate to the search of what motivate older adults to learn, since motivation is critical to learning (Wlodkowski & Ginsberg, 2017). Pleasure is the primary driving force for learning science by third age learners, it has been noted and highlighted that a major of learning motivation comes from the challenge of learning science.

### **How should science courses be taught for older adults?**

Menni is teaching Geology and in his point of view: "I always start my primary meeting with third age learners by using simple and understandable terms, and offering at start only limited information, later we get deeper into the subject matter and the technical language". This perspective was shared by Josh, a Biologist, that is teaching third age learners for a decade; "When I teach third age learners, I choose the technical terms and introduces them step by step, generally I try to keep it simple and get to the more complexed issue later". Both Menni and Josh perceptions are shared and recommended by Jones and Bayen (1998), since older adults need more time to collect new information.

Dina, a biology teacher, started teaching third age learners only a year ago, mainly focusing on the learner's knowledge and conceptions: "I usually start with some general questions in the purpose of reflecting the student's knowledge. Later I ask some more specific question so by the end of the first lecture I can get the feeling of what do they know". Dina's examine her students' knowledge has been noted by Pincas (2007), describing that teachers of older adults need to consider learners' prior knowledge.

Robbi and Rina answered this question from the pedagogic perception, Robbi explained that from his experience, discussion as a form of teaching science, is what keeps the learners active and interstate: "I do not call my lessons a lecture, since each one of them is a discussion meeting, I believe that science should be taught throw guided discussion. When I teach third age learners, I am only directing the meeting, it is the way



that respect their knowledge and experience, they are active at their own learning, so they stay interested". Another form of active learning was described by Rina:

I try as much as I can, to teach with any possible pedagogic tool. Presentations, short movies, and I try to bring simple experiments to every lesson and let the learners perform them. I explain and demonstrate, but they are doing the experiment themselves in a collaborate work of two or three, on their table, this form of active learning, keep the learners and especially at third age in action and motivated to cope with the lesson.

Both Robbi and Rina bring diverse pedagogic into their teaching, this conception described by Saxon et al. (2015), noted that when teaching third age learners, the teacher should consider using a range of different teaching approaches. The active learning is not unique to third age, but it seems it serves the purpose.

#### **What is the contribution for third age from learning science?**

Jerry is a Biologist and he was teaching third age learners for two years. In his point of view the biggest contribution of learning is social, as he described: "most of the older adults, I have met, that choose studying science, were very educated people, that allows intelligent adults at retainment, to remain intellectual active and surrounded with people like them". Jerry's point of view shows an agreement with the World Health Organization policy (World Health Organization [WHO], 2002). Though Jerry referred to learning science, that contribution of learning in general was noted by many third age researchers, the contribution of learning at its social aspect is crossing culture and nations (Boulton-Lewis, 2010; Carragher & Goldin, 2015; Dench & Regan, 2000; Lautenschlager et al., 2012; Misan et al., 2018; Ricardo et al., 2014; Tam et al., 2017; Wang et al., 2017).

Menni think that his students choose his science course since what they learn deals with their everyday life: "I teach about earthquake, tsunami, volcano, tornado and other storms, people experience it in their life and when they learn about it they can understand part of their everyday life". The perception of learning everyday life issues is shared by Boulton-Lewis (2010), but through a different lens. Using the term

“everyday life” issues, Boulton-Lewis indicated that older adults want to learn and practice practical issues, such as: gardening, craft, drawing, to use e-mail and internet, photography, politics and other everyday practical and useful matters. However, through Menni’s point of view, the concept of everyday life issues relates to common knowledge not only practical one.

Ben described another contribution for the learning based on the people’s concept that learning science is difficult and therefore daring: "my group study in a third age education centre, they were the only group that took science course, they called themselves ‘The braves’, they enjoyed telling me, the course was giving them a sensation of success by overcoming a task that was challenging for them". Challenge as an activator for learning at third age, has been supported by Dench and Regan (2000). In their study, challenge is described as the most important reason of older adults for learning.

Rina, a Chemistry teacher emphasized an unexpected benefit that the students described:

the most exciting contribution that my students reveal, was improving their Intergenerational relationship, especially within their families. The science course allowed a new subject to talk about with their grandchildren, a new field of interest. It opened a new communication path to the young students in the family, my students said that the grandchildren are asking about the science course. Sometimes they show their science homework.

The social benefit that is related to learning is usually based on the assumption that third age learners meet and engage in learning groups, unexpectedly, through the interviews, Rina reflected an outcome of learning science that is intergeneration, a new interaction with the grandchildren that is based on the study of science. The intergeneration dialog based on a science course, studied by third age learner has never been noted and therefore unique.

**What were the adjustments needed to be made in the purpose of making the course you have taught suitable for third age learners?**

The group of third age is a very wide range of age therefore, the physical condition and abilities of the learners in that group is varied, Josh indicated that the learner's poor vision and hearing loss were the main reasons for the adjustments he needed:

Sometimes I want to show them a short movie related to the issue we are learning. That is often challenging, since the light in the classroom must be turned off, and by doing that, many of the learners can no longer communicate with their surroundings, due to their vision and hearing decline. That is way I show them only very short movies.

Josh reflected the adjustment considered in respect to a challenge noted by Mauk (2006).

When teaching third age learners, the common physical condition of hearing lost, should be take into consideration. Dina's indicated: "since in my science lessons, we are discussing health issues it is important that all the students could hear me, therefore I always use waistband amplifier". John is not using any amplifying system, instead: "I speak naturally but somewhat slower, I always try to talk in a very clear way, it helps my third age students understand me". Both Dina and John have made relevant adjustments in respect of their students' needs, as Mauk (2006) recommended.

Teachers of third age learners should consider the difficulty to ignore irrelevant auditory stimuli as we age, Dina noted: "I try as much as I can to eliminate noise from my classroom, unlike my lessons in the college, with third age students I close the classroom door and windows". Josh have noted that the disturbing noise sometimes presented by the learners: "Since third age learners have a meaningful lifetime and have done many things. They have life experience and opinions and agendas, and sometimes the noise in the classroom comes from a group that wish to ask many questions or share their knowledge". In that matter a different approach, should be consider, as Josh explained: "In the university or college classroom I would have ask them to continue personal issues after the lesson, but with third age learners' flexibility should take place".

The adjustments needed, in respect of third age learners needs, that had come up from the interviews are related to those considered third age, in that matter, the study of science is not different than any other learning subject matter, at third age.

### Conclusion

In this study, we have revealed an unfamiliar subject matter of studies for older adults. The results of this study indicate that science teachers of third age learners have diverse views and stands, related to their teaching of third age learners. It is of a great importance that the perspective of the teachers of third learners in general will be taken into consideration. Nevertheless, more research should be considered with the purpose of shading some light on the perspective of a unique group of science teachers for elder learners. The indication that learning science was inspiring, gave the participants a sensation of success and overcoming a challenging task. This work emphasizes number of special requirements for teaching elder people/older adults, such as focusing on active learning approach, relevance to their life and flexibility in the educational setting in purpose of making science courses suitable for third age learners.

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## **SENIOR UNIVERSITY: AGEING WISELY**

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### **Abstract**

The interior north of Portugal is markedly an aging region with low population density which constitutes a major challenge in organizing social responses for senior adults. The concern that is related to the proposed analysis is the understanding of education as a personal task that accompanies a person throughout his or her life, which contributes to personal satisfaction and fulfilment and, consequently, to a higher perceived quality of life. It is necessary to comprehend how people perceive their learning and use their knowledge to stay active and to mobilize changes in their daily lives. It is also important to know whether they consider that learning was and is decisive for their inclusion in society. The objective of the present work is to understand the motivations of older people that attend two Senior Universities (SU's) in a region of the interior north of Portugal. And, at the same time, to comprehend, with the elderly people who attend them, what changes or implications they have brought to their lives and how they interpret the processes associated with aging, educational, cultural and social development. The results focus on the positive aspects highlighted by the participants, namely the valuation of time, new learning, the educational and cultural opportunities provided, the social involvement and social interaction, and the satisfaction with the participation in the activities proposed by the SU's.

### **Introduction**

Ageing is an inevitable process that takes place throughout life. In our days, more people will live longer and it is necessary to find social responses to meet their needs. In Portugal, we found a gap between the elderly population and the young population, with particular relevance in the northeast of our country. If the care of the elderly was previously ensured by family actions, today's society and social policies must find other social and educational solutions. In the context of non-formal education, senior



universities (SU) are examples in meeting needs related to the individual's desire to continue learning, maintaining activity and well-being.

Should we be surprised at the need to continue learning? For some people ageing means a decline in capabilities to which the individual is accommodating, passively; in other cases, the individual maintains a dynamic attitude, an active presence in daily routines and social life.

### **Need for social and educational responses - The case of senior universities**

Ageing occurs since the person is born and it is now expected that more people will live beyond the age of 60 and for a longer period of time (World Health Organization [WHO], 2016). Nowadays, we need to ensure that people have the opportunity to live a longer and a healthier life (WHO, 2017). Maintaining healthy aging is a current challenge of change and transition for individuals, their families and society.

The current situation in Portugal is marked by a variety of phenomena that have led to a significant change in the demographic structure in some territories of our country. As we know the aging index is the number of people over 65 years old per 100 people under the age of 15. In this sense, when this indicator exceeds 100 we have the indication that there are more people over 65 than young people with less than 15. The proportion between the elderly and the young in the resident population in Portugal from 1961 to 2016 has increased (Instituto Nacional de Estatística [INE], 2018a). Also, the average life expectancy at birth (INE, 2018b) in Portugal increased - in 1960 it was 64 years, in 2016 it increased to 81,3 years. Another particularly interesting fact relates to average expectancy at age 65: in 1960, a 65-year-old would live, on average, more 13,6 years. At 2016, it is expected to live, on average, more 20,1 years. It should also be noted that the Portuguese values for 2016 are practically coincident with the data of the European Union 28.

In this context, it is important to understand the relevance of some of the social and educational responses in these interventions with the elderly, the senior adults, emphasizing the institutions that promote and seek to contribute to a successful aging process. For various reasons, people seek learning opportunities in non-formal education contexts, enabling them to remain satisfied and active in society. For example, SU are a different response from residential home for the elderly. We consider the SU

as social responses whose purpose is to promote active and successful aging. The SU are socio-educational responses that aim to create and promote activities regularly in the social, cultural, knowledge, and social areas, constituting a social response that favours adult education (RUTIS, 2018).

The concern with education and learning in the elderly has been the subject of study by several researchers that analyse the educational practices of the senior universities (Antunes, 2017; Machado & Medina, 2012).

### **Ageing wisely**

People get older, but you have to make sure that aging is going well with quality, health and well-being. What does ageing wisely mean? What makes these people active, satisfied, wised, curious and somehow irreverent? Have they always been like this, throughout their life or this phase of their life has allowed them to discover new interests, invest in unknown or previously undeveloped capacities? This attitude towards education and learning corresponds to a process that takes place over time, favouring personal satisfaction, self-efficacy (Hammond & Feinstein, 2005) and the desire to remain active.

When we recognize this ageing wisely, which values the capacity to learn, it is important to consider the ability to educate, by holding the potential socio-educational responses to the development of the individual at this phase of life. Ageing wisely is related to a conscious attitude of the individual throughout life, concerning with health, nutrition, physical exercise, ability to learn, daily habits, financial management, leisure time, among others.

### **Methods**

The present research has an exploratory intention and seeks to understand the motivations of older people for the attendance of two SU in a region of the interior north of Portugal. In this sense, a qualitative study was developed in which the technique of data collection was the semi structured interview since it was intended to analyse the role of these institutions in the life of their students from their point of view.

In order to fulfil this purpose, two SU were selected, located in two municipalities. The two municipalities were selected geographically, but with some distinctive peculiarities, namely, in the comparison between experiences more marked by rurality and experiences in a more urban context.

Concerning the ethical issues associated with the investigation, we note that all the participants gave their explicit consent regarding their participation and the audio recording of the interview. They were also informed about the right to stop the interview, not answer any of the questions or even give up their participation at any time. Regarding the anonymity, it was clarified that in the transcription of the interviews, any reference would be omitted that would allow the identification of the participant, such as name, family names, properties, entities where they worked or others that may permit their identification.

We also emphasize that in the moment of contact with those responsible and with the students of the SU, it was found that those involved were satisfied with the fact that there is an academic and scientific interest in these types of institutions and in learning at a later age.

The interview guide was developed with reference to the objectives proposed for the study and sought to address the issues related to aging that we found in the literature related to lifelong learning and the promotion of active aging.

The interview was conducted in the form of a conversation so that the interview script was managed in a flexible manner, trying to keep the conversation flowing and avoiding unnecessary repetition.

### **Participants**

The group of participants consists of 8 people, 4 from each of the Universities, their participation was voluntary. At first, the directors of the two institutions were contacted, the objectives of the study were explained and through them, those interested in participating in the research were identified. At first it was expected that 3 students from each of the institutions would be heard, but since one of them had one more volunteer, a decision was taken to increase the number of participants, so no participant would be excluded.

In the following table the participants of the two institutions are characterized

Table 1

*Participants' characterization*

| <b>SU</b> | <b>Sex</b> | <b>Age</b> | <b>Civil Status</b> | <b>Education</b>                          | <b>Profession</b>                   | <b>Code</b> |
|-----------|------------|------------|---------------------|---|-------------------------------------|-------------|
| A         | Female     | 80         | Widow               | 4th grade +<br>school<br>regent<br>course | School regent                       | P1SUA       |
|           | Male       | 68         | Married             | Frequency<br>of Law<br>Course             | Bank officer                        | P2SUA       |
|           | Female     | 59         | Married             | 4th grade                                 | Civil servant                       | P3SUA       |
|           | Female     | 76         | Widow               | 9th grade                                 | Civil servant                       | P4SUA       |
| B         | Female     | 61         | Married             | 12th grade                                | Accountant                          | P1SUB       |
|           | Female     | 75         | Single              | Primary<br>Teaching                       | Primary<br>teacher/Adult<br>Teacher | P2SUB       |
|           | Male       | 67         | Married             | Master                                    | Adult Teacher                       | P3SUB       |
|           | Female     | 73         | Married             | 12th grade                                | Civil servant                       | P4SUB       |

As we can see in Table 1, most participants are women, their ages vary between 59 and 80 years, and in relation to their marital status, 5 were married, 2 widows and 1 single.

### **Categories and subcategories**

The collected data was analysed and with the transcribed material we elaborated categories and subcategories that tried to organize the information in a systematic form. This process was done by each of the researchers individually, the results of each of the organizations were compared and the logic underlying the categorization improved through processes that led to the following categories and subcategories (Table 2).

Table 2

*Categories and subcategories*

| Categories                    | Subcategories                        | Indicators   |
|-------------------------------|--------------------------------------|--|
| Motivations to attend SU's    | To learn                             | References to learning as a reason to attend the SU  |
|                               | To combat loneliness                 | References to issues associated with loneliness (own or colleagues') as a reason to attend the SU  |
|                               | To promote Active Aging              | References to issues of health promotion, physical activity, social and cultural participation (still incomplete) as a reason to attend the SU |
| Perceived gains               | Learning                             | Indication of changes in life related to SU learning   |
|                               | Social                               | Indication of changes in life related to SU social networks  |
|                               | Cultural                             | Indication of changes in life related to cultural experiences provided by the SU   |
| Social perception of the SU's | Previous (own) knowledge of the SU's | References to previous knowledge about the SU's  |
|                               | Social valorization of the SU        | References to the social value of the SU's   |
| Concept of lifelong learning  | Time to learn                        | Reference to lifelong learning, times and ways of learning   |
|                               | Usefulness of knowledge              | Indication of the utility of learning  |

## Results

In order to present the results, we take as reference the categories identified from the content analysis and transcribed affirmations of the participants that illustrate the results and that allow us to make an interpretative analysis of the voices of the participants.

Regarding the motivations to attend the SU, the motive presented by the largest number of participants was *to promote active aging*. This indicates a clear perception by the participants that the frequency of the SU can contribute positively to successful aging. In this category, we consider the promotion of a healthy lifestyle, physical exercise and social and cultural participation. We emphasize that four participants indicate reasons within this subcategory. As can be seen in the following transcriptions, one aspect that stands out is the importance given to social participation:

I chose the University because I did not want to be in a Day Center (laughs)  
(P1SUA)

I think we all have the same motive, that motive for fraternity, friendship, conviviality, to gather here to meet each other on the street and say "Hello colleague!", We greet each other as we pass by each other (P1SUA)

It was out of unemployment. I do not think I was old enough to be unemployed and they did not give me other opportunities. I felt like a beggar. I was asking for work. Those who are there are already retired. (P1SUB)

I like to have things to do, that make me leave the house, even though I do not have a car. (P2SUB)

Mainly for the social conviviality (...) not because I feel alone. (P3SUB)

I worked for 38 years as a civil servant, I left my house every day. Those first two months seemed like vacations. I'm one of those people who miss work. When I went to the SU it was a relief. (P4SUB)

With regard to the subcategory *to combat loneliness*, we found that three participants pointed to this reason as a motive to attend the SU, as can be seen in the following transcripts:

Most come to spend time, to occupy time, not to be in the house (P2SUA)

It was really me being alone, sad and depressed ... I'm going to confess something, I was taking antidepressants and after a short time of being in the university I stopped taking them and today I do not take anything (P4SUA)

*To learn* is referred to by two participants as seen in the following transcripts: "I came here to refresh my English" (P2SUA); "The opportunity to develop the musical component" (P3SUB).

From the results obtained we highlight that the motivations most often mentioned are related to the promotion of active aging and the need to maintain an occupation and a routine that makes them leave their houses and, thus, to maintain social and cultural activity. However, combating loneliness and learning are also mentioned although by a smaller number of participants.

When participants were asked about the main gains of attending SU they referred social, learning and cultural gains.

Regarding the subcategory with the highest number of records, we emphasize the importance given to not being alone or having a reason to leave home and interact with other people as we can verify through the analysis of the citations presented:

The first advantage is that we age energetically. Aging energetically is having to come to the University for classes and not stay at home (P1SUA)

The relationship with these people, this is also necessary (P2SUA)

It's all of them, besides living together and spending time (P4SUA)

The friendship; (...) those who are retired are not the ones at home... there are partnerships... we know more people... (P2SUB)

(...) social interaction; better and more interaction between people (of course small conflicts arise ...) (P3SUB)

For me it is to worry about getting ready to leave, to leave the couch. To travel... even close by, places I did not know and we started to like. (P4SUB)

In a second group of responses, we highlight "learning" indicated by five participants:

I already feel quite at ease in English (P2SUA)

I had never worn a training suit... my daughters bought me the training suit and it is a motivation, a satisfaction (P3SUA)

We learn... it's like I tell you, I did not know how to pick up a computer, in my time there was no computer, hardly a calculator... It was only here in the University that I learned, I even have Facebook and I spend a lot of time there (laughs) (P4SUA)

Having our neurons active, to not get lost in time. I think that those who sit there watching television all day grow old. The SU has rejuvenated me. In class I become an authentic child, I remain active. Interested in life - that's the main thing. I do not even want to be old. I say I'm 50 and 11. (P1SUB)

Many... all: acquire knowledge; transmit knowledge; ... (P3SUB)

Regarding the *learning* subcategory, it is interesting to note that although it has not been presented by most participants as a motivation to attend the SU, it is recognized as a relevant gain by our participants:

The trips we do are also important (P2SUA)

(...) and the trips too, I went to Rome, I had never been on a plane, it was spectacular, I loved it. It was a great and unique experience (P3SUA)

To occupy leisure time; to gain culture; see things differently... (P2SUB)

Another aspect that was addressed in the present investigation is the social perception of the SU and, in this regard, we highlight the following statements:

No, nor had I ever heard of a Senior University (P1SUA)

I didn't even know it existed, no I didn't know (P2SUA)

I had no idea what a Senior University was. [ (P4SUA)

I did not know anything about the SU. I had no idea ... I even thought that I had to have studies. (P1SUB)



Regarding the participants' knowledge about the SU before attending it, it is interesting to note that some of the participants acknowledged that they did not know what a SU was before they attended it as seen in the previously transcribed sentences.

With regard to the participants' idea of the social valorisation of the SU, it seems interesting to us that arguments are presented to support two different visions, namely affirmations that point to the social valorisation of the SU's as we can observe:

My family values a lot, they love that I attend the University, they never criticized me God forbid that they did that, and I would not consent either (P2SUA)

Most people value it... (P4SUA)

But there are also statements in the participants' discourses that point to a social devaluation of SU's as illustrated in the following statements:

There are those who do not value the Senior University and there are some who criticize, but everyone has a right to have an opinion. (P1SUA)

No, for example here what I notice, is that there are people who try to keep us down and say: "Ah! University, there is so much to do at home ... (P3SUA)

Before I came I thought it was an uninteresting class. When I got here it was a good thing I was not expecting. (P3SUA)

No. They are made fun of ... I hardly even knew. (P2SUB)

In this subcategory, it is also important to note that some of the participants underlined the lack of social unanimity in the valuation of the SU's

There is a dichotomy: - society itself finds SU as elitist, which alienates many potential SU regulars, and this justifies people not feeling well. The SU is for everyone people with little training come and go... there will be work to be done... - institutionally the SU are respected. The people who attend them are seen with some admiration, but also with a certain joke (learning after being old?). There are people (students) who feel good, but who feel cheeky... (P3SUB)

There may be a group that considers it advantageous because it considers a hobby of people who have nothing else to do, when it comes to aging in a healthier and happier way and there may be that group that says "there are the people that have nothing else to do". (P2SUA)

Regarding the category *concept of lifelong learning*, we have identified, as we have already mentioned, two subcategories: *time to learn* and *usefulness of knowledge*. Regarding the *time to learn* category, we underline the idea that we learn at all ages, as illustrated by the following statements:

We always learn until we die. (P1SUA)

You never learn everything ... learn until you die. (P2SUA)

I am here to learn to see and to know. You never learn everything, even if you live 100 years, you always learn something. (P3SUA)

I always continue to learn; this year I think we'll have other disciplines and I'm already anxious. (P4SUA)

Always! Learn until you die. Listening ... but also writing ... (P2SUB)

Life is a learning process. We are always learning. (P3SUB)

More specifically, some participants indicate that although we learn at all ages, the way we learn and the attitude towards learning changes with age, as seen in the following transcripts:

I do not learn in the same way, because I was a student at 100% and now ... I consider that, although my abilities have diminished a little, I am more dispersed by other activities and tasks, I divide my attention by several situations which constitutes a situation of less attention on a single goal. But I also consider that I have a wider learning process, the general culture is very likely to increase. (P2SUA)

Now I learn in a different way because I have lived a life and in school the teachers were not as gentle as these are, it was still at that time when they hit us with rulers... I think if they taught me in a different way I would have learned

much more, me and my colleagues. Teaching us the right way, we would have learned much more and much better. We are now treated like... it is so different that it is impossible to compare. (P3SUA)

Learning is different, but I have personal experience: I started at the age of 7 and until I was 60 I never stopped studying. One notices a cognitive difference, but each person is different. I do not feel limited by my age to continue studying... the memory... There are always automatic strategies to educate memory... The cognitive part is at 90%. I have a lot, a lot to learn. (P3SUB)

A lot, always... We are always learning, even talking... even matters that we update. Yes. It takes a little more... to learn, but I learn with more interest. (P4SUB)

Finally, we also emphasize the importance given to the usefulness of knowledge by the SU students:

No, you do not learn the same way. Before we were more active, had a fresher memory and so... but you will keep learning, for example, I never thought to do “arraiolos” and I have done many beautiful things. (P4SUA)

Yes, always learning new things. (P1SUB)

That's for sure. When I was young, I learned because I was studying, memorizing and it would come out on the tests and I would do it. Would I understand it... maybe not. Now I see differently. Now I ask why, I have to get to the heart of the matter, how was it? Things I have to know, for example, what I'm singing, in Latin, you have to translate it, so I can sing with emotion. I must know why. (P1SUB)

### **Discussion**

The first aim of this paper was to understand the motivations of older people that attend two SU in a region of the interior north of Portugal. And, in this regard our results show the positive aspects highlighted by the participants, namely: the valorisation of time; new learning; the educational and cultural opportunities provided;

the social involvement and social interaction; the satisfaction with the participation in the activities proposed by the SU.

Another issue that we want to emphasize is the attempt to understand, with the elderly people who attend them, what changes or implications SU have brought to their lives and how they interpret the processes associated with aging, educational, cultural and social development.

And in this respect, we emphasize that through the implementation of socio-educational strategies, the SU provides, through the work of its technicians and volunteers, the response to the need for development and knowledge sharing, which in turn contributes to social interaction and improvement of the quality of life of the elderly.

Another concern that is related to the proposed analysis is the understanding of education as a personal task that accompanies a person throughout his or her life, which contributes to personal satisfaction and fulfilment and, consequently, to a higher perceived quality of life.

To finalize we select, by the impact of the words, these two statements, which are significant examples of participants' responses and the extraordinary importance that the frequency of the SU has on the lives of these people.

"I'm here because I also learn, it's not just to spend time, I really enjoy learning" (P4, SU A); and:

Me? I was already in a psychiatry... (silence)... I was already in a psychiatry. I'm still on medication. The doctor tells me, "Ah, brave!" They ask me, "What do you not do?" They say I do not get old. I like the dynamics, I cannot stand still" (P1, SU B).

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## **LEARNING, SOCIALIZATION AND WELL-BEING FOR OLDER ADULTS: THE CASE OF A UNIVERSITY OF THIRD AGE IN PORTUGAL**

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### **Abstract**

The ongoing research “Educative practices in Universities of the third age: A comparative study between Portugal and Italy” had several steps. Firstly, we did some informal conversations to get preliminary information on the reality of the Universities of the Third Age (UTAs) in Portugal. Secondly, we developed a national survey concerning the aims, organization and educative work developed in these contexts. Finally, we defined some criteria (educative aim, type of activities- non-formal, informal) and selected a few cases to conduct a deep study. In this phase we used observation, semi-structured interviews and documental analysis. The paper reports on the case study developed in one University of the Third Age (UTA) in Portugal. Situated in the Lisbon region, in one of the six most populated cities of the country, it is considered the biggest in the country. In this study, we try to understand who are the participants in the UTA, in which initiatives they are participating and what are the dynamics of socialization. We will present the results of this case study, selecting and analysing the categories that best indicate the relationships between participants learning, socialization and their subjective well-being.

### **Introduction: Elderly education and Universities of the Third Age**

Different theories and approaches have been discussed in the last years regarding Elderly Education. Some fields as sociology and gerontology worked from the standpoints of: i) functionalist approach - that concerns the activity theory: adults have to avoid decline in later life and a good way to do that is finding new roles; following this perspective, the development of different educational and learning activities can lead to “a great feeling of happiness and adaptation to the challenges brought on by life” (Velooso & Guimarães, 2014, p. 38); ii) critical educational gerontology - older adult

education results in a promoting opportunity for social participation and active citizenship; this follows the educational philosophy of Freire (2005) that supports the social change within the framework of a liberating education (Veloso & Guimarães, 2014).

If we take a look at the Delors Report (UNESCO, 1997), *The treasures within*, we can perceive clearly the 4 pillars of learning: learning to know, learning to do, learning to be and learning to live together. In the case of elderly, the last two are the main focus of learning.

In Portugal, as in other countries, UTA have been assuming a central role when it comes to elderly learning and education (Fragoso, 2014). The older adults should and need to maintain their participation in activities concerning political, social, economic and cultural issues (Zemaitaityté, 2014).

The first UTA appeared in France in the 1973, to address the needs of the retirees'. This was a project started by Pierre Vellas, with the aim of developing activities, study rooms for young and old people (Formosa, 2014; Jacob, 2005). In the last decades, it was possible to witness the proliferation of educational institutions directed to the satisfaction of the learning needs and interests of older adults (Findsen & Formosa, 2011). In this sense, UTAs has become one "of the most successful institutions engaged in late-life learning" (Formosa, 2014, p.42) all over the five continents.

The first UTA in Portugal was created in 1976 (Guimarães & Antunes, 2016) to respond to the lack of educational opportunities for older adults (Jacob, 2005).

Nowadays the involvement of the elderly in social and educational dynamics is visible. Furthermore, in these UTA's, individuals can spend their free time and avoid social isolation and marginalization. Likewise, the contact with educational contexts allows the adult to live and take part in a world that is constantly changing - not only as a spectator but as an active and intervening subject (Formosa, 2011). Over the years, different fields of studies revealed the benefits of the participation on several levels (physical, intellectual and social) and consequently the contributes to elder's well-being (Pocinho, 2014). UTA emerge as a response and an opportunity for the elderly. It gives them the opportunity to get together, find new friends, help each other by teaching and learning new things. One of the predominant premises in these contexts is that they

participate because they want, in what they want and when they want. They have the opportunity to improve their expertise and willingness (Zemaitaityté, 2014).

### **Adult education and well-being**

Recently, some studies were developed in the field of the “well-being of individuals”. These studies brought some understanding about the relation between learning in later life and life satisfaction (DeNeve, Diener, Tay & Xuereb, 2013; Formosa, 2014). They reveal that elderly can find meaning and satisfaction in their life through learning and the context of learning (Field, 2009).

Well-being tends to be seen as a general concept without a general agreement. Is it possible to discuss it from different perspectives. Some authors (Simões et al. 2003) refer that the concept of well-being is related with the notion of quality of life. This includes the conditions of life and life experience. The World Health Organization (WHO) (2002) proposes a definition of well-being that presents two dimensions: objective and subjective. It includes factors as life experience and life circumstances with social norms and values: “Subjective well-being comprises all the various evaluations, positive and negative, that people make on their life’s and the affective reactions of people to their experiences” (OECD, 2012, p. 8). Well-being and health are concepts interacting with each other and with other determinants as social systems and life circumstances (e.g. education, work, social relationships, environments). All these circumstances can have an influence on well-being, psychological functioning and affective state (WHO, 2012). The subjective well-being can change health and longevity, quality of social relationships and positive work outcomes (DeNeve et al., 2013). It is related with health, high levels of social and civic engagement and greater resilience when faced with external crisis (Field, 2009).

Some research and recent practices showed that learning in later life carries a huge potential to participants (Field, 2009). People, whatever their age, need to be in constant contact with learning dynamics. This contributes not only in an individual level, but also to the development of a community. The elderly cannot be seen or see themselves as a separated group, “but instead should be integrated in the community whilst, of course, ensuring that their specific needs and interests are met” (Formosa, 2014, p. 16). Learning processes can also help to build networks, trust, reciprocity and



social connections. This means that elderly can arrive further if they cooperate. In the late age the inclusion in a community is essential (Formosa, 2014).

Education is without doubt an important key for the development of the individual in a way that can help to increase the elderly ability to do things for themselves. In other words, elderly education and learning can be a vehicle to improve the levels of social and personal transformation (Formosa, 2014). In one side, it influences directly the attitudes and behaviours that affect the mental well-being (Field, 2009). On other side, elderly learning can bring new possibilities, mainly in the family (in the relations with the grandsons), neighbourhood (with the close community), and with the peers (their social group). Participation of the elderly in the activities of UTAs can help them to recognize the stereotyped perceptions about the elderly and the old age (Machado & Medina, 2012; Veloso, 2011). It seems to increase their physical, intellectual and social levels (Formosa, 2014) and consequently the elders' quality of life (Jacob, 2012). In this sense, the participation promotes social integration and productive, meaningful life, and enhances their knowledge and culture (Zemaitaitytė, 2014). Moreover, the benefits of education and learning in later life are a departure point concerning the diversity of potentialities regarding public policies, "research or actions" (providers and learners) (Field, 2009, p 5):

The evidence that learning promotes well-being is overwhelming. This has huge implications in a society that is experiencing unprecedented levels of stress, mental illness and anxiety about the future – combined with the adoption of public policies that require individuals to take responsibility for planning against future risk. Learning providers must make much more of their contribution to well-being, as well as promoting the well-being of their own staff. (Field, 2009, p. 5)

### **Research context and methodology**

This study is a part of an ongoing research ("Educative practices in Universities of the third age: A comparative study between Portugal and Italy") which the main aim is to analyse the dynamics of education and socialization of UTA. In this study, we try to

understand who are the participants of UTA, in what kind of initiatives they are involved, and which are the dynamics of socialization that emerge from this context.

We begin by obtain a database with the UTAs on a national level (November 2015 to February 2016). To do that we established contact with networks and associations operating on a national level, in Portugal and Italy, and asked for collaboration. After some months and more than 600 requests of cooperation, we built a database with around 200 institutions. After that we have had some informal conversations to get preliminary information on the reality of the UTA in Portugal, and have conduct a national survey (Ghiglione & Matalon, 1997) about the aims, organization and educative work actually in place. Then, we defined some criteria (educational aims, type of activities- non-formal, informal) and selected a few cases to conduct a deep study.

This paper reports on a case study developed in one UTA in Portugal. This UTA is situated in the Lisbon region, in one of the six most populated cities in Portugal. Our primary aim was to understand the case (Stake, 1994), more specifically: a) if elderly merely follow what has already been predetermined by others or if they are actively participating in the planning and development of such activities; and b) whether there are some relationships between participants learning, socialization and their subjective well-being.

We conducted some informal conversations (Bogdan & Biklen, 1994) with the participants in order to get deeper insight and understanding of empirical practices. This was fundamental to establish an informal relationship and to be able to do some observations. Observations (Bell, 1997; Yin, 2002) in UTA were conducted in different moments and classes. We performed two weeks of naturalistic observation involving more than 28 courses.

Our case approach included also 20 semi-structured interviews (Fontana & Frey, 1994) to different participants: people who have direct responsibilities or direct experience of the evolution of this UTA; educators and learners (at the same time), in different activities; and learners. Furthermore, the documental analysis was very important. Besides the institutional documents (member's files, calendar of the lessons, regulations etc.), this university has a monthly journal started on the very first month of its existence.

## Results

Both our observations and the interviews gave elements on central themes: type and nature of the institution; type of work the UTA develop; and, mostly, the dynamics of socialization and learning: how they are developed and the relations among them.

### **TkM- Senior University: A brief description of our case**

This UTA is based in an autonomous institution created by a group of 9 friends in 2013. This group were enrolled in other university. For some reasons related with the structure, organization and the way of work and relate: “it was like a service and we were just clients” [Coordinator], they decided to create a new one, that could respond to their personal believes.

The main aims described in the internal regulation (UTA Regulation, 2016) are: to offer a space adapted and which could potentiate the socialization; to give the opportunity to go to courses where participants could share, be valorised and improve their knowledge; to develop activities with and for the learners; to create spaces meeting in the community; to divulgate and preserve the history, culture, traditions and values.

The main idea was to create an alternative for the elderly of the region. This UTA started to work in May and opened in September with a total of 500 inscriptions and 40 different disciplines. Until the end of that same year it arrived to a total of 1000 participants. Resources issues were easily solved: once they found a space things started to arrive: “we went to look for furniture, and we got it... one of the collaborator was working on a bank and he got them to give us the first desks, the first computers, the first chairs, we had all that!” [C].

Moreover, it is really important to focus on the awareness of identity of this UTA. They created a logo, a flag, and a hymn to identify the University that can be used in different situations. The fact that the participants can feel a sense of belonging to something bigger is considered an essential part of their success: “Is the feeling of belonging, to feel that we are the D. Sancho”. “To be proud to be! to be D. Sancho!”; “when we go to our field visits of big trips we always bring our symbols, our flag! We

bring our name tags! We go all identified, because to be D. Sancho is something different...and that is why is special." [C].

The UTA is autonomous and the financial support is based on the enrolment fee payed by the participants (which change depending on the number of disciplines). The fact that it does not receive money from the outside gives it the privilege to be free to receive every kind of participants no matter the religion, politic party, etc. In fact, this freedom allowed them to do the work they want, to participate in the activities they want and to make their own decisions, without external pressure on.

### **Participation in the UTA**

At the moment of our study (2017/2018) the UTA had approximately 1300 participants, aged between 31 and + 80 years old. The biggest age group is between 61 and 80 years old. Most of them (70%) are female (also if there are some courses with a male majority of participants, i.e. "Naval Art" or "International Relations and Police" or "Golf"). Furthermore, most of them have a secondary school level, although there are members without any educational level and members with a bachelor degree or a PhD.

Regarding the educators/professors the UTA had a total of 65, all volunteers. Age went between 26 and 80+ years old; 60% female and 40% male, showing different educational qualifications (from basic school to a master or PhD degree). Some of them are retired, but most of them are still active. In some cases, they are unemployed. Interesting a significant part of them (among the retired ones or the unemployed) are also in the opposite side (i.e. learner). They deliver their lessons as educators and they are members of the UTA themselves, attending other courses as learners. It is interesting that a significant part of participants in the UTA are educators and learners at the same time; when they share professional and personal experiences and contribute in the activities, "They learn together from each other!"; "My idea is not the one of exhaust the issues, is the one of raise the issues... then the ones who want (because all are free in my lessons) can debate with me or search in home" [Educator 1] and there are persons that do it.

I had a program in my class that was “3 minutes of fame” and each person had to present a theme with beginning, middle and end. Really nice thing... how to do glass...how to fix an alternator of the car... and a lady say: “I can’t professor, I don’t know nothing”, “you don’t know nothing?? So, what have you done until now?”, “Ah, I was dressmaker...” “So, it’s what you are going to do, to teach the class how to do a dress”. Look, it was a success, in a way that I asked her to write that, and then was published. [E1]

In practice, we can say that the aims of this UTA are the development of affections, fight against sedentary lifestyle and lifelong learning [Questionnaire; C]. In fact, the educative approaches present in this UTA can be different, depending of the field and of the educator. Concerning the questionnaire this UTA presents a flexible project (*not defined a priori*), concerns a non-formal perspective, horizontal methodology of work and give the opportunity to participate in some recreational activities. Regarding the interviews and the observations, we can say that activities on UTA are organized in two big categories: Courses and Cultural Activities. In the first category, we can find a diversity of fields namely: 1) performing arts (theatre, dance, poetry, etc.); 2) artistic strand (painting, ceramics, drawing, etc.); 3) cognitive development (languages, history, sociology, psychology, etc.). In a total of 70 different activities/courses. Concerning the second category there are some conferences, lunches, travels (in the country and abroad), thematic parties, expositions, parties in important times as Christmas. About the activities, the members have all the liberty to participate, to choose where they want to go and what they would like to do. Besides that, they have a big responsibility in the sense that they are the ones that are involved in the dynamization of a big part of the activities.

Very particular is the fact that, besides the “normal parties” that we can find in a UTA, they organize the *party of the end of the year*. It started as an activity for the ones that were alone in that night, and now is having always more inscriptions (what is becoming a problem for the organization.)

Very remarkable is that this university, if we compare with others in the country, “never close doors”. During the months in which the place is closed (there are not normal classes) there is the possibility to participate in leisure and cultural activities

(UTA regulation 2016) (July and August): “this year we will have 3 big trips, Russia, Norway and Croatia” [C].

This UTA has the particularity to be nearby the (people in the) community, figuring as an innovative space for adults. It presents a diversified educational offer and it is a meeting and socialization point for everyone: “I think the majority of the people like to be here. We have always more people” [Learner 1]; “The Senior University for me represents a way to keep free times busy, as we are retired. Here we have the aim to keep the cognitive active, keep the social relations”; “(the UTA is a place) where they can look for knowledge, social contact, physical activity, leisure. So, the people can look for these places” [E2].

According to our data, it is possible to understand that there are different kind of participants, each one with different reasons and motivations. The coordinator of the UTA defines two kinds of participants: the ones that “come, sit, hear what they have to hear and then go away” [C]; and the ones that come with the aim of participate and learn: “They bring the things home, they study, make questions and want to debate and discuss in the lesson with the colleagues and the professor”.

Moving on to the motivations to participate in UTA, the occupation of free time with something that helps this particular phase of life and keeps the “head working” figures as the main one, common to/valid for everyone:

To distract myself... I had a really communicative job, I deal with the persons, with companies, and then to stay home was not a choice... now I’m addicted (laughs), I came here, to talk, speak... [L5]

The persons keep with some kind of activity, and then we can also develop something that stayed a little.... It helps us, help us to live!... also, our spirit, I for example, look for myself and I say that... I think I don’t feel the age that I have [L3]

In some cases, doctors suggest their patients to enrol “They (the doctors) came here, ask for the curricula with all the courses and they send their patients to the disciplines they consider good for them! They prefer to prescribe the UTA instead medicines” (laughs). [C]

In these cases, we can refer to the work developed for the UTA as a potential weapon to fight ageism and social exclusion (Formosa, 2014) or as a mean to prevent some diseases related with age and loneliness (Pocinho, 2014).

Considering the different reasons mentioned, there are: participants who look for something similar to what they used to do at their job, e.g. Portuguese teachers who look for courses of creative writing; others who quest for something as far as possible from their late jobs, e.g. ex health-care workers (as nurses) looking for manual activities as seam or embroidery; other participants trying to catch opportunities they missed out due to economic or political/historical reasons, e.g. someone who has always loved singing now can pursue their passion (and even win some “friendly competitions”) “...I didn’t fight for that, the truth is that I’ve never done what liked”[L4]; or someone who has always wanted to play an instrument but could not because of gender issues (was female):

in the time the little girls didn’t had the opportunity to learn music... firstly because I was girl, secondly because there was no one that could teach girls (...) and I couldn’t learn music. In a way that I cried so much, so much, so much. I wanted to go out of my city. [L3]

The last type of participant embodies the fact that UTA is a mean to realize dreams previously out of reach for different reasons. Another interesting point is related to the participants that never went to school and the non-Portuguese speaking immigrants, taking courses like “learning Portuguese” and “Portuguese for foreigners”. The UTA is a valuable answer, an opportunity to realize something the persons could not do earlier in their lives. It reveals the importance of UTA as a basic service and in some cases an answer for the community.

Regarding the younger participants (30/ 40 years old), it is possible to report that in some cases they are unemployed or that have jobs that require them to be stationary during some months (e.g. airplane hostesses). This type of participant searches in the UTA the update and the acquisition of new knowledge.

UTA is not a closed institution. It receives everyone who is interested in their activities; it listens to their participants; it is open to learners’ expectations and opinions

about the activities, some of which are in place just because the community suggested them. It gives a huge variety of choices (more than 70 courses) and “if someone is not happy, they can always change” [C]. According to the interviews, the results seems to be positive: they are working well and this is certainly important for the UTA success and for the well-being of the participants: “Is really special to me, in the sense to escape from the routine and go out of home, then the persons are nice...” [L5]

Friendships, family and social relationships also seem to be of the utmost importance for the well-being of participants in this context. Here, they can make new friends, people who might have similar tastes and share the same mindset. They can also find people with different ideas and to create healthy debates with. Interestingly, they are together with a common aim: “to belong to this family”. In some cases, they join together the same courses from 3 or 4 years. In other cases, they have solid little groups “we are known as the troika” [L3] that participate in the activities together. Furthermore, it is possible to see concepts of identity and belonging. Participants meet and enjoy spaces to be together even when lessons are over. They go for a snack or drink together and occasionally they join to have lunch.

Additionally, this UTA reveals the importance of the relation between grandparents and grandchildren, e.g. when a grandmother can debate with her grandchild about history or geography, while they are doing their homework.

Strong is also the connection with the community, for example when someone can speak Mandarin with the owner of the supermarket where they go daily.

At the same time, in larger sense, the UTA participants seems to constitute a community: they establish important ties with the larger community. Besides all the activities (e.g. conferences, travels, expositions and lunches), open to the close families but also to the whole community, there are other indicators pointing to this. Firstly, the partnerships with other institutions, which make some of the activities possible (e.g. the agreement with golf and theater associations, and different schools). Secondly, the social help that UTA participants give to social institutions of the city. For example, elderly work in several institutions as volunteers, they participate in municipal initiatives. They perform with the choir or theater in day-care centers (visiting old people), hospitals, etc. and collaborate with the law forces (police or firemen). Finally, UTA also have an agreement with a SPA in the city, which gives different benefits and



offers in various services and spaces (pool, massages, treatments, etc.), figuring as another way to maintain individuals' well-being.

To summary, this UTA activities are fundamental to promote education and fight isolation among elders, creating strong friendships and social participation through the activities. These individuals participate in several ways- offering suggestions, planning and designing activities, and participating in their enactment. They propose new partnerships and create their own projects. Sharing personal experiences and establishing meaningful friendships seem to be the base, the structure and the success of this UTA. They can contribute strongly to the participants' well-being. Finally, the closeness among all the members- management, educators and learners- seems to contribute to the success of this place.

### **Final Considerations**

There are some obstacles and limitations regarding elderly participation in our days. These are related primarily to the priorities of educational policies and processes that do not concern adult or elderly education.

Following the concept of development and social cohesion - supported by the regulation of the UTA in our case study - we can say that UTAs have a strong responsibility in establishing conditions for the participation of everyone. This institution offers environments, access and resources for such participation. Even more, it gives freedom for a deep participation in each and every activity phase– from its idea to the realization.

Our case study revealed some interesting points about the relation among learning, socialization and well-being. This UTA seems to contribute to the well-being of the individuals on a global level. Participants are encouraged to participate within the UTA and in the city activities as volunteers; and they seem highly motivated in doing so. It is important to recognize the empowering benefits of coordinating and participating in educational activities that connect elders with people of all ages as well as peers; of coordinating educational initiatives that increase cooperation, integration, or exchange among different generations (Formosa, 2014).

This UTA seems to have some specific characteristics. In the first place it is not elitist, but quite on the contrary. There is a horizontal relation that makes participants feel good and like to come here. There is a meaningful closeness among all the members and a strong feeling of identity. Elderly feel the UTA as their own space, where they can learn from each other. Besides that, it also represents a space for socialization -quite important for the individuals' well-being.

We can see that the educational contexts for older adults can play a crucial role in the social and democratic challenge, by including everybody and promoting opportunities to dialogue, interact, and share experiences. The impacts of education on the elders' well-being are perceptible and can happen on different levels. Firstly, personal level, by helping people to develop capabilities, resources, and new roles; by allowing people to succeed and increase their resilience when facing risks and negative feelings, educational lacks or stereotypes. Secondly, physical level, when going to the UTA is the reason why many people go out of home every day and some of them enroll in sport courses that help to maintain physical health. Finally, social level, because elders find in this context a social group within which identify themselves and create strong ties.

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## **EDUCATIONAL AND LEARNING ACTIVITIES FOR OLDER ADULTS AT THE UNIVERSITY LEVEL IN SLOVAKIA**

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### **Abstract**

The main aim of this paper is to introduce, analyze and provide conclusions as well as future possibilities in development of educational activities of older adults on the level of lifelong learning at universities in Slovakia. Our partial objectives are to define selected educational modules for the target group of older adults from the standpoint of their content, structure, competence and principles. The issue of educational and learning activities is to be analyzed in three ways. First, within the international context and, second, within the so-termed the university sphere. The third sphere is lifelong learning via universities of the third age providing programs for the target group of adults 45+ (preparation for active ageing by development of key competences). Activities follow an aim to develop key competences of older adults in lifelong learning. The final result will be a more complex approach towards the selected issue.

### **Introduction**

Older people, after crossing the threshold of retirement age and especially after real retirement face a lot of problems just because they are not sufficiently prepared. That is why we assume that preparation activities should start at the age of 45 or 50 (Livečka, 1979).

Universities of the third age (UTAs) represent one of progressive forms of lifelong learning, originally tailored for older people.

There exist two basic approaches in organisation of UTAs: an approach that prefers intellectual activities of participants (it emphasizes primarily a university nature of educational activities); an approach that is a traditional raising of awareness and with compensation functions.

Curricula of universities of the third age corresponds fully with a mission and curriculum of their parent university hand-in-hand with their professional intellectual and spatial potential.

The Board of ASUTA approved the statement on further education at UTAs in March 2018. It includes monitoring of educational activities that follow the lifelong learning framework of The European Lifelong Learning Indicators (ELLI) as well as providing data of standard resort survey of Ministry of Education on further education. At the same time, it means a wider approach towards measurement and evaluation of prosperity in a knowledge society originating from economic and social advantages of education. ELLI is divided into four different domains of lifelong learning, i.e., learning to know, learning to do, learning to be and learning to live together (Hoskins, Cartwright, & Schoof, 2010).

Under the auspices of ASUTA there have been implemented several projects and activities at UTAs across Slovakia. They represent flexibility of senior education, openness towards topics and approaches of organization of education.

### **Methods**

This paper examines current situation, future possibilities and examples of good practice in the Slovak national context. Data was collected via ASUTV, semi-structured interviews were made in order to allow interviewees freedom of speech and the opportunity to express themselves without obstacles, together with observations and an analysis of the current issues of the field.

In our paper, we analyze the historical development of the lifelong learning education by comparison with other European models and define basic principles of the Slovak national framework. We classify legislation and content of education based on the European and national needs.

### **Strategic framework of senior education in ASUTA**

In Slovakia UTAs have been founded by universities since 1990 when the first UTA was established at Comenius University in Bratislava. Immediately, many others

followed the educational activities for senior citizens in the Slovak republic. In 1994 ASUTA was established as an initiative of Slovak universities and other institutions of higher education at a founding conference held at the Košice Technical University. It provides space and support for its members, for their development and mutual cooperation. The main task of the association is to create new UTAs, to support them methodologically and to lead the existing ones, to educate its members, to foster a positive social climate that promotes senior education and to strengthen education in socially vital issues (Čornaničová, 1996; Hrapková, 2010).

A mission of universities of the third age is to provide interest learning and teaching for citizens older than 45, to create space to satisfy their thirst for knowledge and professional competence. Their activities are coordinated by centers or institutes of lifelong learning or education departments at rectorates of individual universities. The age limit for study at UTAs is 45+ at almost all the universities. However, the average age of students ranges within 60 and 65 years of age. Almost half of them are retired people. Naturally, we need to consider regional discrepancies. Rules and internal regulations for preparation and realization of education are set individually by every university.

Considering changes in lifestyles as a result of a rapidly changing society and closest environment as well as needs to face, manage and utilize these changes, the ASUTA identified its strategic activities until 2020. They are divided according to needs and requirements of target groups with which UTAs cooperate. Priorities for the age group from 45+ to 60 lead towards enhancement of citizens' competences to remain active on the labor market. The first priority promotes a creation of new and development of already existing educational activities to advance digital, financial, media, reading and mathematical literacies. Priorities of the age group of 60+ are targeted on development of senior education according to their interests. They promote their work and develop activities that improve quality of their lives by means of an increase of the level of civil literacy of individuals. They support development of education, social and cultural potential of an individual and, finally, they improve key competences with an impact on identification and application of their connection with a community, e.g., senior volunteering.

### **Lifelong learning in Slovakia and legislative framework**

Act No. 568/2009 on lifelong learning and on the amendments and supplement to some acts in §4, types, forms and content of further education states among other types of interest education also senior education. The act defines them as other education by means of which a participant of further education satisfies his or her interests, gets involved into a life of a civil society and, generally, develops his or her personality (Learning Act No 568/2009, 2018).

Law No. 131 on Higher Education and on changes and supplements to some laws, is a key for UTAs founded by universities, but does not mention this type of education concretely. In General provisions, it states that higher institutions fulfil their mission also by providing further education and continual education and development of education at all levels (Law No. 131 on Higher Education and on Changes and Supplements to Some Laws, 2018).

A design material for the National program of education is the document "Learning Slovakia". It states, in the aim 7-02: Non-profit activities in regions declare development of further education at universities as a part of lifelong learning. Universities will provide, according to the document, a portfolio of courses, study programs (short-term and long-term), as a part of development of lifelong learning, including online courses. Specifically, for seniors, they will enhance so-termed universities of the third age. As a part of the aim 1-12, an emphasis is put on research and development of digital competences not only of students, but also adults, namely seniors within lifelong learning. As significant we consider a gradual change of a perception of senior education. The document discusses the extension of life expectancy and the various socio-economic threats associated. However, we underestimate the potential of active seniors for cultivation of educational environment of the country. So, seniors as mentors and their potential become prominent (Ministry of Education, 2017).

### **Project HEREG**

Project HEREG: Strengthening the Impact of Higher Education in the Regions, that is coordinated by Jozef Jurkovič, Director General for Higher Education at the Ministry of Education, emphasizes a necessity to support a third task of universities. One of significant tools defined in recommendations and supporting even community



development with an aim to improve social cohesion, life quality, living environment and better functioning institutions are explicitly mentioned together with UTAs.

### Basic statistics

In Slovakia, there are 20 universities of third age at the moment and 17 of them are members of ASUTA. They are situated by means of their parent universities across the whole country. 60% of them are institutionalized at all universities in Slovakia, 80% of public higher educations, two thirds of state and one quarter of private universities.

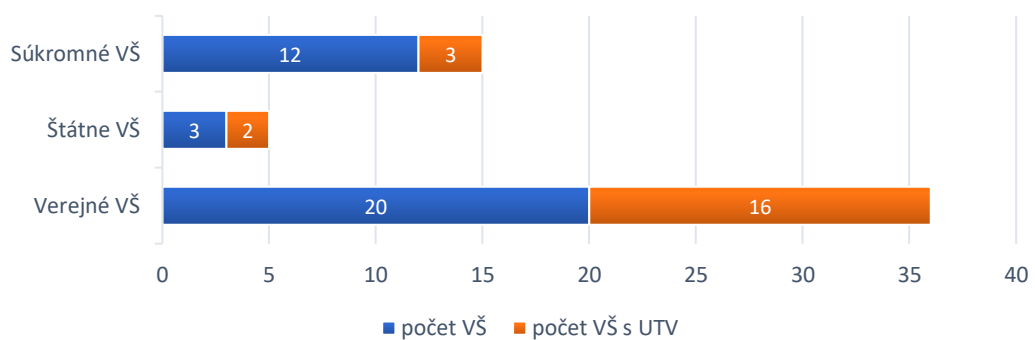


Figure 1. Number of UTAs in Slovakia. Source: ASUTA

Independently, without a membership in ASUTA, these universities organize their activities: The University of the Third Age at University of Ss. Cyril and Methodius in Trnava, St. Elizabeth University of Health and Social Work and Academy of the Police Force in Bratislava.

In the academic year 2017/2018, there were 7.580 older learners active in education, 86% of them were women. A total number of students and women involved in education increased in comparison with the last year. The number of men involved in education decreases. In the academic year 2015/2016 men comprised 17%, the following year 16% and now only 14% from the total number of all students of UTAs associated in ASUTA.

The Figure 2 shows the total numbers of students and the number of men involved in education in particular regions according to the registers at parent universities of the third age. It is necessary to realize that a number of students is not

the only decisive feature representing complexity of work at UTA. Other important factors are quality of provided education, educational support, interactions in tuition, mutual partnerships or a transfer of gained knowledge into practice.

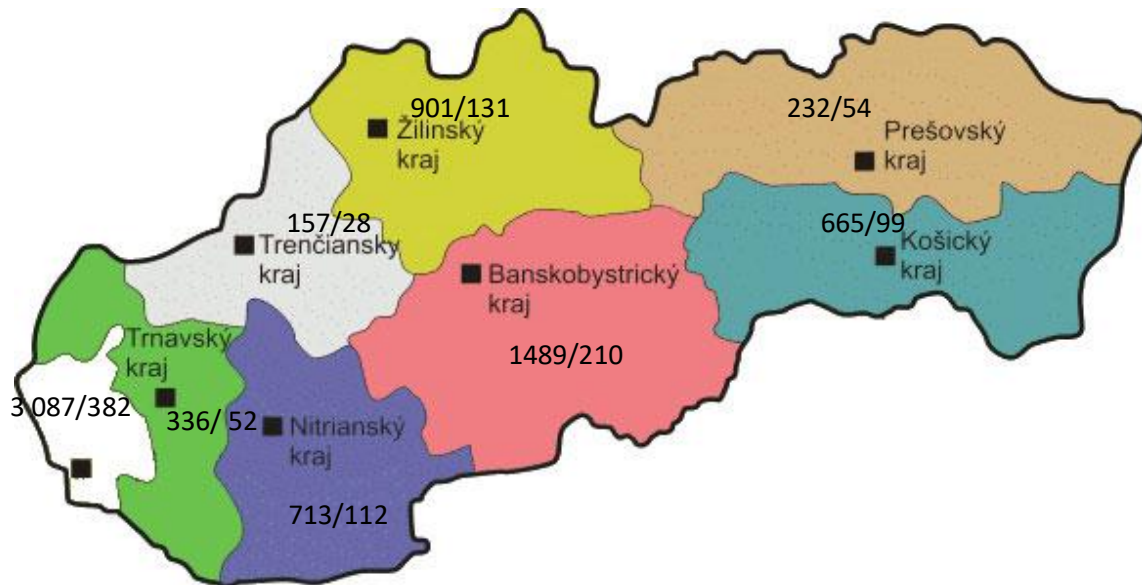


Figure 2. Total number of students and men involved in education at UTAs in regions in Slovakia

### ELLI in the framework of the Slovak lifelong learning

The Board of The Association of Universities of the Third Age approved the statement on further education at UTAs in March 2018. It includes monitoring of educational activities that follow the lifelong learning framework of The European Lifelong Learning Indicators (ELLI) as well as providing data of standard resort survey of Ministry of Education on further education. The framework is based on the knowledge and analyses of the International Commission on Education in UNESCO (Delors, 1996). At the same time, it means a wider approach towards measurement and evaluation of prosperity in a knowledge society originating from economic and social advantages of education. ELLI is divided into four different domains of lifelong learning, i.e., learning to know, learning to do, learning to be and learning to live together (Hoskins et al., 2010):

1. *learning to know*: aimed at mastering of knowledge in particular fields of science and management of educational phenomena, such as concentration, memory, reasoning;
- 2.

*learning to do*: based on development and mastering of professional and practical skills and skills for life; 3. *learning to live together*: targeted on strengthening of cooperation and social cohesion, it includes: volunteering and charity, socially, sociologically, multiculturally oriented education; 4. *learning to be*: concentrated on personal development of the man as an individual, a family member and a citizen, it includes activities related to sports and motion, education in art, education oriented on digital technologies, financial literacy, psychology and personal growth.

By means of this approach ASUTA will be capable to divide and systematically develop not only education of competence and professions with education by interest for 45+ in detail, but also additional and very significant activities provided by members, e.g., promotion of volunteering of older learners, supporting activities of age management.

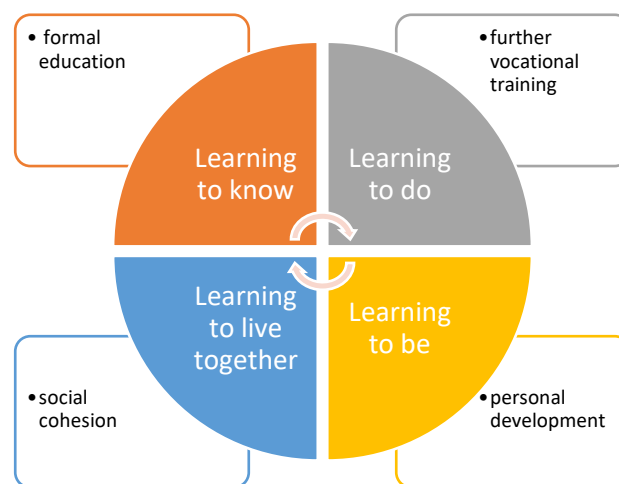


Figure 3. ELLI framework scheme

From four dimensions, the *learning to be* and the *learning together* are crucial in the context of senior competences and lifelong learning. The third dimension supports social cohesion such as trust, intercultural competence and political and community engagement (Putnam, 2000). It is to Learn from Others, with Others and for Others. Service learning is defined as a structured learning experience that combines community service with explicit learning objectives. Students engaged in Service-Learning are expected not only to provide direct community service but also to learn about the

context in which the service is provided and the connection between the service and their field and their roles as citizens (Seifer, 1998).

A process of education is not related only to competences and skills for the labor market, but it should promote adoption of values such as democracy, tolerance and trust, interactions with people with similar interests, a way of life and visions for the future. Living together starts in family, in interactions between children, parents, and grandparents and it later develops at school, work and civil institutions but in different dimensions. In Slovakia, there is a subject “civic education” taught at schools by means of which learners should build up and enhance civic awareness and competences. Research and the social situation itself show the opposite. Indicators of the dimension is an active participation in social institutions, work in politics, a formation of an opinion on social events, trust in people or ordinary meetings with peers, friends or family. In the future activities should assist in development of democracy, positive values, behavior and culture.

### **Teaching modes and ELLI**

1) Group based Learning – requires the students to actively engage with one another, regulate their own learning, evaluate and reflect on the contribution of each member in the team and develop appreciation for diversity of opinions and democratic ways of conduct.

2) Project-Based Learning (PBL) – learning that occurs around planning and carrying out social involvement projects. It often requires students to collect resources, organize their work, design, evaluate, revise and share experiences. Can be done in groups or as a one to one intervention/activity.

### **Education at Universities of the Third Age in the context of the National Program of Active Ageing**

A basic model of education triennial, divided into a winter and summer semester with the extent of tuition from 16 up to 30 teaching hours per semester. People interested in learning must meet the age limit of 45 years of age and have completed secondary education. Participants of the three-year program obtain a Certificate of Completion of Study which is a confirmation of the obtained degree. As an answer to

students requests there are provided one or two-year study programs more frequently. They offer bigger flexibility in time and curriculum.

Content of education at UTAs is formed according to requests of older learners identified by means of regular feedback records after completed education or by needs of a society and community.

### **Examples of good practice**

Education aimed at students, a support of cooperation in a community, volunteering and an intergeneration dialogue belong to real attributes of members of ASUTA. Examples of good practice stated below are successfully implemented activities connected with learning and teaching or other society-oriented practice at UTAs last year. They are just a brief selection characterizing flexibility of senior education, openness to topics and an approach towards organization of education. They also demonstrate an implementation of the program of active ageing in Slovakia.

#### **UTA at the Slovak university of technology in Bratislava: Technical and professional education connected with practice.**

An offer of education contains education in the fields of technology and transport on a long-term basis. It is unique within a context of students' demand. The study program 'from a horse carriage to a car' includes topics such as history and development of cars, car engines, production of emissions, a position of Slovakia among car producers, production and a life span of a car, car maintenance, etc. (od-koca-po-auto, n.d).

#### **UTA at Constantine the Philosopher in Nitra: Preservation of folk traditions and culture**

An aim of the-year study program is to teach participants with basic principles, techniques, materials, tools and historical development of folk handicraft, especially tinkery, basket weaving and carving. Participants design and make their own works from wire, pedig and wood. They apply principles of safety and health care at work in concrete craft activities. Thanks to their personal experience, old photographs and experience

and memories from the past folk art and craft remain recorded for next generations (Juráková & Verešová, 2014).

#### **UTA at Slovak University of Agriculture in Nitra: Education at UTV for rural population**

The rural UTA was founded by the university in 2013/14. Its ambition is to provide education according to interests even for seniors living in rural areas who do not have a possibility to attend classes at the university regularly. An offer of prepared education programs within three modules, i.e., “Quality of Life of Seniors”, “Rural Farming” and “Civic Literacy of Seniors” reflect a unique structure of all faculties of the university in Nitra and their study programs. We speak of an innovative distance learning of education according to senior interests with an intensive interaction of a student with a teacher (VUTV, n.d).

#### **UTA at Trnava University: Flexibility of education**

For those who cannot attend a complete year-long education UTA provides a monthly cycle of lectures that take place twice a week, always on a different topic, while a participant may attend only a part that he or she prefers. A unique project of Trnava university is also an online senior education. It is designed especially for participants that have no opportunity to attend lectures regularly due to distance or health issues.

#### **UTA at Technical University in Zvolen: A topic necessary for a society**

As a part of the project “Seniors Matter” supported by the Ministry of Interior of Slovak Republic, there took place a cycle of lectures with an aim to increase awareness of students of the age 60+ on criminality that may be their immediate threat. Key topics were for example safety in traffic, first aid, forensic psychology, crime prevention, a correct reaction of a victim of a crime, senior crimes prevention, prevention against thieves and fraudsters, domestic violence, methods of securing your possession, conflicts with neighbors, internet threats (tuzvo, n.d.).

**UTA Centre of Further Education, Comenius University in Bratislava: An international cooperation and knowledge transfer**

Teachers from UTA from Spain participated in the project “Implementing technological tools for improving outcomes for seniors”, and they learned in a course aimed at a support and development of an application of information technologies and innovative methods in education. A support of development of digital literacy is crucial even for teachers. The course contained lectures, examples of good practice and job shadowing.

**UTA at Matej Bel University in Banská Bystrica: Linking UTA education and a community**

A long-term interesting study program is the one with the title “Drawing and Painting”. Participants, alumni and other candidates founded a civic association that beautifies the city Banská Bystrica. Their real result is a transformation of abandoned playgrounds supplemented with works of art of participants. Students founded in a cooperation with the Slovak red cross the first local association of the Slovak Red Cross at UTA (kresba a maľba, n.d.).

**UTA at the University of Žilina: Intergenerational education and volunteering in education**

The intergenerational workshop titled “An old man – facts and myths” has been applied into a context of a primary and a secondary school. Its content was experience and informal learning by means of which students of UTA fulfilled prescribed tasks together with children and youth and they were led by a professional lecturer. An aim of the meeting was to remove prejudice between seniors and juniors, to get to know each other especially through a fruitful intergenerational dialogue. The result of meetings was published in the senior magazine “Schody” and also in the magazine of the secondary school (ucv.uniza, n.d.).

### **Promotion of perception of senior education at UTAs by professional and general public**

A systematic raising of awareness of individuals or community on the benefits of senior education, a support of a perception of seniors as educated, active and responsible people is the most important task of the ASUTA, after creating and implementing education and financial stabilization. There have been identified key activities that will generate a positive pressure on professional and general public throughout the year. We speak of a modification of visualization in a sense of a modern and dynamic institution, innovations in web pages, series of workshops linking education at UTAs with needs of a community and a society. At the same time, ASUTA will cooperate with its ambassadors, Rector of University of Žilina (the academic community, Slovak rectors' conference) and Oľga Belešová (general public).

ASUTA proposes the following concrete steps: an active usage of the platform EPALE as a communication tool towards professional public; an active participation of ASUTV in the Week of Lifelong Learning organized by Ministry of Education in Slovakia; formation of an active environment and cooperation with opinion-forming media.

### **Conclusion**

The participation on the educational programs and various activities developed by UTAs eliminates the presence of psycho-social threats in an older age. Universities provides seniors with a possibility of personal fulfilment and new life achievements, they lead them to activization of their inner creative capabilities and at the same time it strengthens social bounds and promotes integration of older people within a society.

As far as acute challenges of the near future are concerned, there we have to mention functional modifications of the environment, educational and organizational activities and a functioning network of institutions. This requires an efficient system of communication not only inwards, but also with employers, local authorities and seniors. It is necessary to form the environment in which educational institution will inform their clients about all relevant facts based on which they decide on their future path of education (further education).



We plan to focus on activities for legislative and institutional unification of representatives of employers in communication with a state to avoid a duplicity in a structure. We will build up activities to implement qualification standards into state and school educational programs; we will create a network of authorized institutions for recognition of results in further education. Finally, we will try to form a sustainable system of communication among educational institutions and employers on mutual transfer of information on knowledge, skills and competences for the labor market.

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## **DEVELOPING CRAFT PEDAGOGY FOR OLDER ADULTS IN CARE SETTINGS**

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### **Abstract**

Research has revealed that creative activities such as craft-making offer mental and physical stimulation and enable connection with the wider world. Engagement in making can enhance mood and help to preserve identity as an enabled and developing person. These factors are important for older adults and their well-being, especially for those who need extensive care. Notwithstanding the research findings, the opportunities provided by creative activities are not utilized to their full potential in care settings. This paper looks at the elements of appropriate craft pedagogy in this context. The pedagogy was created following the practices of action research during an international project, Handmade Well-being, with partners from Finland, the U.K., Austria, and Estonia. The pedagogical model was co-created iteratively during the project to reach the potential of enhancing well-being with craft activities. The role of the facilitator of creative activities is crucial. The starting point is to reflect one's perception of older adults and design learning targets that are suitable for them. A good facilitator masters the topic of the activities and knows instructional methods. Knowing how to adapt the content and instructional approaches so they are suitable for participants is essential and requires knowledge of the special needs of the participants, such as dementia and limitations in physical abilities. All along, the facilitator needs to reflect critically on his/her own perceptions, beliefs and experiences to be able to develop and revise his/her practice.

### **Introduction**

In recent years, the relation of the arts to human health and well-being has increasingly attracted attention in research and development projects. Portraying health as mainly a biological matter has given way to a holistic perception that also recognises the influence of psychological and social factors in health. Accordingly, promoting health and well-being includes fulfilling not only physiological, but also psychological and social needs (Fancourt, 2017) This has led to the integration of arts

and health, which usually means improving health and healthcare provision by using creative activities and arts-based approaches in different ways (White & Hillary, 2009). In this study, we focus on one category of arts and health, participatory arts programmes. They are usually designed for specific target groups, such as older adults with dementia, to fulfil a special well-being need through participation (Fancourt, 2017).

So far, research about participatory arts programmes in older adult care settings has mainly focused on the impact of the activities, whereas pedagogy that meets the needs of older learners has not received much attention in research (Creech & Hallam, 2015). While it is important to ensure access to creative and educational activities for people in different stages of life, just having these activities does not necessarily make them “good” (Formosa, 2002). The facilitators play a significant role in how beneficial the activities actually are, and they should master pedagogical approaches that enable and support well-being in practice (Creech & Hallam, 2015). Yet, there has been a lack of research on pedagogy in learning for the fourth age (Formosa, 2014). Also, in creative domains such as crafts, educational research mainly focuses on pedagogy that is relevant to school (Kangas, Seitamaa-Hakkarainen, & Hakkarainen, 2013; Pöllänen, 2009a).

The purpose of this study was to explore some core elements of suitable craft pedagogy for older adults in care settings. Specifically, the focus was on textile crafts such as fabric printing and felting. The paper is based on action research carried out during an Erasmus+ (KA2 Adult Education) project ‘Handmade Well-being – Collaborative learning in craft and welfare interfaces’ undertaken between 2015 and 2017 (Handmade Well-being, 2017a). The aim of this European project was to enhance the professional competence of arts and craft practitioners to conduct craft activities for older adults who need care support, and to develop suitable pedagogy for these activities. The underpinning aim was to enhance the older adults’ well-being through participation.

Several studies have suggested that craft making can positively influence well-being, for example by enabling learning experiences. Craft hobbyists enjoy developing their skills and completing projects, which give them a sense of achievement and self-efficacy (Liddle, Parkinson, & Sibbritt, 2013; Reynolds, 2010; Schofield-Tomschin & Littrell, 2001). Older adults seem to benefit from activities in which they can experience

a sense of control (Rodin, 1986); making crafts and being able to manipulate materials supports the feeling of being in control of your thoughts and body in the work (Pöllänen, 2009b). Cognitively demanding and embodied making also helps to maintain hand and brain function (Carmeli, Patish, & Coleman, 2003; Verghese et al., 2003), but at the same time it provides pleasure, fun and recreation. Multisensory work with different materials invigorates and helps participants to forget their worries, boredom, and even pain and illness (Liddle et al., 2013; Pöllänen, 2013; Reynolds, 2010).

Making crafts together is also a means of encouraging social participation (Kouhia, 2015; Maidment & Macfarlane, 2011). Older adults especially seem to value the equal and reciprocal relationships that base on shared interests (Reynolds, 2010). All in all, participation in crafts and similar activities can help older adults to construct a positive identity as developing persons and valuable members of a society (Maidment & Macfarlane, 2011; Reynolds, 2010). Naturally, 'arts' in healthcare contexts can cover a wide range of activities in addition to crafts, such as literature, music, dance and painting. It seems positive effects emerge irrespective of the art form (Cohen et al., 2006; Creech, Hallam, McQueen, & Varvarigou, 2013; Fraser, Bungay, & Munn-Giddings, 2014).

This study was based on the principles of action research to develop craft pedagogy for older adults to support their well-being. Studies about teacher knowledge suggest some core elements and prerequisites for good pedagogy in general. These include knowledge of the learners and their learning, mastering the discipline, knowledge about relevant learning and educational goals and content, and knowing about general pedagogy and instructional methods. Pedagogical content knowledge, which means adapting the content and instructional approaches to be suitable for participants, is especially important. This is the core competence required of teachers and educators (Shulman, 1987). During the Handmade Well-being project, the project partners from Finland, the U.K., Austria, and Estonia conducted craft workshops for older adults in care settings and collaboratively created a pedagogical model for craft activities in care settings. In the following sections, we will introduce the methods of this development process and the pedagogical model.

## Methods

The pedagogical model was developed following the practices of action research. It is a method to achieve the desired changes in practice through evaluation and reflection, which lead to increased understanding and confidence. In our study, the knowledge was constructed through observation, listening, analysing, and questioning, which are essential in action research (Koshy, 2005).

Mertler (2017) has consolidated the many essential parts of action research, most of them relevant to our research. First, the aim of this study was to improve education by incorporating change through a collaborative approach, which included talking and working with other stakeholders, educators and students. Our study was also participative; the facilitators of the craft workshops were testing and developing their work through critical reflection. It was practical and relevant to all the stakeholders and direct access to research findings was allowed. Action research is conducted in a cyclical process of planning, acting, developing and reflecting, and in what follows, we have described how this was applied in our study.

During the Handmade Well-being project, each partner arranged training for arts and craft students and professionals, hereafter referred to as the facilitators, to conduct craft workshops in care centres for older adults and in this way, to develop their professional competence. The workshop participants were older adults who either lived in care homes or at home but attended to undertake senior day care activities. The facilitators arranged the workshops in collaboration with the project workers and the staff of the care homes. Before the workshops started, the older adults were interviewed about their ideas and wishes regarding the workshops. Training also included group activities, which provided an opportunity to share private reflections with peers, project managers, supervisors, and care staff. These activities were documented in learning diaries, and experiences gained from them were utilized in developing the pedagogical model.

The pedagogical model was developed in cycles so that a new version was built upon the previous. During the project, each partner arranged a training week, which included visits to local care facilities to observe the activities undertaken (see Handmade Well-being website, 2017c). The observations were guided by an instruction sheet which included aspects about the pedagogical choices made, interaction, facilities etc. The

observations were discussed, and the pedagogical model was developed collaboratively in the reflection sessions during each of the four training weeks. This was done through small group reflections, followed by joint discussions. The small group reflections were summarized in written documents and the emerging themes were gathered jointly in a mind map. The working process has been documented in detail on the project website (Handmade Well-being, 2017b).

The first draft of the pedagogical model included many detailed ideas about things that would require attention in the pedagogy for older adults. It consisted of the following themes: 1) the relationship between the facilitator and the older adults; 2) getting to know the target group; 3) awareness of the learning target; 4) good practice and examples; 5) infrastructure and economic resources; 6) cultural context and background; 7) professional skills in crafts; and 8) society and how to influence decision makers. Under each of these were more detailed topics.

During the training weeks, the themes were discussed and developed together. In this process, most of the original detailed ideas merged into bigger themes and some of them were left out, since they were no longer considered to be relevant regarding pedagogy. The remaining themes were: 1) being aware of your personal perception of older adults; 2) being aware of your perception of the situation and your own role; 3) being aware of the purpose; 4) structures; 5) planning the workshop; and 6) interaction and communication. These were dealt with as more detailed topics.

All the partners worked on the model between the training weeks, producing more detailed written material under the agreed themes in a shared e-document. This was elaborated until the end of the project and edited into its final form by the project coordinator and the managers in Handmade Well-being Handbook (Draxl et.al, 2017).

In what follows, the main results of the pedagogical model are discussed. Since the process was based on the facilitators' reflections, examples of them have been given in citations. Due to the collaborative nature of the process, neither the facilitator's nationality nor their professional status have been specified. These extracts have been taken both from joint reflection sessions during the training weeks, and from the facilitators' learning diaries. The common language of the project was English which was the mother tongue of the U.K. partner only. The workshops and the learning diaries in the other partner countries were arranged in their respective languages. Thus, some of

the citations presented in the following are translations from Estonian, Finnish, or German.

## **Results**

During the creation of the pedagogical model, the importance of high-quality pedagogy for older adults was addressed. The underlying thinking was to appreciate and support the lifelong learning and well-being of older adults. Based on the practical experiences of facilitating and observing the workshops in care settings, the purpose was to look for the core elements of this kind of pedagogy.

### **Reflecting one's perception of older adults**

One of the first aspects facilitators brought up in the reflection sessions was the importance of reflecting on one's own perception of older adults. For example, do we perceive them in a deficit-based way, stressing the loss of functional ability, or in an asset-based way as capable persons with a lot of experience and knowledge despite their frailties? Do we perceive them as a homogenous group, or as individuals? These perceptions have a profound influence on the working process, from setting the targets to choosing the methods, and even communication. To design pedagogically-justified activities, it seems pivotal to start from these reflections.

In our times, it does not seem to be desirable to be old. Everything we do is geared to keeping us young, pretty and fit. Age confronts us with mortality, physical and mental limitations, with the past, memories, the loss of autonomy, death and loneliness. But age is also a resource. It opens up access to knowledge about lived-in worlds, biographies, wisdom and rich experience, to personalities and people. Even in old age we can encounter the world with curiosity and openness!

This facilitator is reflecting on the natural aspects of ageing that are perceived negatively in a society that admires youth. However, s/he notes that there is another side to ageing: the gained wisdom and experience. Ageing does not mean that one



should stop being interested in new things; older adults can be resourceful, capable and willing to learn. A facilitator's stance towards older adults as learners may influence the way they design activities, for example, how challenging the activities they design are, and whether the activities involve learning new things.

The facilitators found it crucial to remember that older adults are not a homogeneous group. Age is just one aspect of a person, and the participants in an activities group come from different social and cultural backgrounds with diverse life experiences, skills, knowledge and abilities. Preconceptions based on our previous experiences of older adults are limited and need to be challenged. Below, the facilitators point out an important thing: getting to know the persons one is working with by being attentive in the moment.

Based on my experience, I would nevertheless say that the most important thing is to know the group and the individuals, and work with them, not the disease; that you don't exclude things in advance, just because you think it wouldn't work with this disease. It might work with these individuals.

At first you couldn't see people, you just saw behaviour and the disease symptoms. When you got used to it and realized that this is normal behaviour for this person, only then did you start to pay attention to what kind of personalities they are like.

It is helpful to be aware of one's preconceptions about older adults in general, but it is always about dealing with individuals. The facilitators questioned whether it is necessary to emphasize age at all when designing activities. As pointed out above, the preconceptions may sometimes lead to unnecessary exclusion of certain activities and topics. However, many facilitators found it reassuring to know something about common conditions related to ageing, for example memory issues. This made it easier to plan activities and also helped them to concentrate on the persons instead of symptoms.

It is also important to reflect on the facilitator's own role. When working in care homes, it is useful to keep in mind that the residents live there, and the facilitator has been invited into their home. The facilitators emphasized their wish to show respect to

participants and create an equal atmosphere that enables acknowledging and utilising the experience and knowledge of the older learners.

When reflecting on my position during the workshops, I saw myself as an experienced artist: my aim was to teach some possible techniques, but I gave the older participants all the artistic freedom. I positioned myself and the group as equals – the only difference is that I have more experiences in that particular technique.

The younger facilitators found it especially challenging to think about their role: What would they have to offer to the people who have life experience three times as long as their own? The above excerpt illustrates the attitude most facilitators adopted: being equal but possessing some knowledge that the participants could utilise in their work. It was also a reminder that the facilitator can also learn from the workshop participants, and this way show respect to their existing skills and knowledge. In conclusion, a situation where both the workshop participants and the facilitator learn from each other was found to be desirable.

### **Setting targets for meaningful activities**

Planning the learning activities includes setting the targets. In the process of developing the pedagogical model, the necessity of reflecting on the purpose of the activities was highlighted: why were these activities chosen and what were their desired outcomes. The targets depend on the workshop participants, and each facilitator and group need to determine them for themselves. In the following, we describe some of the targets that the participants in this study found important and meaningful while working with older adults.

Seeing ageing as not a limitation but as a resource, and supporting self-efficacy, emerged as important, underpinning targets. In the following citation, the facilitator brings out that many older adults primarily thought that they were no longer capable of making crafts because of their age and related decline in functional ability. This phenomenon was common across all four partner countries. S/he also brings out the

shared main target set by the facilitators in all countries; that it is important to support older adults in seeing that they are still capable of doing a range of things.

Ageing sometimes causes people to perceive more strongly their deficits than their resources. 'I can't do that', is something we frequently hear. 'No, I can't do that, but perhaps I can do something else', is what we primarily want to let people experience in our work.

Other goals, such as learning new skills or preparing products and artistic pieces were designed to serve the primary targets of engagement and self-efficacy. The facilitators found it especially important to promote learning and to encourage participants to try new things. The process of making may be more important for the learning process than the actual finished product; however, a completed artefact is a motivating target. Consider the following, in which the facilitator reflects on how the artefact is a tangible, visual proof of capability and learning related to increased self-esteem: "Working by hand enables people to rediscover themselves, to prove that they are still capable of accomplishments. With the help of artists, products are created that restore identity and make people proud of their achievements".

The outcome of the craft activities may be a useful product or a "non-useful" artistic work. This needs to be discussed with the participants. Some of them might expect to finish a useful product, since it is a familiar approach to crafts for many of them. However, facilitators often favoured artistic approaches. They found it easier to promote other goals through art work, such as social participation, which was in all partner countries perceived as one of the main targets. Facilitators saw that doing things together invigorated people and encouraged them to discover things for themselves, and, in addition, allowed them to share ideas with others. Artful making promoted rediscovering playfulness and allowed people to do something new without the pressure of being perfect.

It is not easy for old people to establish relations. They often seem very isolated and have little relationship to one another. Positive emotions help people to overcome their self-isolation. Working creatively in a group is one way of doing

just that. People are encouraged by the experience of working and creating a work of art together.

Many older participants stated that gathering together was the most important aspect of the workshops. Working creatively together facilitated companionship in the group, which can be even more meaningful than the actual making.

### **Choosing appropriate materials and techniques**

It is inevitable that some physical and mental changes occur due to ageing, such as sight, hearing and memory issues, and this requires careful consideration of appropriate craft materials and techniques. As discussed in the previous section, the facilitators found it was important to support older adults to realize their resources and creativity. Thus, it was crucial to choose techniques and materials that are easy to handle and do not underline loss of functional ability. Sometimes special equipment or modification of techniques, such as making things bigger or less detailed, were needed to support older adults in their creativity: “Working with techniques like simplification, enlargement and appropriate aids, though, helps people to accomplish certain tasks again”.

The facilitators needed to create new ways to use familiar materials and techniques. Often materials, tools and techniques carry with them associations about lived experiences. These could be utilized to make the participants memorize familiar activities. However, it was thought that not choosing the traditional utilisations of certain materials and tools would be a good option for creative work. For example, there is a strong tradition of gender-based craft techniques. These traditions could be encouraged to question.

Choosing unexpected, new materials and techniques was a good way to provoke playfulness, learning and experimentation. Making something that was new for all the participants also put them on same level. However, topics that are “too strange” may cause the participants to withdraw. Starting with more familiar approaches and encouraging experiment later, and combining familiar and new, were thought to be fruitful methods: “The technique proved to work very well. It was new to them – CDs

are familiar objects to us, but strange for them. They knew how to use a needle; however, so it was easy to grab one”.

Because of the timeframe of the workshops, the techniques could usually not be very challenging. For example, even for a skilled person it takes a long time to knit something, while fabric printing can be very quick. Many facilitators found that joint projects and collaborative work were nice ways to provide feelings of accomplishment in a short time: “It was amazing to see how their disbelief turned into surprise and admiration when they finally saw the completed wall hanging they had prepared together”.

In collaborative work, all the participants could contribute to a bigger piece by making smaller pieces according to their capability and skills. This allowed different modes of participation, but also strengthened the feeling of being part of a group. It was also possible to make bigger and more impressive work, in which everyone could recognise their individual part.

### **Facilitating creative processes**

As was reflected in previous sections, for many workshop participants, making crafts meant making useful products. Creative and artistic approaches to crafts enabled learning new things, but also caused sometimes confusion. Especially when presenting approaches that are new to participants, creating a comfortable atmosphere was seen as being crucial for the workshops to succeed. Creative processes require using your personality and revealing yourself to the others, which may evoke feelings of insecurity and fear. This, in turn, inhibits creativity and learning: “Creative participation requires acceptance. If someone is afraid of failure, they do not work in a participative manner. Being playful, silly and creative requires a great deal of trust in yourself, the group and the facilitator”.

The facilitators stated that showing interest in participants’ personalities and lives encouraged them and helped to create an atmosphere of trust that supports creativity. Many facilitators arranged circle discussions where everyone had the opportunity to participate and talk about themselves, their memories and ideas. This encouraged communication and supported the formation of the group. Sharing thoughts about the workshop theme also promoted inspiration, design and making.

In the first session of our workshop, our main goal was to create an open and comfortable atmosphere. We encouraged them to share their stories and memories. Those personal stories about the chosen theme (nature) led us into the working process.

As the idea in the workshops was to support creativity and learning, it was important to consider how to demonstrate the techniques in a way that inspires participants. Inspiration was evoked by providing some examples of possible solutions, especially about unfamiliar materials or techniques. Facilitators used images and ready-made examples for this purpose. However, examples might also inhibit imagination and lead to comparisons, which may not be empowering at all. Therefore, it was essential to encourage the participants to experiment with their own approaches and assure them that all solutions are equally good.

They did want to check constantly whether they were doing it right. It may have been a new concept for them that there wasn't a single right answer, that everyone could work in their own style and that all solutions were equally valid.

The opportunity for choice and individual design was a crucial aspect. An abundance of materials from which to choose is important for the individual work and stimulates creativity. However, it was also noticed that choosing and designing often required support from the facilitators. For example, too many options could confuse people living with dementia, and sometimes limiting the number of options was required. Also, as discussed above, the participants were often concerned about whether they were making things "right", and were hesitating in making decisions. Individual design was supported with questions, modelling different options and encouraging feedback: "Some were more certain of their colour selections this time. I showed them last time how they could try out colours in their work. Choosing the colours was also easier because we facilitators helped the planning with questions".

In addition to supporting questions, assistance was sometimes needed. Participating older adults with good health did not need much help in making. Instead,

encouragement was often needed, since many of them tended to underestimate themselves. Some participants were in a weaker condition and needed more hands-on help with the making. Sometimes, the facilitator made things for the participants, or with them. This was found to be problematic since the facilitators wished to encourage everyone to make things by themselves. However, making things together can also be rewarding as supporting the feeling of involvement. In conclusion, helping participants to overcome obstacles when necessary was thought to be suitable.

### **Supporting the well-being of the older adults**

The facilitators monitored the effects of the workshops constantly and paid attention to the mood of the older adults and their learning outcomes. Most facilitators did not have previous experience of dementia, and they reflected on the fact that many times, the participants had forgotten what they did in the previous workshop, or even what happened few minutes ago.

At first it seemed that they didn't remember the previous session at all. But that all changed when they resumed the project. They remembered the work! The needles started whizzing, and they started muttering "over-under-over-under" with no prompting.

One lady is very talkative, and she often repeats the same things. When she was holding her project, and working on it, her stories gained new elements.

This shows how craft activities can bring up memories and forgotten skills, also other memories than those related to crafts. Facilitators also noticed that some participants became more skilled in new techniques towards the end of the workshops, even though some of them did not remember participating last time.

Many facilitators commented on their observations about the positive impact of craft activities to create joy and a cheerful atmosphere. Often this emerged after they had got started with their activities, being sceptical first about their opportunities: "Their joy was palpable! They were so surprised and delighted by having done something they had never imagined doing".

The consequences of the workshops in creating the feeling of capability and that it was possible to learn new things were also observed. The older adults were encouraged to express themselves creatively and often they enjoyed this approach.

Their development was astounding. And all the ways people can express creativity, even in a very simple technique. Looking at the colour choices and the designs, it's obvious that they have a clear intention behind the project. It generated so much joy and meaning for the project when people could do it through their own approach.

In the study, the focus was on creating the pedagogical model based on the facilitators' reflections. However, the comments of the older adults were also documented and the following examples from different people show some of their positive reactions: "I've never done this. I'm learning a totally new thing! I would not have believed this morning that I'd be doing this today!"; "It's nice to work on this. It's something new"; "We are still good for something! Nothing's lost yet."

All in all, there were signs of the positive impact that the craft workshops had on older adults' well-being. Also, staff members in care homes considered the workshops to be beneficial. For example, they commented on noticeable uplift in mood of some of the participants.

### **Discussion**

The purpose of this study was to develop a pedagogical model that could be used in many European countries. The action research process offered a unique insight into the similarities and differences between care settings and approaches to craft activities in the partner countries. Inbuilt perceptions were challenged and reflected on. New ideas acquired from the other partners were also put into practice in the respective countries.

During the study, many aspects of craft pedagogy for older adults were discussed and developed. In this paper, we have presented the main results of this development



work. First, reflecting on one's perception of older adults and getting to know them, is a prerequisite for successful pedagogy. Being aware of one's preconceptions about older adults may prevent reinforcing stereotypes about ageing and help the facilitator to see older adults as individuals. Knowing the target group and their special features helps the facilitator to design approaches that promote their learning in the best possible way.

Setting targets for activities and choosing appropriate craft materials, techniques and methods to facilitate creative processes are important aspects of designing and conducting creative activities. In all these phases, it is important to keep the target group in mind and find solutions that support their needs and well-being. In this study, the facilitators concluded that supporting self-efficacy, playfulness and social participation are the main targets, which can be supported by setting other goals, such as learning and making tangible craft objects. It was important to choose materials and techniques that enable achieving these goals; not too difficult or hard to handle, but not too easy either. The key element in facilitating older adults creative process was encouragement, since it was discovered that the participants easily underestimated themselves. Sometimes hands-on help was needed, too.

Drawing on the action research described in this paper, pedagogy is dependent on the facilitator's professional skills and perspectives. Mastering the topic of the workshop is essential as well as understanding the special features of the learners and knowing appropriate instructional methods. Thus, pedagogical content knowledge, which means adapting the content and instructional approaches and making them suitable for participants, was crucial in this context (Shulman, 1987).

The creative activities arranged during this study were meant to support the overall well-being of older adults in care settings. With appropriate methods, it was possible to promote self-efficacy, positive emotions, learning and social participation. There were many signs of these positive impacts on those involved with the project. However, rigorous research on the effects of these craft workshops would have required an approach that was not possible to arrange within the scope of the project.

The study brought together the expertise of four different institutions from different cultural backgrounds in Europe. All the institutions had previous experience in either craft education or working within social and health sector, or in both fields. However, their institutional background varied and their approach to learning and

training as well as working with older adults was different. Thus, partners learned from the others' expertise and also shared their special expertise with them.

The participating older adults had the option to participate in craft workshops that were carefully planned. Often, these activities can be viewed as something less valuable, as pastime activities, that can be arranged by anyone without any serious planning. The project emphasized that creative activities can be highly important for supporting the well-being of the older adults, in cases when these activities are arranged professionally.

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**BI-CULTURALISM IN PRACTICE FOR NEW ZEALAND SENIORS: A CASE OF COMPLEMENTARY  
EDUCATIONAL PROVISION FOR PĀKEHĀ AND MAORI IN AN URBAN ENVIRONMENT**

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**Abstract**

The issue of the connections between older adult learning/education and well-being is debated in many parts of the world, including countries “down-under”. This study relates to the educative purposes and strategies conducted by two providers of older adult education in the city of Hamilton, New Zealand. In both instances, the provider is not overtly an adult education provider but uses education strategies to achieve holistic goals to improve the quality of life of seniors. Further, the study uses the two agencies to illustrate bi-cultural approaches – of the dominant *Pākehā* (European) through Age Concern Hamilton and of *Māori* (indigenous people) through the Rauawaawa Kaumātua Charitable Trust. The study emphasizes how education is a vehicle to help achieve the wider goals of each organization both of which focus on capacity-building and empowerment among elders. The respective work of each agency is situated in the broader dynamics of socio-cultural and economic forces affecting choices of older people, defined here as 65+, linked to the award of a universal Government pension to all New Zealand residents. Further, respective national and local policies of lifelong learning and active ageing underpin much of the work of these agencies. In this instance, the writer has had a direct role in the *Pākehā* agency as President of Age Concern Hamilton Council in a governance role. In the case of the *Māori* institution, the author has worked closely with the Rauawaawa Trust through the University of Waikato’s former Centre for Continuing Education. Age Concern is a nationally-recognized agency of 34 satellites to equip New Zealand elders with sustained independence and enhanced social well-being. Its focus is the concern for the least privileged among older people, for those older people who are most socially isolated, for those with inadequate housing, lower incomes and disruptive family dynamics. The overall picture is one where education is integrated into other functions to enhance the prospects of seniors’ fuller integration into local communities. The Rauawaawa Kaumātua Charitable Trust is explicitly one concerned for the well-being (*wairua*) of *kaumātua* (seniors) in the

Hamilton/Waikato region. Given that more Māori statistically are in the lowest socio-economic echelon, have more serious health conditions at a younger age than the New Zealand norm and have traditionally benefitted least from the public education system, this agency has an emphasis on *tino rangatiratanga* (empowerment) to help overcome deficit notions associated with Māori. This paper outlines the parameters of the holistic pattern of services wherein education still plays a significant role in strengthening *iwi* (tribal) identity and capacity-building. It provides a comparison of services and issues faced and argues that both agencies achieve remarkably similar outcomes in sustaining the material and social conditions conducive to positive ageing and well-being.

### Introduction

This article explores the connections between older adult learning/education and well-being in the particular context of a city in New Zealand and its focuses on the practices of two organizations, one *Pākehā* (European) and the other *Māori* (indigenous people). These two agencies are exemplars of very different cultural orientations to later life demonstrating bi-cultural perspectives on what it means to be an older person in contemporary Aotearoa New Zealand. In both instances, the provider is not overtly an adult education provider but uses education strategies to achieve holistic goals to improve the quality of life of seniors. The study emphasizes how education is a vehicle to help achieve the wider goals of each organization both of which focus on capacity-building, empowerment and social well-being for its constituents.

The issue of the connections between older adult learning/education and well-being is debated in many parts of the world, including countries “down-under” (Findsen & Formosa, 2016). For instance, in the UK, Field (2009, p. 9), via the Inquiry into the Future for Lifelong Learning, argued that well-being “is associated with such social qualities as confidence, optimism about the future, a sense of influence over one’s own destiny, and the social competences that promote satisfying and supportive relationships with other people”. He further commented that this perspective of well-being accentuates the positive features of older adulthood rather than focusing on disability or illness (as deficit notions of later life living conditions). In the context of Aotearoa New Zealand, at a time when the new coalition Government is consulting on

a new Positive Ageing Strategy, the notions of “active ageing” and (social) “well-being” are certainly gaining considerable traction in wider society.

This study relates to the educative purposes and strategies conducted by two providers of older adult education in the city of Hamilton, New Zealand. In both instances, the provider is not overtly an adult education provider but uses education strategies to achieve holistic goals to improve the quality of life of seniors. Further, the study uses the two agencies to illustrate bi-cultural approaches – of the dominant *Pākehā* (European) through Age Concern Hamilton (ACH) and of *Māori* (indigenous people) through the Rauawaawa Kaumātua Charitable Trust (RKCT). The study emphasizes how education is a vehicle to help achieve the wider goals of each organization both of which focus on capacity-building and empowerment among elders.

The respective work of each agency is situated in the broader dynamics of socio-cultural and economic forces affecting choices of older people, defined here as 65+, the age at which all New Zealand residents are eligible for the award of a universal Government pension. Further, respective national and local policies of lifelong learning and active ageing underpin much of the work of these agencies.

### **Methods**

In this instance, I, as author, have had a direct role in the work of the Pākehā agency as President of the Age Concern Hamilton Council in governance. The Council provides strong guidance to the Executive Officer on strategic direction of this semi-autonomous agency, including policy development and analysis. This work at “grassroots level” provides a balance against my role as a professor of (adult) education – akin to Freire’s (1984) action-reflection process (praxis) - both roles which help to understand better and analyze the life patterns of local seniors in the city of Hamilton, population of around 160,000. Hence, given the experiential learning (Kolb, 1984) associated with this work, I have built up a personal and professional knowledge related to social gerontology. In the case of the Māori institution, I have worked closely with the Rauawaawa Trust through the University of Waikato’s former Centre for Continuing Education for which I was director before cuts of Government funding to adult and community education in universities curtailed this official connection (see Findsen, 2012,

2014, for elaboration of the effects of these cuts). I have visited the site of the RKCT on many occasions, both informally and for ceremonial events. In summary, my methods include participant observation, document and policy analysis and reflection upon experiential learning.

### **The broader socio-cultural context of Aotearoa New Zealand**

It is no accident that the title for this paper includes “Aotearoa New Zealand” instead of “New Zealand”. This bi-cultural title includes the Māori name for this country, Aotearoa (Land of the long white cloud); New Zealand is the name derived from colonization. The fact that this country can be considered “bi-cultural” is linked to the Treaty of Waitangi, signed in 1840, between the British Crown and the mainly Northern *iwi* (tribes) of Māoritanga. The Treaty set out the parameters for more peaceful co-existence between the colonizers and colonized. While the principles emanating from this document are still contentious, in educational policy the concepts of *protection* (of *te reo*, Māori language), *partnership* and *participation* are evident today. The issue of “participation” is significant in (adult) education because historically Māori have been disenfranchised from mainstream success, as evidenced in depressing statistics in health, education, justice and social services (Smith, 2000). The patterns of interaction (domination) between white settlers (Pākehā, European) and indigenous Māori follow a sequence of conversion, assimilation, integration and self-determination (Jones et al., 1995). Throughout this historical sequence of patterns of dominance, Māori autonomy has been compromised and in recent years *tino rangatiratanga* (self-determination) has become the underlying force for social and cultural change in this country.

The demographic profile in terms of ethnicity and age are relevant to the argument in this paper. In the most recent census (Statistics New Zealand, 2013), the respective percentages of ethnic groups were as follows: European 74%; Māori 14.9%; Pacific Peoples 7.4%; Asian 11.8%; Middle Eastern, Latin American, African 1.2% and other 1.7% (some people opt for more than one category). These statistics reveal the increasing diversity of the New Zealand population, including that of older people. The significant statistic is that of the proportions of Pākehā (74%) to Māori (14.9%). These figures belie a more detailed and nuanced story: in socio-economic terms, large proportions of Māori, including kaumātua (elders), live in relative poverty, mainly rural



areas (e.g. Northland) where this disparity is stark. In the current neo-liberal environment, sustained by nine years of a previously conservative (National) government, now replaced by a Coalition Labour-led Government including the Greens and NZ First parties under an MMP system, the gaps between rich and poor will not easily be resolved (Kelsey, 1999).

Māori have never been a passive people. In recent times, in the realization that their indigenous Māori language was languishing, indigenous leaders decided to establish an education system that first and foremost treated Māori *kaupapa* (philosophy) and pedagogy at the centre, using te reo as the medium of instruction. As a consequence, the Māori renaissance of the 1980s resulted in the setting up of *kōhanga reo* (language nests), followed by *kura kaupapa Māori* schools (primary and secondary education) and eventually, *whare wānānga* (tertiary education institutes). In this context, older Māori men and women (mainly women) acted as *kaiako* (teachers) in the *kōhanga reo*, thus providing their wisdom to younger generations (ref). In short, this *tino rangatiratanga* (self-determination) provided a more formalized lifelong learning structure in which older tribal members occupied a place of seniority and respect, particularly in the more traditional rural localities where *marae* (meeting house and surrounding facilities) are still more plentiful.

The question of what bi-culturalism means in the context of Aotearoa New Zealand relates explicitly to the treaty relationship. While ethnic pluralism undoubtedly is growing, the bi-cultural relationship between Crown and *tangata-whenua* (people of the land) is paramount in official discourse. Historically, there has been a pattern of dominant–superordinate group dynamics where an unequal power relationship has been maintained (Spoonley, Macpherson & Pearson, 2004). On both sides of bi-culturalism there is considerable in-group diversity: among Māori, it is more common for people to identify themselves according to their iwi first; for Pākehā, new migration patterns have continued to provide increasing differentiation too.

Alongside the above ethnic demographic and dynamics of self-determination among Māori are corresponding ageing structural changes. In 2013, people over the age of 65 were at 14.3% compared to 12.1% in 2001 (Statistics NZ, 2013). The very recent statistics for the 2018 census are not yet available, but indicators point to proportionately more people over the age of 65, together with an increasing life

expectancy. The definition of “old(er) age” is problematic (Phillipson, 1998; 2013) but in general terms there is a distinction, along the lines suggested by Laslett (1989), of third agers (those seniors in good health, usually 65-80) and fourth agers (not age-related necessarily but tending to include more dependent seniors beyond 80 who require considerable care). While this paper does not discuss the effects of recent migration into Aotearoa New Zealand, the above statistic of Asian (11.8%) does hint at an increasingly multi-cultural country, especially in the large urban areas. Hence, there is cultural dissonance between a bi-cultural and multi-cultural discourse in the wider dynamics of resource allocation (May, 2004). Overall, the more marginalized members of society such as Māori, Pasifika, state beneficiaries and significant numbers of older people tend to experience more severe impact of continuing neo-liberal policies and practices.

### **Older adult education in Aotearoa New Zealand**

Before focusing on the two agencies highlighted in this paper, the Pākehā Age Concern Hamilton and the Māori Rauawaawa Kaumātua Charitable Trust, it is wise to consider the broader scene of older adult education.

It is important to acknowledge that older adult education is a subset of adult education (Findsen & Formosa, 2011). In Aotearoa New Zealand, the range of agencies engaged in adult education is large (see ACE Aotearoa, n.d.). Unsurprisingly, given the history of colonization, many of the social institutions of this country have tended to mirror those of the “old country” with subsequent modification, reflecting local pioneering conditions (Dakin, 1992). According to Dakin (1992), it is possible to discern a pattern of *derivative* and *indigenous* models of adult education providers and practices. For instance, early forms of adult education in universities were originally derivative of the UK-based extension departments; more latterly, before most of them were abandoned by universities, they had been converted into centers for continuing education (along American lines). Similarly, the Workers’ Education Association (WEA), now also virtually defunct, provided valued opportunities for “working people” to avail themselves of educational opportunities from universities (Jesson, 2012). On the other hand, the *indigenous* forms of adult education were more emergent from the new country’s socio-economic dynamics (and not restricted to Māori initiatives) to include the establishment of the Rural Education Activities Programmes (REAPs), primarily for

Pākehā, and *Te Ataarangi*, a language programme based on developing oral facility in te reo, targeting mature-aged Māori speakers. In short, both derivative forms of (older) adult education, such as the U3A movement, and indigenous, such as *Te Ataarangi*, have co-existed.

As pointed out previously (Findsen & Formosa, 2011, p. 131), there are at least four types of adult education providers for older learners: i) self-help agencies controlled by older adults to meet their own learning needs such as Universities of the Third Age; ii) agencies that develop programmes targeting older adults such as “Preparing for retirement”; iii) mainstream providers that develop some courses which might appeal to older adults such as retirement programmes organized by centers for continuing education and; iv) remaining organizations that largely ignore and neglect older adults in their activities.

In the context of Aotearoa New Zealand most older adult education has been of the expressive kind (O’Connor, 1987) (emphasizing learning for its own sake and from a humanistic tradition). The U3A movement in this country is strong and draws upon an almost exclusively Pākehā clientele, captured by the white (mainly female) middle-class (Swindell, 1999). This trend is also reflective of the national organization for adult and community education, ACE Aotearoa, whose functions are inextricably connected with a liberal adult education tradition (ACE Aotearoa, n.d.). Most learning for seniors is via informal daily activities or non-formal education (Findsen, 2005; Jarvis, 2001). The Seniornet movement is illustrative of this less formal and important avenue for seniors to keep a pace with innovations in ICT. Formal education is theoretically open to people of all ages but the paucity of update from seniors emphasizes the disconnection of most tertiary education providers such as universities and polytechnics from the aspirations and needs of older people (Findsen, 2014; Jamieson, 2007). Overall, the patterns of participation in more formal education echoes the trend from earlier life, that is, those who have, get more (Findsen, 2005; Withnall, 2010).

The area of instrumental forms of (older) adult education connected to the workforce is less examined in Aotearoa New Zealand. This is mainly because older people have been expected to “retire” and withdraw from the work environment. However, as financial capability tends to diminish (CffC, n.d.) in later life, more people beyond “retirement age” are staying on in their jobs or taking on new ones in encore

careers (Rothwell et al., 2008) There is plenty of scope for active engagement in learning in both informal and formal ways (e.g. on-going professional development), providing that employers do not engage in (inadvertent) age discrimination. In any event, the potential for more instrumentally-motivated learning in later life remains understudied in this country at present.

Access to older adult education across both Pākehā and Māori ethnic groups is differentially allocated (Findsen, 2006). Māori participation in mainstream adult education is scant; nevertheless, in culturally-appropriate settings, this participation can be enhanced considerably wherein Māori elders can exercise leadership, especially in inter-generational learning contexts such as the marae (Olssen, Codd & O’Neill, 2004). In these settings, Māori can enhance their cultural capital (Bourdieu, 1974) and effectiveness as kaiako. In comparison, Pākehā have tended to occupy institutions wherein their own Western cultural capital and life aspirations can be strengthened. After all, most of the social institutions have emerged from their colonial roots and derivative agencies (Dakin, 1992).

### **Case studies of Māori and Pākehā older adult education provision**

In both the following cases, the purpose of the agency is firmly established in the “well-being” category –the primary concern of the organization is to enhance the quality of life for seniors in a holistic manner. In a technical sense, education/training as a subsidiary function is used as a mechanism to achieve the overall goals. Education is constructed organically with and for seniors to reflect the real interests of participants to sustain or increase life satisfaction.

#### **Rauawaawa Kaumātua Charitable Trust (RKCT): A Māori Seniors’ Agency**

As explained earlier, Māori renaissance in terms of self-determination gathered momentum from the 1980s, especially in response to an ailing situation regarding speakers of te reo (Bishop & Berryman, 2006; Walker, 1990). Over the next two-three decades’ different institutional forms of formal education emerged (e.g. whare wānānga) to complement longstanding traditional learning on marae. Given that many Māori had migrated from rural areas where tribal affiliation was strong to urban areas, considerable cultural dissonance was experienced for specific tribes and across

generations (Smith, 2000). In some instances, pan-tribal equivalents were established in urban contexts to help consolidate Māori identity in a largely Pākehā world.

In 2008 PriceWaterhouseCoopers conducted a review of adult and community education in Aotearoa New Zealand where it was acknowledged that there is a relatively high proportion of older adults (over 65) who participate in this sector. Social benefits of participation were recognized in terms of mental and physical well-being (PriceWaterhouseCoopers, 2008, p. 26). Amid five special programmes of ACE deemed to be significant across the country, the RKCT was discussed in laudatory terms.

The RKCT is pivotal to the integrity and sustainability of this programme of older adult education by kaumātua for kaumātua. Historically, the RKCT had a supportive partner in the Centre for Continuing Education at the University of Waikato through a Memorandum of Agreement. In effect, funding was derived from the Tertiary Education Commission (TEC), the principal funding and policy-developer for tertiary education, to the University to the CCE to the RKCT. This chain of funding was broken in 2012 when the then National Government stopped all funding to universities in the country for ACE. As a result, not only did the CCE close, but the RKCT programme was dramatically-affected. As one of the TEC's priority groups has been identified as Māori, there is an ironic twist to the effects of these cuts (Findsen, 2012; 2014). Māori suffered disproportionately as a result of these political decisions. Previously, funding via the University meant that *kaiako* (teachers) from within the RKCT (fellow seniors) were paid tutors. The cuts resulted in all courses to become reliant on volunteers who were much less financially rewarded.

The remit from the Trust was and still is to enhance the cultural identity of the local people, in this case kaumātua of Tainui descent (Tainui constitutes the strongest iwi in Māoritanga, also being the home for the Māori king). The uniqueness of the agency and educational programme is their concentration on seniors rather than youth. Practices entail peer teaching-learning appropriate to the mission statement attesting "to enhance the quality of life and well-being of kaumātua by providing health, social, educational and financial services" (RKCT, n.d.). The analogy of the *korowai* (cloak) is used "to offer a korowai of services which will wrap around kaumātua to keep them warm and safe". The korowai framework was created "to enable the trust, when setting its work standards, to emulate the same standards required to weave a korowai of

quality. Trust workers are regarded as “weavers” who contribute to the weaving of a korowai of services” (RKCT, n.d.).

Consistent with this kaupapa, seniors participate in varied learning activities such as *rorohiko* (computer literacy), *he oranga kai* (healthy eating), *taonga* (caring for cultural items), *waiata/whaikōrero* (action songs and speeches), *korowai* (cloak-making) and *harakeke* (flax-making for baskets). In addition, there is now an annual Kaumātua Olympics which draws elders from other iwi to participate in a range of physical events to encourage *wairuatanga* (well-being). If a gender analysis were to be conducted, the proportion of women to men would be marginally greater (in part, because life expectancy, while quite low for Maori in comparison with other ethnic groups, for Māori women it is higher). The majority of kaumātua of the RKCT are in the 60-80 age range, with a few post-80 (Dunsan & Thompson, 2006; Thompson & Barnett, 2007).

### **Māori pedagogy in a lifelong learning framework**

In terms of Māori pedagogy, the activities of the Trust embrace the roles of Māori elders as sages and guides as expounded by Māori academic, Graham Hingangaroa Smith (2000). He asserts that the kaupapa Māori approach includes multiple dimensions of human life and integrates learning into it. The following principles are considered crucial by Smith (2000) as effective intervention strategies for Māori.

The principles of: self-determination or relative autonomy; validating and legitimizing cultural aspirations and identity; incorporating culturally preferred pedagogy; mediating socio-economic and home difficulties; incorporating cultural structures that emphasize collectivity rather than individuality such as the notion of the extended family; shared and collective vision and philosophy.

This framework is arguably derivative of Freirean teaching-learning concepts and accentuates the close relationship of educational provision with political-cultural-economic dynamics that are prevalent in the lives of Māori, including seniors (Bishop & Berryman, 2006; Findsen & Tamarua, 2007; Kelsey, 2015). The RKCT is an exemplar of these principles in practice: the emphases on the collective, a shared history and vision, pedagogy that reflects Māori ways of being and doing, and a holistic stance of well-being, within the broader dynamics of Māori self-determination.

### **Age Concern Hamilton (ACH): A Pākehā older adult agency**

Age Concern is a national agency based in 34 locations in New Zealand whose purpose is to demonstrate “concern” for older people, especially those most marginalized. While vibrant, healthy seniors are not neglected, the majority of services are designed to uphold the dignity of the most disadvantaged of seniors. “Disadvantage” could occur by dint of social dislocation, disability, physical and mental health conditions, inadequate finances and lack of housing infrastructure (e.g. poor heating). In terms of the functions of the local Age Concern, these services (some undertaken by paid staff, others by volunteers, the majority of whom are older adults) are primarily targeted at these vulnerable elders. Funding for the organization comes mainly from contractual services at a regional level in health (e.g. the Ministry of Social Development; the Waikato District Health Board), complemented by membership fees and donations.

As indicated on the official website for Age Concern Hamilton (ACH), this organization “is the first port of call when you and your family need information, advice, referral or support services” (ACH, n.d.). Further, “our range of activities can help you meet people and stay connected”. Hence, social connectedness is at the heart of the organization. As part of the range of activities, a lifelong learning programme operates weekly on a Friday morning entitled “Don’t Wait ‘til you’re 80, Matey”. In the most recent programme over a three-month period, the content (curriculum) included talks/discussion on varied topics such as veterinary services, the Hamilton City Council’s functions, funeral directors’ work, ACH’s support services, the role of the Public Trust, the Huntly power station, emergency preparedness, the newspaper industry, intergenerational activity, the International Day of the Older Person and summer wellness. The emphasis of education programmes is upon encouraging intellectual stimulation and pragmatic activities to foster well-being and to some extent these programmes mirror the range of education available through the University of the Third Age movement (Midwinter, 2004; Swindell, 1999).

In its near entirety, the services provided by the ACH are as follows: a visiting service of volunteers to socially-isolated seniors; a public education programme (as above); elder abuse and neglect prevention, under contract to the Ministry of Social Welfare; a shopping service (matching volunteers with less mobile elders); health promotion programmes (such as “Eat Well, Live Well” ; a “Men’s health clinic”; Saygo – “Steady as

you Go”; and Zumba gold classes); active Age on Air Radio Show (weekly); training programmes for volunteers and para-professionals; resources and information on older adult issues (e.g. on housing; concerning Enduring Power of Attorney); and, a quarterly newsletter, “Older and Bolder” via local newspaper distribution.

Some of these services are available in every Age Concern branch but most are idiosyncratic to ACH. At a national level, Age Concern New Zealand (ACNZ) provides leadership in strategic direction, “essential services” and provides a constitution for branches to follow. While some local services are offered on site at the Celebrating Age Centre in the central city, other services, as expected, require paid staff and volunteers to travel to where the seniors live. As life expectancy in Aotearoa New Zealand has increased steadily, both the volume of potential “clients” and their chronological ages have increased too (Boston & Davey, 2006). A challenge for ACH is to encourage a wider range of ethnic groups to participate and for more men to engage with its work.

The educational/training component of the work of ACH has been strong historically for the public, volunteers and the small number of staff (nine full-time equivalents). The pattern of provision echoes the three domains of educational gerontology in terms of instruction: of older people; about older people; of professionals. Education/training is a mechanism for the achievement of wider goals of empowerment, belonging and engagement, all of which have intricate connection with well-being. The on-going sustenance of the wide range of services for seniors is heavily linked to voluntary labour of other seniors (Milligan & Conradson, 2006) and the fulsome array of stakeholders in the city who support the purposes of ACH.

### **Discussion**

In many ways, the two respective organizations fulfil very similar purposes of empowerment and the enhancement of well-being for elders. The education component is integral to their overall missions and is culturally adapted to meet requirements of the primary participants. Both institutions are organized around the varied needs of seniors and while they interact across generations, they do not expect to draw upon more youthful people to do the work for them. The funding for both organizations is somewhat precarious but while the ACH has a history of mainstream



support from Pākehā society (and considerably more social capital – see Field, 2003), the RKCT is reliant on a smaller base of potential participants, many of whom are poor and in less productive health (Boston & Davey, 2006).

While both organizations have services that bring older people into a city base, ACH has a more extensive range of stakeholders and a different form of cultural capital that aligns with the dominant group in society (Bourdieu, 1974). Active participation of elders in decision-making is encouraged in governance bodies to provide strategic guidance. The two governance bodies are also comprised of seniors. Unlike ACH, the RKCT does not have a parent organization whose guidelines it should follow in the name of standardization but it does have effective links with the Tainui iwi (tribe), the strongest in Māoridom, primarily because the Māori king resides in the same *rohe* (district). The fact that two seniors'-oriented agencies function in different cultural milieu is testimony to how bi-cultural approaches can operate effectively in the same city/region. Participation of seniors in each agency reflects the cultural orientation of the provider. In neither case is there an active attempt to exclude "the other". There is a realization that self-determination among Māori means that they have the right to develop their own kaupapa and cultural context wherein appropriate dialogue and pedagogy can operate (Smith, 2012).

### **Conclusion**

So, how might the effectiveness of these agencies of delivering well-being be judged? And what is the role of education? The kaupapa of each organization stresses the importance of holistic services and how educational/training programmes integrate with other allied functions. The problematics of assessment of well-being have been pointed out by Field (2009). It is wise to take both a short term and long view of how well-being is connected to education and the other services of these two culturally-differentiated institutions that serve the interests of seniors in Hamilton. While a direct influence can be measured fairly readily in terms of "happiness" indicators, it is prudent to also consider indirect and cumulative effects that relate to the wider contours of society. According to Dakin's conceptualization, the ACH is an exemplar of a derivative institution fulfilling many of the (learning) needs of Pākehā older people; the RKCT is an

excellent example of how an indigenous programme organized by and with Māori can enhance well-being amid kaumātua.

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## **THE USE OF ICT LATER IN LIFE: EXCLUSION FACTORS, PERCEIVED UTILITY AND DIGITAL SKILLS**

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### **Abstract**

The problematic of population ageing has been identified as a key area in the agenda of the main organisations responsible for the definition and promotion of public policies towards the improvement of older adult's life quality (e.g. United Nations (UN), World Health Organization (WHO), Organization for Economic Co-operation and Development (OECD), European Union (EU)). Ageing can be understood as a positive consequence of social, economic, biomedical and educational developments. In this paper, we will reflect on the contribution of the use of ICT to the improvement of quality of life quality of older adults. Research has shown that older adults, particularly those who are frailer, have a higher probability of being excluded from the benefits of ICT usage. Our aim is to understand the benefits of ICT concerning level of autonomy and well-being, the preserving or enlarging of social networks, and the changing of life paths. This paper is organized in three categories: (1) ageing and digital inequalities; (2) gender and ICT utilization; and (3) digital skills and the perceived utility of ICT. We found that ICT use is connected with the policies and programmes that make the access to such technologies easier. However, other factors are also relevant to ICT use, namely: cognitive, psychological and economic constraints; the support within the family group; or the existence of "digital pairs".

### **Introduction**

In recent years, the themes related to population ageing have been highlighted in the agenda of the main national and international organizations. In 1999, the United Nations (UN) proclaimed the *International Year of Older Person*, under the theme *Towards a society for all ages*, and the World Health Organization (WHO) has published several World Reports on Aging and Health (Organização Mundial da Saúde [OMS],

2012, 2015). In 2012, the European Union (EU) has established the *European Year for Active Aging and Solidarity between Generations* and, in its broad agenda on the subject, has stressed the social importance of the contribution of older people to society and encouraged not only policy-makers but politicians, businesses, trade unions, associations and civil society, to take steps to create the conditions for active aging and to strengthen intergenerational solidarity.

During the period between 2012 and 2016, the Portuguese government implemented the Madrid International Plan of Action on Aging (MIPAA) in order to monitor the progress in the implementation of the four main objectives of the Vienna Ministerial Declaration of 2012 and the 10 Commitments from the Regional Implementation Strategy (RIS) of the United Nations Economic Commission for Europe, from which resulted the elaboration of the National Strategy for Active and Healthy Aging (2017-2015).

In the words of Pereira and Neves (2011), technologies have become, in recent years, innovative and sustainable tools for a healthy, independent and active ageing. The potential of the new technologies was already reflected in the WHO report of 2012, when it was stated that the Internet can allow continuous connection with the family, despite the distance, or access to information that can guide the self-care of an older person or caregivers. Support resources, such as hearing aids, are more functional and accessible than in the past, and portable devices provide new opportunities for personalized health care and monitoring (OMS, 2012).

However, most of the elderly have retired from active life before the generalization of the use of the new technologies. Accordingly, they have, by comparison with the younger generations, more difficulties in dealing with technology. As Pereira and Neves (2011, p.15) stated:

For young people, born in a digital age, it is extremely simple to establish an intimate, identification relationship with these tools. However, the elderly have shown great difficulty in understanding and accompanying this new reality, feeling immediately excluded and in the margins of this evolution. They thus lose the opportunity to know a new world, with infinite possibilities in terms of

communication and the transformation of their time into leisure time, conviviality and happiness.

Madden (2010) based on a study carried out in the USA, also concludes that ICT use has grown faster among the elderly, but is still much smaller than in the younger generations and its use is not so diversified as for the younger ones. This reality is also observed in the Portuguese context (Table 1).

Table 1

*Use of computer and internet by age groups, in Portugal*

| Age group | Computer |       |       | Internet |       |       |
|-----------|----------|-------|-------|----------|-------|-------|
|           | 2009     | 2010  | 2011  | 2009     | 2010  | 2011  |
| Total     | 51,4%    | 55,4% | 58,2% | 46,5%    | 51,1% | 55,3% |
| 16-24     | 92,2%    | 94,0% | 95,0% | 88,1%    | 89,3% | 92,7% |
| 25-34     | 82,4%    | 82,1% | 85,2% | 77,1%    | 79,2% | 82,1% |
| 35-44     | 59,6%    | 66,9% | 72,9% | 53,3%    | 62,4% | 70,5% |
| 45-54     | 41,3%    | 46,7% | 50,5% | 36,0%    | 40,6% | 45,7% |
| 55-64     | 26,9%    | 32,0% | 31,3% | 21,4%    | 27,7% | 28,3% |
| 65-74     | 8,1%     | 12,7% | 13,9% | 6,6%     | 10,4% | 12,5% |

Source: INE, Survey on the use of ICT in families; PORDATA

The growing role of ICT in the society and its widespread use has increased inequalities in access and benefits among its users, especially among the senior population (Cotten, Anderson, & McCullough, 2012; Keränen et al., 2017; Xie, Watkins, Golbeck, & Huang, 2012). These discrepancies are observed not only among younger and older people, but also within subgroups of older adults (Pew Research Center, 2014, 2015), and are related to variables like education level and socioeconomic status (Friemel, 2014; Wagner, Hassanein, & Head, 2010).

In this paper, we tried to understand the potential of the use of new technologies, especially ICT, by older people, their role in the maintenance of the desired level of autonomy and physical and psychosocial well-being, and some of the causes of exclusion of individuals from the benefits of ICT, namely personal factors



(cognitive, psychological and economic) and socio-educational policies that promote digital inclusion.

### **The advantages of ICT for the elderly**

Ageing can be understood as a positive consequence of social, economic, educational and biomedical advances and the widespread access of the population to health care in the developed countries. However, population ageing has as Cabral, Ferreira, Silva, Jerónimo and Marques (2013) have shown, negative consequences, namely limited family or neighborhood sociability, situations of complete social loneliness, economic dependence, and stigmatization.

In the last decades, we have witnessed the development of technological innovations in the area of life assistance, Environment Assisted Living (AAL), which became popular in 2004. According to Grguric (2015) AAL has as main objectives to extend the time older people can live in their homes by increasing their autonomy and self-confidence, to support health and functional capability of elderly, to promote healthier ways of life, to improve living standards.

Smart houses, sensors for measuring biochemical indicators, movement or vital signs (changes in routines, monitoring of blood pressure, diabetes, etc.), dispensers programmed for the management of medication taking, systems for tracking lost individuals or intended to ensure the safety of housing, training and compensation of physical, mental and social (area of vitality) are, among others, the most used technologies that allow monitoring and improving health status.

In the present study, we will analyse the technological tools associated to information and communication, in the light of theoretical and practical precepts of digital literacy, understood as a process of assimilation of structured knowledge with a certain purpose, but also as a possibility of citizenship construction (Lima, Nogueira, & Burgos, 2008).

Several studies have shown that older individuals characterized by highly vulnerable physical, psychic and social conditions during the later stages of life are more likely to be excluded from the benefits of ICT: According to "the number of ICT users drops dramatically after age 75 (from 53% to 34%)" (Pew Research Center, 2014).

Although the mobile phone is a technological device widely used by the elderly, the lower adherence to computer and internet (information and communication technologies) is justified not only by the high costs of equipment and services, but also by the lack of utility for them. This scenario is confirmed by the proportion of people aged 16-74 who used the internet to search for information about goods or services in Portugal in 2017, according to the adjacent table.

Some explanatory factors are advanced by Grguric (2015, p.4) namely "a general reluctance to use technology, unclear evidence of real benefits and an inability to use appropriate technologies". However, in the elderly socioeconomic level is positively associated with a higher level of digital access (Ono & Zavodny, 2007), digital proficiency (van Deursen & van Dijk, 2011) and the variation of uses (Zillien & Hargittai, 2009).

Moreover, recent research has shown that: (i) the degree of proficiency in the use of ICT is directly related to the more sophisticated use of technology (Freese, Rivas, & Hargittai, 2006); (ii) the social use of ICT contributes to the well-being of older people and to "successful aging". The use of ICTs allows interaction with different types of information, people and groups, and generate a network of communicational confluence, which allows the appearance of new forms of sociability (Bargh & McKenna, 2004; Castells, 2004). In the case of the elderly, this "communication network" enables not only the contextualization or deepening of their knowledge, but also the (re) constitution of their own life histories, increasing their self-esteem and self-realization.

Berkman, Glass, Brissette, and Seeman (2000) associated cognitive well-being with the reduction of the risk of cognitive decline and dementia and emphasized the positive aspects related to access to up-to-date information and quality services provided by ICTs, such as feelings of belonging, self-esteem or life purpose and reducing depressive symptoms.

The use of ICT can encourage social involvement by providing necessary or complementary information and knowledge (up-to-date information, services or other resources) without direct interaction, what is called instrumental use, and can be measured according to some indicators related to the general use of the Internet, "online therapy and counseling" (Barak, 1999), health-related information (Cline & Haynes, 2001), services through the Internet, preparation of travel plans, surveys or computer games.

The social uses provide the means or information for active participation in the community closer or broader in the light of other interests and responsibilities. Social use can be understood through the use of e-mail, social networks, blog participation or learning and sharing communities as online support groups and the use of mobile phones for these purposes.

It is not enough, therefore, to be able to understand and use written information printed on diverse materials (information literacy), it is necessary to combine these capacities with digital skills that guarantee greater autonomy and self-realization, "social participation, knowledge, personal development, couple of concrete aptitudes that enable their relationship with other individuals "(Vallespir & Morey, 2007, p. 241).

### **Age and digital inequalities**

According to Machado, Great, Behar, and Luna (2016) technological innovation is one of the main changes in society in recent years. Machado et al. also points out that one of the consequences of the need to include older adults in the technological and communicational environment is the increasing offer, by public and private institutions, of courses in order to grasp the interests of older adults. However, Machado et al. (2016) considers that there are few studies in the area of digital inclusion for the elderly that address their real needs, compared to the growth and insertion of technologies in society.

According to Behar (2013) through the use of new technologies, older adults can develop their mental health and develop skills related to communication, using means such as chat, e-mail, discussion groups, and others. For the same author, this type of experience provides the feeling of appreciation, recognition of their opinions, thus improving their quality of life.

Pereira and Neves (2011) report that there are currently many initiatives and studies aimed at encouraging the use of ICT by older adults. The same authors also highlight a study carried out by Seniorwatch in 5 EU countries, which found that between 2001 and 2007 the percentage of older adults using the Internet almost doubled (from 27% to 44%). According to Neves and Pereira (2011), under the i2010 initiative, the EU conceived, in 2007, the action plan called "Aging well in the

information society", which the main aim was accompanying the development of ICT in the services provided to the elderly.

Mariz and Gico (2009), for instance, highlight some strategies that can be used for a better effectiveness in the technological training for this public:

Smaller classes; preferably one student per computer; good room lighting; monitor size and lighting; keyboard and mouse with special design; large fonts; start with games and play activities; use life experiences of the elderly; prepare support material with large and strong characters; respect the rhythm of each student; contextualized situations; performing repetitive activities; follow gradual steps of learning; make frequent stops

The WHOQOL Group (1998) defines the concept of quality of life as: "the individual's perception of his position in life in the context of the culture and value system in which he lives and in relation to his goals, expectations, standards and concerns" (p. 1570). Therefore, quality of life is understood as being subjectively influenced by "physical health, psychological state, level of independence, personal relationships and beliefs, as well as by interaction with the environment in which the individual is inserted" (Canavarro et al., cited by Pereira & Neves, 2011, p.10). Being able to remain active is essential to the well-being of older adults (Ferreira, cited by Pereira & Neves, 2011), consequently the learning and deepening of digital skills such as research and collection of trustworthy online information, e-mail communication among other available online resources and the so-called "virtual resilience" - ability to cope with the difficulties of using digital tools and know how to use their biopsychosocial limitations to their advantage in learning (Machado et al., 2016), is a good way to ensure the well-being of the elderly.

Initially the problem of digital exclusion was simply related to access to technology, and based on the premise that if people have access to technology, people will use it - however, the research has shown how social inequalities, and differences for instance in relation to age and gender, can influence digital exclusion (Mota, 2016)

As for digital skills, Van Deursen and Van Dijk (2012) classify them based on four dimensions: operational; formal; informational; and strategic. Operational skills are the most basic, essential to the use of technology and serve as the basis for more complex activities (e.g. saving files, watching videos and browsing the internet).

The formal ones are those that relate to specific structures of the internet guaranteeing the capacity of orientation and navigation in the internet. Being more aware of orientation leads to a greater ability of the internet use in what concerns operational and informal domains.

Informational skills are, according to Van Deursen and Van Dijk (2012), those that allow to research and evaluate information available on the internet; and strategic skills are defined as those that allow the individual the competence to use the information available on the internet, either for personal or for professional use. This ability is the most sophisticated in the use of the internet and can be associated with higher economic, educational and cultural levels. People should thus be aware of the opportunities available on the internet and take their own initiative so that they get the most out of the technology and develop their goals.

Litt (2013) reports that social exclusion is related to sociodemographic variables, namely age, gender and level of schooling. Litt considers that the gap between the young and older adults is remarkable in relation to age. Studies conducted in the Netherlands in 2009, 2010 and 2011 by Van Deursen and Van Dijk demonstrate an advantage of young people in relation to the older ones in the operational and formal dimensions. The same authors also point out the importance of the level of schooling and report that lower level of schooling and more advanced age contribute to difficulties in formal and operational skills.

### **Perceived utility and digital skills**

ICTs usefulness in the lives of older citizens are related to several dimensions: maintenance and increase of social network, preventing isolation; as a tool to support bureaucratic and institutional issues, compliance with tax obligations, and facilitator on health issues. However, according to Gaio (2012), we are still a long way from the full inclusion of older citizens, and the possibilities that access to technology allow this group

is of paramount importance, since it allows greater democratization of processes of participation in today's society and also presents itself as a valuable tool in daily routines promoting a better quality of life.

Farias, Vitor, Lins, and Filho (2015) analysed how older adults perceived the advantages of using ICT. Based on a sample of 16 individuals, they conducted interviews that, after being transcribed and analyzed, allowed them to create two categories: "contributing factors" and "inhibitory factors". In the first category, factors such as optimism and aptitude were analysed; in the second category were identified issues as dependency and vulnerability. In this same study, it was possible to understand that older citizens are optimistic about the use of technology, using words such as "facilitator", "immediate", "safe", and even recognize the need to get to know these tools, namely through training, they show an interest in keeping up to date.

Regarding the "inhibitory" factors, the participants have shown some vulnerabilities, namely concerning their own safety and lack of privacy (Farias et al., 2015). According to Farias et al. (2015) the elderly have a greater sense of vulnerability in the use of the ICTs. Age functions, therefore, as an inhibitor and/or constraint of full use of the technologies in our society since that during the period of youth and active life they were able to perform tasks, routines and professional roles without the use of them, furthermore they even questioned the degree of dependence of young people on ICT to perform their daily routines.

According to Kachar (2010) there is a certain difficulty in the exploration and manipulation of technologies by older citizens, which require more time to be able to perform small tasks. Moro (2010) states that the way technology tools work does not always present a language that facilitates understanding by older people, and it is complicated for this group to associate icons or other written or image language with functionality.

According to Souza, Borges, Vitória, and Chiappetta (2009), the elderly have high levels of difficulty in understanding and performing tasks that require fine motor skills and higher levels of cognitive processing speed, however it is possible to achieve clear improvement responses with practice on a regular basis.

According to Kachar (2003), one of the fields of the use of technologies where the elderly offer more resistance, ignoring the wide range of possibilities that they offer,

is internet use, considered by them as a very complex tool. However, some of them develop mechanisms that allow them access and use it, mainly in the areas of information search for health goods and services (Kachar, 2010).

### **The Use of ICTs and the relationship with policies and programs**

In spite of the difficulties in the use of ICT by the elderly, changes have been made order to promote and facilitate their use by older people, like, for instance, the emergence of new approaches, training actions, family and friend's incentives, in order to gradually encourage the use of ICT and moreover to benefit from the advantages that new technologies can provide.

Portugal is no exception to this rule and the older population is gradually increasing its ICT use. According to Torres (2010), despite the growing use ICT by the elderly, those pertain to the highest age group have some resistance in the use of the Internet, maybe due to the lack of knowledge of its use and to feelings of vulnerability and insecurity.

According to Neves & Pereira (2011), is necessary to develop strategies that allow aging to be addressed, namely in the fight against social isolation and in search of a better quality of life

The strategies should foresee partnerships between the different institutions in order to promote some social rights (namely equity between young and old), which allows the elderly to demonstrate their social, economic and cultural potential, namely through the use of ICTs, which represent a valuable tool in this field (Neves & Pereira, 2011).

In 2007, the European Commission launched a plan of action aimed at older people inclusion designated as "Aging well in the information society", included in the i2010 framework, in which the needs of an aging society are taking in account, in particular the perspective of the support that ICT could offer to their well-being.

According to Silveira, Kümpel, Rocha, Pasqualotti, and Colussi (2011), the help provided to the elderly for their use of ICTs is essential, and the role of teachers, colleagues who are in the process of learning, assume special relevance in this context.

Also, their own family environment and the community can serve as a lever for their full use.

The success of ICT learning in older adults is achieved through socialization, independence, and inclusion. Socialization as ICT allows to combat feelings of loneliness and isolation, through the sharing of intergenerational knowledge and experience. Independence because it allows for faster contact with family members, and members of social networks (Sayago & Blat, 2011). Finally, inclusion, because it allows the elderly to experience the feeling of ability in the handling of the new technologies, thus denying their non-use due to incapacity and/or lack of knowledge.

Considering that due to age, cognitive processes occur at a slower pace, it is necessary to create methodological options that allow the older citizens to continue to acquire knowledge. As examples of adequate measures for ICT learning in older adults, Pereira and Neves (2011) argue that one should think of very small classes in terms of numbers of students, one computer per student, adequate lighting, size-adapted screens, mouse and keyboard with specific designs for the elderly, and to have an initial approach that enhances the learning mainly through playful activities and gradually increase the degree of complexity. In this way, the possibilities of learning are increased.

### **Conclusions**

Although the concepts of fragility, social exclusion, abandonment and info exclusion are not restricted to older people, ICT contribute to the transformation of the way in which individuals face aging, contributing to overcome the stigmas of discrimination associated with it.

Gradually, older adults recognize the importance of using ICTs, their usefulness for the accomplishment of many daily tasks and for the creation of genuine information societies, although they require new operative skills and decoding in order to use it. To date, few studies have examined in detail the extent and nature of access and use of ICT by older adults in Portugal. Nevertheless, some data allow us to (re)affirm that, despite a significant increase in the use of the technologies by the older population, namely in the group of older people aged between 65 and 74 years old (INE, 2017).



The analysis of the literature has shown that gender, age, marital status and schooling levels can influence the use of ICT tools, as also family and "digital peer". The low rates of ICT use can also be attributed to the relative "advantages" experienced by the elderly.

What remains true, at the threshold of the first quarter of the century, is that the majority of the elderly are excluded from the new technologies and that this exclusion has repercussions in several dimensions of their lives.

When they feel excluded in a society that communicates through ICT social isolation and difficulty in access to information are accentuated. It is therefore necessary and urgent to promote the inclusion of this group in the use of ICT, projecting a new path of education in the perspective of a cultural update and a social rapprochement. However, learning and mastery of the use of such technologies project new pedagogical challenges, of "teaching to learn", since "most of the information is online" (Castells 2004, p. 300).

The vulnerability of older adults to ICT is enough to reinvent ways of counteracting this tendency and to foster a more participative and transformative gerontological education with positive and predictable repercussions that "allow the continuous involvement of elderly people in social, economic, technological, spiritual, cultural and civic issues" (Vallespir & Morey, 2007, p. 241).

It is therefore suggested that one of the first steps to be taken will be to demystify the new technologies, to ensure the necessary security for the use of the Internet and respect for user's privacy, thus reinforcing the full potential of ICT to benefit their lives. Support groups, institutions, the family or the community are particularly important in this context so that the elderly can feel the security necessary to achieve basic learning in this field.

The results of the various investigations carried out in this field in both the European and North American contexts point to the need to deepen and create new mechanisms to mitigate this sense of vulnerability and increase the desire of older people in the knowledge and manipulation of ICT. In this sense, the use of Internet platforms can offer the elderly advantages directly linked to their quality of life.

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## **EDUCATION AS A NON-PHARMACOLOGICAL RESPONSE TO DEMENTIA AND ALZHEIMER**

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### **Abstract**

The increase in elderly population is leading care services to reconsider their models of intervention and their practices. When taking care of older adults affected by Alzheimer or Dementia it is fundamental to consider not only their medical needs, but also any psycho-social dimension that has an impact on their lives and well-being (Kitwood, 1997). This contribution presents the first results of a European (Lifelong Learning Programme) funded project based on the previously mentioned assumptions. The project, called "SALTO – Social Action for Life Quality Training and Tools" starts from considering that the training of social workers needs to be improved in order to equip professionals with a wider range of approaches and methods to cope with Alzheimer and dementia. What is important, when dealing with such diseases, is to improve people's life quality, whilst minimising the effects of behaviour-related disorders. Long-term care is in charge of organizations that are both medical and social. Elderly care is "medical" because their beneficiaries require care, whether routinely or occasionally, which is essential for their daily comfort; but is also "social" because they target protection, independence, social cohesion, active citizenship and prevention of isolation (Brune 1995, 2011; Calkins 2002; Rahman & Schnelle 2008; Shura, Siders, & Dannefer 2010).

### **Introduction**

European SALTO project is aimed to combine "life projects" with "care projects" in long term care; breaking down the compartmentalization between the healthcare and medico-social environments, in order to start thinking and working in a more integrated perspective. The project aims to promote innovation in the training of social workers to improve their competences related to non-pharmacological approaches: any method and technique that can enhance life quality of elderly from a psychosocial and environmental perspective (Feil, 1993, 2006; Johnes, 1996).

The ambition of the project consists in coming to a full integration of non-pharmacological approaches to daily medical therapy in the training of formal carers. SALTO project aims to integrate social-educational methods as part of the daily therapy, in order to develop or maintain cognition, body motion and social skills, which are all fundamental for the quality of life of elderly affected by dementia. In order to provide a coherent and operational response to this issue, the project brings together professionals and organisations, by pooling their resources, to match and combine the perspectives of researchers and professionals, trainers/educators and social development specialists, healthcare and socio-medical professionals.

This paper presents the first implementation of a training program on social animation which can be offered in Universities and Vocational training centres, as well as in continuing training courses for practicing professionals.

### **Theoretical framework**

The training model refers to some paradigms that are empirically validated and focused on theoretical bases and values. These models overcome adult-centric stereotypes of the elderly to focus on the person him/herself, his/her needs and the promotion of quality of life in the third age. Elderly care, particularly the one provided in institutionalised care contexts, is historically characterised by a prevailing medical-health approach, often with a poor consideration for psychosocial needs. Today many people are voicing the need to reintegrate the various aspects of formal and informal care, and to give answer to both medical and health needs and psychosocial and human needs.

Quality of Life has been defined by the World Health Organization (WHO) (1993) as an individual's perception of personal position in life, in the context of the culture and value systems in which one live and in relation to goals, expectations, standards and concerns. This definition reflects the idea that quality of life refers to a subjective evaluation, which is embedded in a cultural, social and environmental context. As such, quality of life cannot be simply equated with the terms: "health status", "life style", "life satisfaction", "mental state", or "well-being". Rather, it is a multidimensional concept incorporating the individual's perception of these and other aspects of life.

According to Formarier and Jovic (2012), the areas that influence a person's quality of life include the state of health and severity of the disability, psychological and spiritual aspects, family and friends, socio-economic level. The central point of the concept is the perception of overall satisfaction of the subject with regard to the general meaning given to well-being.

The quality of life varies according to the appreciation of each person on his or her own norms and values; it changes over time, at different ages of life.

### **Innovative organisational models for Elderly care**

Particular inspiration came from the models of the *Culture Change Movement* (Brune, 1995, 2011; Calkins, 2002; Rahnam & Schnelle, 2008; Shura, Siders, & Dannefer 2010; Thomas, 2006) and the principles of quality of care described by Coons and Mace (1996). All these authors underline the need to see elderly well-being from a holistic perspective, consequently designing care services that respond to individual needs, in physical, psychological, social, intellectual, emotional and spiritual spheres.

The *Culture Change Movement* was born in the United States, with the transition of elderly care facilities from a medical and managerial model to a social-humanistic model, and spread throughout the world, bearing witness to a real change in the elderly care culture. This movement, which adopts a range of approaches, is in contrast to the management models of residential facilities established in the Sixties (LTC: *Long-Term Care Management Models*) based on organisational optimisation, using a bureaucratic managerial system focusing on efficiency, standardisation of services and cost optimisation, moulding services for the elderly in a very similar manner to those of hospitals. According to these models, the facilities were designed as places shut off from the outside world, governed by strict routines, marked by spaces and times in which the role of the staff focused far more on control than on support (Calkins, 2002).

The ultimate objective is to achieve the best possible quality of life, both for the guests and the members of staff. To do so, the importance of continuous training for staff and coordinators is emphasised, in a perspective of what is defined as *wise leadership* (Brune, 1995; Thomas, 2006), a care culture focusing on people and an individualised approach to organisational and project choices. This individualisation does not only concern the guests, but also considers the importance of the care



relationship between guests and workers, including the latter in the need's analysis and the consequent design of interventions.

These person-focused approaches, which recognise and safeguard freedom, autonomy and dignity, privilege all possible strategies to reduce the medicalization or measures of containment of the disorders the guests suffer from. At the same time, the organisational style promoted revolves around dialogue among the staff, to reduce distances, vertical relations and excessive bureaucracy, to foster the most direct possible dialogue between the staff and the elderly and their loved ones.

It moves clearly away from the adult-centric perspective in which the needs of the elderly are established independently of the actual conditions and wishes of the elderly themselves.

The innovation(s) leading to increased quality of care require an organisational restructuring to bring about quality in working dynamics, harmony among team members, and consequently, the prevention of the risk of professional *burn out* (Maslach, 1982) or *rest out*, that the professionals working in these contexts can suffer from.

### **Innovative models and concepts in Elderly care**

The training program developed by SALTO EU project is aimed at accompanying care professionals and care organisations towards the transition indicated by the *Culture Change Movement*. For such purposes the training contents and methods move from a few key concepts and models in the innovation of elderly care: the "*Gentle care*" model, (Jones, 1996), the "*Person centred care*", the "*Validation*" and the "*Bientraitance*" model. All these models are focused on a change of perspective towards aging and frailness and on the importance of humanisation of care.

#### ***The "gentle care" model***

The Gentle Care model, created by Moyra Jones (1996), is an approach for seniors and caregivers to promote their well-being and reduce the risk of burnout for the seconds. This approach is centred on the elderly and the preservation of the continuity of their life. The model requires, as a starting point, an analysis of the person, not only in the clinical and pathological state, but also in the reconstruction of the

biography, the personal characteristics and the relationship with the environment (Guaita & Jones, 2000). This broad-spectrum analysis is completed by an assessment of the impact of the disease on the individual, both physically and psychologically, in the daily life and the coping strategies. This evaluation is carried out using quantitative tools, which are typical of multidimensional and qualitative evaluation, where the caregiver (formal or informal) acts as an active observer and the elderly is the subject of the evaluation and self-evaluation. This assessment includes the recognition of elderly's residual capacities, daily actions and routines, caregiver actions and responsibilities, and relative peaks or risks of stress. This complex and rich evaluation process leads to the design of a care project, based on realistic goals, thanks to the analysis of the patient's strengths and weaknesses (Carbone & Tonali, 2007). In the design of care, the model focuses on the physical environment, i. e. the place and space, or spaces, of care (Guaita & Jones 2000), which should be characterized by security, ease of access and mobility, functionality, flexibility and possibility to change.

The caregiver also plays an important role in the care project, both by sharing it and communicating with the care providers, who must be aware of the relational dynamics within the elderly's family and their family's resources (from daily organization and management to the strategies for coping with critical situations (Vitali, 2004).

### ***Person centred care***

The Person-centred care model (Hafskjold et al., 2015; Lloyd & Stirling, 2015; Ross, Tod, & Clarke, 2015) moves from stating that the attention provided in most of the elderly care services is closely linked to people's deficits and pathologies, which makes it difficult to see the person as a singular and valuable individual. In this sense care has been conceived from a very paternalistic perspective, where the professional and the institution decide for the good of the elderly person (to improve his/her health, to keep them safe ...) ignoring what each person feels and thinks and far from considering that the most important issue is to make people enjoying life and be happy in old age.

The Person-Centered Care (PCC) is a way to support people in a personalized way, to develop their own life project, with their effective participation and taking into account, in addition to their needs, their preferences and their desires. It draws from

the recognition of the dignity of each person and their right to be owners of their own lives.

When a person needs support, health and personal care are essential, but so are those things that the person likes, their habits and personal relationships. A central point of this model is the recognition and the support given to the person to focus on what is really important for him or her at the present time of their life. All people, consciously or unconsciously, have their life project. Elderly people also have their own life project. In the PCC model, professionals and organisations become supporter for older people to bring on their life projects with a positive meaning (Rokstad, Vatne, Engedal, & Selbæk 2015).

### ***Validation***

This method, developed by Naomi Feil between 1963 and 1980, consists in promoting mental development in elderly people with problems, classifying their behaviour and helping them to recover personal dignity. The Validation method is founded on the theory of Erik Erikson (Erikson, 1986) on life stages and emphasize on the close dependence between biological, mental and social aspects of in life. Erikson stated that we would succeed in completing a given task, assigned to us in a given phase of our life only if we have positively completed the tasks in the early years of our existence. Every moment of our life sets us tasks to achieve; if we are not able to achieve our objective, it will be set for us again. It is often very hard to achieve a task in the first-time round, moreover, it is possible that we will never really be able to achieve one or more tasks. Elderly age, in this perspective, represents the period where emotions that were not resolved in the past need to be released (Day, 1997).

A fundamental task of the Validation method operator is therefore to listen, even though, given the late stage in life, it is not always possible to achieve resolution.

The fundamental points of the Validation technique include:

1) Gathering information on the elderly person.

In particular, it is fundamental to know: their stage of disorientation; their unresolved tasks and emotions; their past human relations and affections; their profession, hobbies; religious attitudes and beliefs; the way in which they tackle difficulties and losses; their history. Such information can be gathered by asking the

elderly person questions, at different times of the day, and for at least two weeks; the questions were drafted by Feil, and have to be fairly precise in order to guide the operator.

2) Assess the stage of disorientation. The stages may be: first stage - difficulty in orientation; second stage - confusion with time; third stage - repetitive movements; fourth stage - vegetative life.

3) Meet the person regularly and use the Validation techniques.

The length of each meeting depends on the stage of disorientation the person is in: from a minimum of one to a maximum of fifteen minutes (less time is spent with those with greater problems). In any case, it is not so much the quantity but the quality of time that is important. The ideal frequency also depends on the specific situation: from several times a day to a few times a week, or even less frequent. It is important to recognise the elderly person's feeling of less discomfort that indicates the length of the meeting (also in this case, Feil gives very precise indications). (Feil, 2013).

### ***Bientraitance***

According to the High Authority for Healthcare, good treatment is a comprehensive approach to the care of patients, users and their families, aimed at promoting respect for the rights and freedoms of patients, users, their listening skills and their needs, while at the same time preventing abuse.

This global approach emphasizes the role and interactions between different actors such as the professional, the institution, the entourage and the patient, the user. It requires both individual and collective questioning on the part of the actors.

According to Agence Nationale de l'Evaluation et de la Qualité des Établissements et Services Sociaux et Médico-Sociaux (ANESM's) Good Practice recommendations:

- Good treatment is a shared culture of respect for the individual and his or her history, dignity and uniqueness. For the professional, it is a way of being, saying and acting, caring for others, responsive to their needs and demands, respectful of their choices and refusals.

- Good treatment incorporates the desire to maintain a stable institutional framework, with clear rules that are known and secure for all, and an uncompromising refusal to accept any form of violence.
- The expression of the user is valued. Well-treatment is an approach that responds to the user's rights and choices.
- The process of well treatment is a permanent return trip between thinking and acting. It requires both collective reflection on the practices of professionals and rigorous implementation of the measures recommended by collective reflection to improve them. From this point of view, it leads to the adoption of a permanent questioning culture.
- The search for good treatment is a continuous process of adaptation to a given situation. In essence, it is endless. It involves constant reflection and collaboration between all the players involved in an accompaniment, in search of the best possible response to an identified need, at a given moment.

### **The training program and its implementation**

Starting from these premises a training program for professionals taking care of fragile elderly people has been designed. Such program includes 8 modules that can be applied all together in sequence or that can be selected to build up a personal training path. Such program can be addressed to students in care disciplines (in Universities or Vocational Training programs) or to care professionals in service. Each module has different purposes, contents, methods and tools, a minimum and a maximum length suggested, different kind of trainers and is conceived to be as adaptable as possible to the given training situation.

A synthesis of the main characteristics of each module is provided below, each with a short description of:

- the target to which the module can be addressed;
- the trainers;
- the learning context;
- the purposes and goals;
- the methods and description of activities;

- the tools – n. persons – spaces -time, etc.;
- some methodological suggestions for assessment (diagnostic, formative and summative).

## **MODULE 1 – CHANGING PARADIGMS ON THE BENEFICIARIES**

### **Target**

Initial and in-service training

### **Trainers**

Experts in geriatrics, neuropsychiatry, psychology

### **Learning contexts**

Vocational training, University - Adult education – In-service training.

### **Purposes and goals**

To know the profiles of the beneficiaries; to know the rights of beneficiaries; to change representations, paradigms and stereotypes in order to acquire a watchful and empathetic posture.

### **Contents**

Aging and/or disability pathologies, cognitive disorders, physiological-psychological-social point of view, etc.; impact on quality of life; legislation on the rights of frail and dependent persons; elderly or disabled people in other cultures – anthropology; history of ageing and people with disabilities (by territory); evolution of generational profiles in our territories.

### **Methods and description of the activity - Tools, n. of persons, spaces, etc.**

Brainstorming on aging/disability (oral or written); lesson with multi-media support; case studies in small or large groups; discussion in small or large groups; choice of inductive or deductive sequence: either we can start from the analysis of cases or problems to come to the theory or we can present the theoretical elements and then cases and problems.

**Tools:** computer, video projector, slides, internet, case to analyse, paperboard.

**Space:** room with mobile chairs.

**N. of participants:** max. 25

**Duration recommended:** 15-16 hours

**Methodological guidance for Evaluation (diagnostic, formative and final evaluation tools)**

**Diagnostic evaluation**

Brain storming

**Formative evaluation**

Observation of group activities; discussion

**Final evaluation (of learning)**

Questionnaire/test on theoretical elements; case study for the application of theory.

**MODULE 2 – NON-PHARMACOLOGICAL THERAPIES: A LEVERAGE FOR LIFE QUALITY**

**Target**

Initial and in-service training

**Trainers**

Experts in education and social interventions, pedagogical experts, experts in innovative methodologies (pet therapy, music therapy, theatre, etc.)

**Learning context**

Vocational Training Education, University, Adult training, Permanent education

**Purposes and goals**

**PURPOSES:** To know/acquire approaches and methods of non-pharmacological therapies in order to apply them in an integrated context.

**GOALS:** To organize spaces and atmospheres/setting/resources for well-being; to adopt a relational, emphatic style of communication; development of activities to promote the well-being and maintenance of personal resources; design, development and assessment of interventions based on social animation

**Contents**

Organisation of spaces and atmospheres/setting/resources; Montessori method; communication; non-violent communication; validation therapy; gentle care; social animation methods; sensory stimulation methods; cognitive stimulation methods; person-centred approach; occupational therapy; enabling approach; psychomotor activity - body stimulation; reorientation (RIOT) therapy in reality; reminiscence method;

use of new technologies for communication; person-centred project implementation and evaluation

**Methods and description of the activities - Tools – n. of persons, spaces, etc.**

Lesson with multi-media support; videos; external interventions; practice, activation games; simulations; case studies; simulation of setting up an animation project; external visits/activities.

**Space:** according to the planned activity.

**n. of participants:** max. 25

**recommended duration:** 40 hours

**Methodological guidance for Evaluation (diagnostic, formative and final evaluation tools)**

**Formative evaluation:** Observation of activities; discussions

**Final evaluation (of learning):** Case study and project simulation.

**MODULE 3 – THE RELATIONSHIP AND THE COMMUNICATION WITH THE BENEFICIARIES**

**Target**

Initial and in-service training

**Trainers**

Experts in communication (from a psycho-relational point of view) and/or psychology and/or pedagogy and/or social work; background context; learning context.

**Learning context**

Vocational Training Education, University, Adult training, Permanent education

**Purposes and goals**

**PURPOSES:** To improve relations and communication with users for a better quality of life.

**GOALS:** Acquire skills for: listening and knowing how to communicate with beneficiaries in an empathic manner (Nonviolent Communication); taking into account verbal and non-verbal communication (Gentle Care); learning to know how to manage the reception phase and critical moments; giving value to diversity



## **Contents**

Empathic communication - non-violent communication (Rogers) ; verbal and non-verbal communication (Gentle Care); reception, daily life and critical moments ; management of diversities - intersectionality (genders-ethnicity-age, etc.) diversity management; verbal and non-verbal communication; alternative communication (Use of new technologies for communication, etc.)

### **Methods and description of the activities - Tools – n. of persons, spaces, etc.**

Videos; communicative situation simulations; simulations: to put oneself in the place of the elderly/disabled; workshops; role-playing games; video analysis; case studies; work in groups.

**Tools:** computer, video projector, slides, internet, cases to analyze, paperboard, camera, etc.

**Space:** room with mobile chairs, video.

**n. of participants:** 6-15 max per trainer.

**recommended duration:** 20 hrs

### **Methodological guidance for evaluation (diagnostic, formative and final evaluation tools)**

**Diagnostic evaluation:** Brain storming on communication with the users (oral or written).

**Formative evaluation:** Observation of activities; discussions

**Final evaluation (of learning):** Questionnaire on theoretical elements; simulations (role-playing, etc.)

## **MODULE 4 - COMMUNICATION IN TEAM FOR THE LIFE QUALITY OF PROFESSIONALS**

### **Target**

Initial and in-service training

### **Trainers**

Experts in communication (from a psycho-relational point of view) and/or psychology and/or pedagogy and/or social work.

### **Learning context**

Vocational Training Education, University, Adult training, Permanent education

### **Purposes and goals**

**PURPOSES:** To facilitate communication dynamics in teamwork for pursuing quality of life and for preventing burnout.

**GOALS:** Acquire skills to: listening and communication among colleagues (non-violent communication); know and recognize the main groups dynamics; recognizing and managing communication contexts and flows (informal, formal, etc.); preventing and managing conflicts.

### **Contents**

Non-violent communication (NVC)/empathetic communication; group dynamics: interactions, roles, etc.; information flow management, critical analysis of information; collective decision-making: the six hats to think (Edward De Bono); presentation skills ; use of new technologies for communication

### **Methods and description of the activity - Tools, n. of persons, spaces, etc.**

Videos; communicative situation simulations in the team; workshops; role-playing games - role playing; video analysis; case studies - case studies; work in groups.

**Tools:** computer, video projector, slides, internet, case to analyse, paperboard, camera, etc.

**Space:** room with mobile chairs, video and camera.

**n. of participants:** 6-15 max per trainer.

**Recommended duration:** 15 hours

### **Methodological guidance for Evaluation (diagnostic, formative and final evaluation tools)**

**Diagnostic evaluation:** Brain storming on communication in the work team (oral or written)

**Formative evaluation:** Observation of activities; discussions

**Final evaluation (of learning):** Questionnaire on theoretical elements; simulations (role play, role-playing, role-playing, etc.)

## **MODULE 5 - THE INVOLVEMENT OF FAMILY AND RELATIVES**

### **Target**

Initial and in-service training

**Trainers**

Experts in psycho-relational communication and/or psychology and/or pedagogy and/or social work, experts in innovative methodologies.

**Learning context**

Vocational Training Education, University, Adult training, Permanent education

**Purposes and goals**

**PURPOSES:** To facilitate empowerment of families and communication between the team and the families.

**GOALS:** Acquiring skills for: Listening and knowing how to communicate with families in an empathic manner (CNV); Promoting the training of families and volunteers; involving the family in the daily life of the structure (collaborative spaces); involving the families in social activities; integrating the volunteer dimension into the daily life of the structure.

**Contents**

Active Listening (Rogers, Systemic Counselling); empathic communication (CNV); organization of training activities for families and/or volunteers; active involvement of the family in key times of daily life (good practices: discussion groups, Alzheimer's coffee, counselling, family involvement in programming activities, etc.); social animation projects with families (good practices); use of new technologies for communication (Skype, etc.).

**Methods and description of the activity - Tools, n. of persons, spaces, etc.**

Workshops; simulations of communicative situations with families; role-playing games; analysis video; case studies; testimonials; analysis of good practice; work in groups; development of training projects for families and/or volunteers

**Tools:** computer, video projector, slides, internet, case to analyse, paperboard, camera, etc.

**Space:** room with mobile chairs, video, camera.

**n. of participants:** 6-15 max per trainer.

**recommended duration:** 20 hours

**Methodological guidance for Evaluation (diagnostic, formative and final evaluation tools)**

**Diagnostic evaluation:** Brain storming on communication with family/neighbours (oral or written)

**Formative evaluation:** Observation of activities; situation analysis; discussions

**Final evaluation (of learning):** Simulations of communicative situations (role-playing, role-playing, situation setting, etc.); elaboration of a project

**MODULE 6 - EMPOWERMENT OF BENEFICIARIES**

**Target**

Initial and in-service training

**Trainers**

Experts in socio-cultural animation, pedagogical experts, experts in innovative methodologies (pet therapy, music therapy, theatre, etc.)

**Learning context**

Vocational Training Education, University, Adult training, Permanent education

**Purposes and goals**

**PURPOSES** - Promote the empowerment of beneficiaries

**OBJECTIVES** - To acquire skills for: Recognizing and highlight the needs, abilities and interests of beneficiaries; raising awareness of the relationships (social, emotional, etc.) between the beneficiaries; involving beneficiaries in daily activities; involving beneficiaries in the organizational life of the institution; involving beneficiaries to put them at the centre of their life plans.

**Contents**

Empowerment (notion of empowerment and related practical application); active citizenship (notion of active citizenship and related practical application); needs and interest's analysis, the person-centered approach; empowerment projects (analysis of good practices); methodologies and strategies for empowerment; use of new technologies for empowerment

**Methods and description of the activity - Tools, n. of persons, spaces, etc.**

Lesson with multimedia support; case studies in small or large groups; reto in small or large group; workshops; analysis of good practices; external visits; testimonials; group work; development of projects for the empowerment of users / beneficiaries

**Tools:** computer, video projector, slides, internet, case to analyse, paperboard, camera, etc.

**Space:** room with mobile chairs, video, camera.

**Participants n.:** 25 max

**recommended duration:** 20 h

**Methodological guidance for evaluation (diagnostic, formative and final evaluation tools)**

**Formative Evaluation:** Project analysis; discussions

**Final evaluation (learning):** Questionnaires on key concepts; development of a project

**MODULE 7 – RELATIONSHIP WITH THE TERRITORY AND COMMUNITY**

**Target**

Initial and in-service training

**Trainers**

Experts in socio-cultural animation, , experts in pedagogy, psychology, social work, socio-cultural mediators, experts in innovative methodologies.

**Learning context**

Vocational Training Education, University, Adult training, Permanent education

**Purposes and goals**

**PURPOSES** - To integrate the territorial dimension in order to promote active citizenship.

**OBJECTIVES** - To acquire skills for: knowing and taking into account the territory and its resources/opportunities; taking into account the dimension of home and living environment (fostering connections between home and institutions); developing partnerships with the territory; promoting experiences of social inclusion (disability, intergenerationality, interculturality, etc.)

## **Contents**

Mapping key players in the territory (Integrated approach); diversity in the community (social inclusion), analysis of the relations between users and territory; creation of participatory projects - participatory planning (involving other organisations and/or the community); networking (Project COMPARES); the taking into account of home in the territorial anchoring; use of new technologies for the territorial network

### **Methods and description of the activity - Tools, n. of persons, spaces, etc.**

Lesson with multimedia support; mapping workshop; case studies in small or large groups; discussion in small or large groups; analysis of good practice; external visits; testimonials; work in groups; project internship - project work

**Tools:** computer, video projector, slides, internet, case to analyse, paperboard, etc.

**Space:** room with mobile chairs, video, camera.

**Participants n.:** 25 max

**recommended duration:** 20 h

**Methodological guidance for evaluation (diagnostic, formative and final evaluation tools)**

**Formative Evaluation:** Mapping analysis; project analysis; discussions

**Final evaluation (learning):** Drawing up a cartography; elaboration of a project

## **MODULE + - DEVELOPMENT OF A SOCIAL ANIMATION PROJECT**

### **Target**

Initial and in-service training

### **Trainers**

Experts in socio-cultural animation, experts in pedagogy, psychology, social work, socio-cultural mediators, experts in innovative methodologies.

### **Learning context**

Vocational Training Education, University, Adult training, Permanent education

### **Purposes and goals**

Learning the principles of planning, implementation and evaluation of an animation project; acquiring the methodologies and instruments to analyse the needs

for animation in a context of care; developing an animation project according to the needs; situating and evaluating the impact of an animation project.

### **Contents**

Planning of a social animation project; analysis of the situation and needs; definition of objectives; choice of animation methodology

### **Methods and description of the activity - Tools, n. of persons, spaces, etc.**

Simulations on one's own professional context or practical case studies; analysis of projects already completed; group work for project planning; simulations and risk analysis (SWOT); application of the project in practice and impact assessment; methodological guidance for evaluation (diagnostic, formative and final evaluation tools).

**Tools:** computer, video projector, slides, internet, case to analyse, paperboard, etc.

**Space:** room with mobile chairs, video, camera.

**Participants n.:** 25 max

**recommended duration:** 20 h

### **Methodological guidance for evaluation (diagnostic, formative and final evaluation tools)**

**Formative Evaluation:** Analysis of projects according to certain methodological indicators; discussions

**Final evaluation (learning):** Project analysis; analysis of the results of completed projects; assessment of risk analyses of project ideas.

## **Results**

The training activity has been implemented in Spain, France, Italy and Croatia. The impact of the training has been measured through the "Attitude towards dementia" scale (O'Connor & McFadden, 2010).

The results in the different countries involved are under analysis, here we are going to briefly present the results from the training implemented in Italy. This activity involved 56 long-term care organisations and 228 professionals (physician, nurses, formal carers, social workers).

The scale was administered at the beginning of the training course (ex-ante) and at the end of it (ex-post); it consists of 20 items and investigates the attitude towards people with Alzheimer's or dementia, referring to the knowledge of AD and the feelings towards this kind of problems. The purpose of each item is to make explicit the agreement /disagreement with respect to the assertions given, according to a scale from 1 to 7 (1 corresponds totally to disagree and 7 to totally agree). The statements express both a favourable attitude (e.g. "It is rewarding to work with people with Alzheimer's or dementia") and an unfavourable attitude (e.g. "I'm scared of people with Alzheimer's or dementia"); in the latter, the improvement was indicated by a decrease in the average value assigned to that item.

In the following graph the mean of pre-test (1<sup>st</sup> column) and post-test (2<sup>nd</sup> column) for each item of the scale are compared. A red circle indicates the most statistically significant differences.



Figure 1. Comparison of the mean of pre-test (1<sup>st</sup> column) and post-test (2<sup>nd</sup> column) for each item of the scale



The analysis and comparison of ex-ante and ex-post data indicates a general improvement in the knowledge and attitudes of the participants towards people with Alzheimer's or dementia. As shown in the Figure 1, there is an improvement in a series of items, shown graphically in red: of particular relevance, the item "I am not very experienced in Alzheimer's and Dementia", for which there is an increase of 2.5 points and the item "I would prefer to avoid a person with Alzheimer's or Dementia when in a state of agitation", where the positive change corresponds to 1.7 points. In conclusion, the analysis of the mean and percentage values emerged, allows to highlight a positive variation of knowledge attitudes towards the object of the training, both in relation to the items focused on the knowledge of the problems related to Dementia and Alzheimer and towards the statements that have to do with attitudes towards users affected by these diseases. Therefore, the positive impact of the course is confirmed, in terms of training of the participants.

### **Discussion**

The project team includes researchers, trainers, social workers but also public authorities in charge of health and social work. Such an integrated team made possible to design a training programs that enhance professional's competences with innovative perspectives, methods and non-pharmacological effective answers to elderly needs.

The training had a positive impact on operators, first all for its experience-based approach. The experience therefore represented an opportunity for a comparison between operators with different professional skills, within the same structure and who often do not have the time to give space to imagine non-pharmacological alternatives to Alzheimer and Dementia. All the participants to the training also expressed great satisfaction for acquiring competences and skills that can make their care intervention much more meaningful and focused on elderly needs. As suggested by the literature, this is also a way to prevent operators' burn out implementing the humanisation of the care that they provide daily.

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**BARRIERS AND FACILITATORS TO ADHERENCE TO WALKING GROUP EXERCISE IN OLDER PEOPLE LIVING WITH DEMENTIA IN THE COMMUNITY: A SYSTEMATIC REVIEW PROTOCOL**

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**Abstract**

**Objectives:** Research suggests that targeted exercise is important for people living with dementia, especially those living in residential care. The aim of this review was to collect and synthesize evidence on the known barriers and facilitators to adherence to walking group exercise of older people living with dementia in the community.

**Methods:** We plan to search all available electronic databases. Additionally, we will search trial registries (clinicaltrial.gov, and WHO ICTRP) for ongoing studies. We plan to search for and include papers from January 1990 until November 2018 in any language. We plan to include randomized, non-randomized trials. Studies will not be eligible if participants are either healthy older people or people suffering from dementia but living in an institution. Studies will be also excluded if they are not focused on barriers and facilitators to adherence to walking group exercise.

**Material and Methods**

A systematic literature search will be applied and PRISMA criteria will be followed in assessing and reporting. Wider literature was scoped to identify the most relevant terms in what seems to be a broad spectrum of participants and interventions related to barriers and facilitators to adherence to walking group exercising in older people living with dementia in the community.

Following an agreement on the final scope of the review, a systematic literature review of studies appraising the existing evidence in practice research literature was devised and conducted. Searches were conducted around barriers and facilitators to

adherence to walking group exercising in older people living with dementia in the community.

Heterogeneity of outcomes and other PICO criteria will be assessed. If the heterogeneity is found to be high, a narrative synthesis approach will be used, using thematic analysis for categorizing data. Narrative synthesis is a commonly used method to synthesise data in the context of a systematic review (Pope et al., 2007; Tong et al., 2012; Rodgers et al., 2009), especially as we anticipate appraising mixed methods (qualitative, quantitative and mixed) studies. Thematic analysis provides the means of identifying relevant themes (based on the review question) across large and diverse bodies of research (Higgins & Green, 2011; Pluye et al., 2011; Popay et al., 2006). The PICO (population, intervention, control, and outcomes) framework was used for framing the inclusion and exclusion criteria (see below):

- Participants: older people living with dementia in the community, worldwide;
- Intervention: walking group exercise, both indoor and outdoor;
- Control: not applicable;
- Outcomes: barriers and facilitators to adherence to specific interventions: attendance rates & dropout rates (where available); main focus on barriers and facilitators to adherence; predictors of adherence (if available).

### **Types of studies**

The searches are not limited to a specific study design. Hence, all types of study designs, qualitative, quantitative, and mixed-methods, will be included in the review for as long as they were focusing on evaluating the barriers and facilitators to adherence of walking group exercise activity in improving physical, social and mental well-being of people living with dementia and studies mentioning adherence enough to answer our question. Apart from qualitative studies a whole range of quantitative studies will be included in our searches such as randomised, cluster-randomised or quasi-randomised controlled trials, cohort studies, before-and-after studies and interrupted time series. Journal articles as well as conference proceedings will be included in the searches.

### **Other criteria**

Studies from around the world will be included for as long as an abstract and the paper were written/available in English.

Studies not reporting on participation on walking exercise group activities in older people living with dementia in the community will be excluded. Studies not reporting on barriers and facilitators to adherence to such exercise will be excluded. Due to limited evidence, available studies will not be excluded if participants suffer from specific forms of dementia. Search terms will include AD and other forms of dementia.

### **Analysis**

We propose to conduct narrative analysis as heterogeneity of findings is supposed to be high based on our previous work in this field.

### **Search for literature**

We plan to search electronically the following databases: MEDLINE(Ovid), The Cochrane Central Register of Controlled Trials (CENTRAL) (Wiley), PsychINFO (Ovid), Educational Resource Information Centre (ERIC) (Ovid), Cumulative Index to Nursing and Allied Health Literature (CINAHL) (Ebsco), Web of Science Core Collection (Thomson Reuters), Trial registries (clinicaltrial.gov, and WHO ICTRP) search for ongoing studies, SCOPUS, Google Scholar, and Web of science.

We will devise a search strategy and keywords. Databases will be searched from January 1990 to present. For all included studies, we plan to search reference lists. We also plan to search the list of references of other relevant systematic reviews identified whilst running the electronic searches.

### **Selection of studies**

Titles and abstracts will be screened for eligibility by three authors. For any references where authors are unsure whether the study meets inclusion criteria, a full text of the article will be obtained to aid decision-making and we will ultimately use a fourth author as an arbiter if uncertainty remains. The full-texts of all articles that appear

eligible for inclusion will be retrieved. Study authors will be contacted about unclear or missing information. We will use PRISMA template flowchart to report.

### **Data extraction and management**

At least two reviewers will independently appraise each of the included studies using a structured critical appraisal tool. Critical appraisal forms for mixed methods will be tested, such as Mixed Methods Appraisal Tool Version 2011 (MMAT-V 2011) (Plyue et al., 2011) and CASP tools etc. Both suggested tools were previously standardized, validated and are widely used for systematic review purposes.

Each tool will be tested with two full text papers and authors of this paper will agree the best to work with depending on which tool fits the best the purpose of this review and offers a good selection to cover the types of methodologies used in each of the included studies. Any discrepancies will be resolved through discussion between the three authors. Through the critical appraisal of the included studies it may be found that some studies may have some gaps in relation to methodological quality and reporting findings (adherence rates are usually not always reported etc.) but may still include contextually-rich details that contribute to the overall narrative synthesis and answer our research question.

### **Risk of bias assessment**

Two reviewers will independently assess the risk of bias for RCTs using the 'Risk of Bias' tool (Higgins & Green, 2011). RCTs if found will be assessed for risk of bias using the following domains: random sequence generation; allocation concealment; blinding (participants, personnel or outcome assessors); completeness of outcome data. Judgements concerning risk of bias for each study is classified using "yes", "no" or "unclear" indicating high, low or unclear risk of bias respectively. The results of the risk of bias assessment will be incorporated into the narratives of the review.

### **Assessment of homogeneity/heterogeneity**

Homogeneity will be assessed in terms of study population, intervention characteristics and reported outcomes. Where we detect substantial clinical,

methodological or statistical heterogeneity across included studies, we will not report pooled results but instead use a narrative approach to data synthesis. We attempt to explore possible clinical or methodological reasons for this variation by grouping studies that are similar in terms of populations, intervention features or methodological features.

### ***Data synthesis***

As mentioned above, findings with a high homogeneity index will be synthesized narratively. As mentioned above, narrative synthesis is a commonly used method to synthesise data in the context of a systematic review, especially when appraising mixed methods (qualitative, quantitative and mixed) studies.

'Guidance on the Conduct of Narrative Synthesis in Systematic Reviews' (Popay et al., 2006) will be used for the purposes of this review. Firstly, a preliminary synthesis will be conducted to develop an initial description of the findings of included records and to organise them so that patterns across records could be identified. This will be followed by the iterative approach of a thematic analysis, where multiple ideas and conclusions across a body of literature are categorised into themes (Pope et al., 2007).

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## **UNPACKING THE BLACK BOX OF THE GROUP EXERCISE CLASS FOR OLDER ADULTS**

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### **Abstract**

As populations are getting older government planning for health and social care is based on the current situation relating to older adults. Fears generated over the estimated cost of future provision have given rise to intervention studies focusing on the benefits to health that can be provided by engaging in regular exercise, thereby seeking to constrain projected budgets. However, in a political climate which aims to keep taxes low, sustaining engagement in exercise beyond the period of the funded intervention can be problematic. Instead individuals are expected to be inspired by the benefits demonstrated at the end of the specific activity tested and to take responsibility for sustaining their efforts in order to maintain the benefits they experience. Generally, research interventions take account of health benefits using clinical measures, paying little heed to the circumstances of provision, the environment or the quality of interaction. Exercise has often been described as ‘the most cost-effective medicine’ for preserving health and promoting well-being (Cooper, 2000; Munro et al., 1997; Taylor, 2014) but little is known about how it actually works. Educationalists wishing to understand the factors which influence children’s progress in school have referred to this process as ‘unpacking the black box of the curriculum’ (Black & Wiliam, 1998, 2001) since exam results may show that learning has taken place but not how it has occurred. Understanding of this kind requires the exploration of lived experience, reaching beyond short-term interventions and the Big Data provided by national surveys. Ethnographic study of well-established exercise groups for older adults enables the researcher to gain such insight. What emerges is not just the motivations of the older adults who attend the classes but how their former experience has shaped these motivations; how they choose the genre of exercise and, more especially, how the motivations are managed, developed and maintained in the class during the process of learning. This investigation forms the basis of doctoral research and reveals the exercise class to be a socially constructed experience where learning is shared and co-constituted. Consequently, the

benefits involved are attuned to individual needs and desires rather than measured in terms of normative progress. Individuals' stories show that the benefits are multiple, diverse and exceed the reductionist measures demonstrated by clinical research interventions.

### **Context / Introduction**

As populations are getting older government planning for health and social care is based on the current situation relating to older adults. Currently in UK 1:6 of the population is aged over 65 years. By 2050 it is estimated that the ratio will fall to 1:4 (UK Parliament 2010). Fears generated over the estimated cost of future health care provision have given rise to intervention studies focusing on the benefits to health that can be provided by engaging in regular exercise, thereby seeking to constrain projected budgets. (The average value of NHS services for retired households is nearly double that for non-retired households. In 2007/08, average NHS spending for a retired household amounted to £5,200 compared with £2,800 for a non-retired household (UK Parliament, 2010)). Projections based upon rates of morbidities amongst older adults as they stood in 2012 raised economic concerns that the NHS and social care may not be able to sustain future demands on their services (Lee et al., 2012).

Regardless of beneficial health outcomes demonstrated by intervention studies however, in a political climate which aims to keep taxes low, sustaining engagement in exercise beyond the period of the funded intervention can be problematic. Instead individuals are expected to be inspired by the benefits demonstrated at the end of the specific activity tested and to take responsibility for sustaining their efforts in order to maintain the benefits they experience.

Generally, research interventions take account of health benefits using clinical measures, paying little heed to the circumstances of provision, the environment or the quality of interaction. This is because the outcomes have to be measurable so that they can be expressed in economic terms. For example, improvement in an individual's cardiovascular flow might lead to reduction in the need for medication for that individual and hence a saving in the expenditure for NHS provision. Other benefits have been found by

providing exercise which strengthens the muscles, improves balance and so prevents falls (Choi et al., 2005; Gardener et al., 2000; Stewart et al., 1993) and for improving cognitive and emotional function (Grant & Kluge, 2007).

Exercise has often been described as ‘the most cost-effective medicine’ for preserving health and promoting well-being (Cooper, 2000; Munro et al., 1997; Segar & Richardson, 2014; Taylor, 2014;) but little is known about how it actually works. Educationalists wishing to understand the factors which influence children’s progress in school have referred to this process as ‘unpacking the black box of the curriculum’ (Black & William, 1998, 2001) since exam results may show that learning has taken place but not how it has occurred, nor the factors that have influenced it. Understanding of this kind requires the exploration of lived experience, reaching beyond short-term interventions and the Big Data provided by national surveys which suggest that 1:4 older adults globally are sedentary and in danger of contracting age-associated disease (Lee et al., 2012).

Ethnographic study of well-established exercise groups for older adults enables the researcher to gain such insight. What emerges is not just the motivations of the older adults who attend the classes but how their former lived experience has shaped these motivations; how they choose the genre of exercise and, more especially, how the motivations are managed, developed and maintained in the class during the process of learning.

### **Methodology**

This paper is grounded in an ethnographic case study of the lived experience of members of the researcher’s classes which she instructs in Exercise to Music (ETM), tai chi and Pilates. Data were collected over a period of approximately 4 years beginning in 2013. In addition to much participant observation evidence is drawn from ten focus groups and five semi-structured interviews which were recorded, transcribed and checked for accuracy. Participants were able to add or retract material at the checking stage. Working in the role of instructor the researcher had access to administrative

documents and was also required to observe the exercise provider's administrative procedures. The field journal provided a comprehensive record of the endeavour.

### **Data Collection**

Data arises from the iterative relationship between the researcher and participants (Denzin & Lincoln, 2003; Sparkes & Smith, 2014) as the lived experience of the participants in the exercise classes is explored. Convergence of data from multiple sources and viewpoints provides rich description from which meaning can be interpreted (Richardson, 2000). The perspective makes accessible a broader sense of meaning and facilitates deeper understanding of the nature of exercise provision, the administrative structures fundamental for its existence and the teaching and learning strategies that give exercise classes life. The slow process of data collection facilitates the intuitive emergence of themes which cluster around developing concepts before more formalised methods of analysis begin (Finlay & Gough, 2003; Wolcott, 2001).

### **Trustworthiness**

Emergent themes can be tested for authenticity by cross-referencing with other individuals and with other exercise groups. Using a variety of research methods also enhances reliability. For example, focus groups promote lively debate but opinions that are open to influence during the process can be checked for reliability by other methods e.g. vox pops. Dependability is underpinned by a carefully documented audit trail incorporating notes on participant observation and reflexive thought at all stages; thus, tracing the trajectory of the enterprise. Submitting the data to analysis by N Vivo provided a further layer of authenticity.

### **Analysis**

From the early stages of the study three major themes emerged as salient: that exercise should be pleasurable; that specific factors were required or rejected for this to be possible - thus comprising 'a package'; and that the process involved partnership. N Vivo later supported this analysis. Further levels of complexity could be understood by exploring events that shaped experience over the life course and ongoing processes

of interaction amongst participants; between the instructor and participants and in relation to conditions in the environment.

## Findings and Discussion

### Lifecourse factors that shape engagement with exercise

Life course narratives revealed how beliefs and values about engagement with exercise had been shaped and how events could influence whether and how engagement was continued, sustained or disrupted after school leaving age. Previous research classified older adult exercisers into ‘continuers’, ‘rekindlers’ or ‘late starters’ (Dionigi, 2010, 2015) in accordance with such findings. The participants studied for this paper proved to be no exception. Rekindling an interest in taking exercise could happen at any stage across the life course but typically was affected by the relaxation of responsibilities leading to the creation of spare time e.g. when the children started school or at retirement from the labour market; or by the need to create new social networks e.g. after moving house or becoming widowed.

The rekindlers fall into two groups which I shall designate ‘early’ and ‘late’. Early rekindlers are people like Clarissa (67) who originally felt the need to get back to exercise when she found she had more time following the alleviation of pressures arising from child rearing.

I think I first started to think about needing to do exercise when I was not so involved with the children. The children were a bit older and I’d started work and it was kind of to compensate for the fact that I *wasn’t* rushing around so I think it *was* a conscious decision to do something. I did all sorts (Clarissa, 67 Fri. ETM FG 17/10/14).

Rhona (71) speaks of a similar experience:

I think when I had time to join a class. When our younger child started at playgroup there was the chance to do something for myself which I hadn't been able to do for years and going to an exercise class was one of the things which I did. (Rhona, 71 Mon.ETM Int. 11/3/13).

By contrast 'late rekindlers' are people like Hermia and Charlotte whose jobs became increasingly time-consuming and left them no energy to expend in former pastimes that they had enjoyed. Charlotte (64) regretted arriving home too late and too tired to get to the dancing class that she loved. Pressure began even earlier in Hermia's trajectory:

Before I had my children – er - I did quite a lot. I swam regularly and I did - what was called in those days aerobics erm and then I had my children I had twins and through circumstances not necessarily through choice I went back to work *very* soon after they were born. They were born in March and I was back working in May. Er - so exercise was pretty much at the bottom of the agenda - for quite a while. I then had *another* child after that and again went back to work straight away. So, basically, I'd worked and, as the job got *bigger* - the time to do anything else got less. So, by the time I finished I wasn't even going out for a walk regularly or - doing anything that wasn't work (Hermia, 57 Weds. P & TC Int. 27/5/15).

When she later had the opportunity to take early retirement she was horrified by the toll which intense pressure of work had taken on her body and began to structure an exercise regime to which she was fully committed:

Erm - I think at first it was a bit of a necessary evil because I was conscious that by the time I'd finished working – erm - I was probably the least fit person in any group you could imagine. I was likely to be the slowest and most breathless walker. I was the person who found it difficult sometimes, if I'd got to dip down low to pick something up It was a bit of a struggle to get back up again and it

just seemed to me that if I didn't do something about it - that was going to get worse not better. (Hermia, 57 Weds. P & TC Int. 27/5/15).

Most 'late starters' were those who were motivated to find new things to do with their time having left the labour market. Sheena joined forces with her next-door neighbour who was already retired. Together they explored multiple activities to see what they liked doing best:

Well, when we first came we used to go to Jung's and have a very expensive cake (laughter) and that was - we'll do that and then we'll go [to ETM]. We only did that for a couple of weeks' cos it was so expensive. But no - I've always been quite active so that was a good thing to do (Sheena, 70 Fri.ETM FG 17/10/14).

It was the influence of former school friends who had started up an exercise group at their local community centre that prevailed upon Jessie to join them: "The reason that I came is that Julia said to me 'Come to keep fit' I've *never* been to keep fit in all my life and I have to wait till I'm 60-odd to start going to keep fit" (Thurs.ETM FG 21/3/13).

This last example stands testimony to the strength of social bonds forged over the life course that remain influential in the co-construction of dynamic relational activity (Gergen, 2009). The need to belong (Baumeister & Leary, 1995) is the quality in life that newcomers moving into the area seek to establish. After moving house Rhona (71) and her husband spent several years trying out different activities and exercise environments before they found one which suited them and in which they felt comfortable. First, they were disappointed by the atmosphere in their new local leisure centre. It seemed quite alien to the experience they had enjoyed in their former home:

when we lived in B. it was wonderful we went to the [named] gym and we belonged to that for, from almost the week that it opened to, almost the day that we left B. We both thoroughly enjoyed that and we really miss it. And when we came here we joined the gym in [new location] but we didn't particularly



like it. John liked it more than I did but I just didn't like it there. People could bring their children into the café at [new location], to the bar, and they'd be jumping all over the armchairs. It wasn't relaxing. We went to [former gym] partly for the social side and partly for the exercise. The social side of it was non-existent at the one in [new location]. So, to take away half of what you're going there for when you're paying a great deal of money, erm, so we gave it up (Rhona, 71 Mon.ETM Int. 11/3/13).

She returns to the theme of enjoyment when she settled in to her new exercise class:

You've got to go for something that you enjoy as well as the exercise. I mean I think the class we go to is very nice because *people* are so friendly. One of the other ladies said to me this morning 'Oh, we're like a sports' social club now' and I thought well, yes, it *is* like that as well especially when you're new to an area as I was when I first came to the club. It's another way of meeting people and doing your body a bit of good at the same time (Rhona, 71 Mon.ETM Int. 11/3/13).

The need to try out different activities and to find those which are suitable characterises the transition to retirement. The sense of agency needed to confront the transition is reflected in the comments of two professional women who had retired several years earlier. As single women, they discussed their experiences of trying to adjust and to create a new lifestyle. Petra (67) felt particularly isolated. For her there had been no phased retirement nor support for the transition.

I was just - *lost* for quite some time. I'd worked for small company so there was no support, just – well - BYE! and thank you very much. Didn't know what to try. Several people made suggestions and I tried out several groups but they just didn't gel. I went to same yoga teacher for years and tried someone else when teacher retired but it was different and I didn't like it. (Petra, 67 Tues.TC FJ 8/7/14).

Paula (72), conversely, felt that she had been supported by her company's pre-retirement sessions and organised recreational activities but needed to find her own niche. She started with an art group which led to history interest via the BBC magazine and conferences in Malmesbury. That prompted setting up a book group. She is now too busy for the recreational support provided by her former employer. In Ekerdt and Koss' (2015) view she is now demonstrating 'time sovereignty', protecting her time for the things that she likes doing most. Both women appreciate the tai chi class because it is specifically for arthritis sufferers or people with joint problems so they feel they have something in common to share. They say that the sense of belonging is a bonus that they were not expecting to get from an exercise class.

In similar vein exercise participants who become widows find support in their class membership that helps them to establish a new routine. Though the desire to stay independent for as long as possible is salient in all lay definitions of ageing well (Barron, 2016; Hung et al., 2010). Cara does not relish the changed nature of her independence that widowhood has cast upon her. She and her husband had had clearly defined roles within the household and she spoke of having to cope with feelings of fear and helplessness when she was awakened in the middle of the night by the sound of the smoke alarm. It was the circumstances of finding herself alone and in the dark, that rendered her helpless. The event underlined her sense of loss, her helplessness and her loneliness. Its emotional impact upon her only became muted by sharing the story with other members of her ETM class, some of whom are widows like her. By day she has developed strategies that help her to cope. These involve time management and carefully planned opportunities for social interaction.

I think if you've got your partner or your husband your life is different but I think when you're on your own you have to fill every single day. I've got on my calendar something to do every day. It doesn't matter if it's just coming out for coffee or -that's good I've got something to fill that day (Cara, 72 Mon.ETM FG 27/10/14).

### The 'Package'

Common to all the examples quoted above is a theme suggesting that members of these exercise groups are united by more than the action of their physical activity. Many participants refer to their requirements for a group exercise class as a 'package'. When asked about the constituents of the package they find it easier to identify elements that they would find unacceptable rather than to pinpoint those which they consider to be essential. Many of these unacceptable features evoke feelings of intimidation. Before finding her current group, Hermia had eschewed the local leisure centre because:

I was quite concerned that everybody else would be much much fitter than me - er - probably much much younger than me and much much thinner than me and I don't know whether that's a common thing but, you know, you look at your former self and the person - the body you inhabit now and the two, in my case, are very, very different... it's easy to be put off (Hermia, 57 Pil & TC Int. 27/5/15).

Janet's horror is powerfully expressed: "I've *never* wanted to go to one of those places. I wouldn't know what to wear for a start and I'd feel totally out of place" (Janet, 61 Thurs.ETM Int. 9/11/16).

Others worry about the effect of not being able to match up with the instructor's expectations or feel belittled by the instructor's perceived lack of understanding of older abilities. Stella and Rhona express similar views about former experiences of exercise: "Some classes have over enthusiastic keep fit leaders dressed in lycra and make you feel guilty for not being good at it" (Stella, 66 Fri. ETM FJ 10/3/17); "You don't want to come home feeling you don't like yourself very much. I'm unhappy to feel incapable because the instructor is very fit" (Rhona, 71 Mon.ETM Int. 11/3/13).

Even worse is the feeling of being singled out for specialist attention, especially if it is accompanied by a lack of tact. Gina tells a story about a Pilates instructor shouting adjustments for movement at her from across the room. She immediately vowed never to go back to that class again. Stillman and Baumeister (2009) argue that the sense of rejection that this entail renders the exercise meaningless.

Some members of ETM groups dislike classes where the instructor uses a head microphone because it evokes similar feelings of being shouted at. In practice the music is too loud; the instructions conflict with the sound level so people cannot understand the instructions. They feel intimidated. Either they think that they are doing something wrong or that they are 'being pushed' beyond the level they want to work at by overenthusiastic coaching. Carmen (63) sums up the attitude of ETM participants when she says that conducted in this way, the exercise session appears to be 'regimented' and the atmosphere becomes more intense and impersonal: "I think with exercise or keep fit or whatever you want to call it, you've got to have some fun in it. If it's too regimental then it's - it gets too much - the same - predictable" (Carmen, 63 Thurs.ETM FG 21/3/13).

Jemima (68) insists that she would no longer come to the group if she were treated in this way. She says forcefully:

That's one of the reasons that I come - to try and keep fit - and for the fun of it. If there was all this 'Oh you didn't do that right, you didn't do this right, I wouldn't be bothered. I wouldn't be coming (Jemima. 68 Thurs. ETM FG 21/3/13).

### **The importance of pleasure in exercise**

These opinions prevail regardless of the group exercise culture – ETM, Tai Chi or Pilates. Specific characteristics of each genre of exercise appeal to different individuals and influence the type of exercise chosen. However pleasurable or satisfying experience lies at the heart of the choice and becomes a unifying factor of the package. All participants of all groups say that they experience some sort of enjoyment or satisfaction from engaging in their exercise, though the actual source of these positive emotions may differ. For example, in tai chi or Pilates participants experience feelings of calm. Pleasure for ETM participants is embodied when they move at one with the music. A larger research enterprise (Phoenix & Orr, 2014) recognised the centrality of pleasure across a wider and more varied group of physical activities that attract older adults. The authors attempted to identify and classify the disparate sources of pleasure

that arise from a range of activities. The typology they constructed identifies four distinct categories. They are: documented pleasure, sensual pleasure, habitual pleasure and pleasure arising from immersion in the activity. The data in this study reflect all apart from the first of these. That is because the majority of the participants in this study attend exercise classes run by Adult Learning. In line with their obligation to produce statistics in return for government funding, this provider requires participants to set measurable targets every ten weeks and evaluate them at the end of term. Participants see this process as incompatible with their reasons for engaging in exercise. Thus, it becomes meaningless and a waste of their exercise class time.

Nevertheless, there are many examples of the other three types of pleasure occurring across the cultures of group exercise, e.g. sensual:

I like the - and the dancing and I get a buzz from the music (Cara, 72 Mon.ETM FG 27/10/14).

And also, if you watch the class when the music goes on people start moving – jiggling - even though the class hasn't actually started, you watch people and they're all jiggling around. And I find that fascinating cos I'm doing it as well (giggles) (Helena, 67 Fri.ETM. FG 31/10/14).

In her Pilates class Sheba (72) connects sensual pleasure with that of immersion.

Although we sometimes work hard physically, it is a time of mental quietness. Cares and pressures seem to drop away as we concentrate on correct breathing, and the brain seems to rest in a soft cocoon of relaxation. My mind doesn't even wander, and think about a cup of tea, did I turn off the gas or do I need to go to the shops for something. Pilates time is a time for me and I finish the session feeling a nicer person (Sheba, 72 Mon. & Weds. Pil. FJ 6/2/17).

Sarah, too, connects the two types of pleasure: "At the end when I stand up I just feel – ooo - wonderful. My body feels so much better and I realise I haven't been thinking of anything else for the past hour" (Sarah, 63 Weds.Pil. Int. 8/2/17).

Sarah's 'ooo' is accompanied by gestures indicating sensual pleasure. The effect of having enjoyed exercise appears to endure and impact upon other people too.

Julian (77), originally came to tai chi as a way of coping with his arthritis, but claims there are unexpected bonuses. Tai chi makes him concentrate; he likes the people; he relaxes and he feels mentally better after he has been to class: "It gives me a lift. It blocks out all the mundane troubles of life that we all have. My wife says that when I get home I'm much more sunny - better to live with" (Julian 77 Int. 3/12/16).

Other members of tai chi and Pilates classes who do not have prior painful health conditions say that they experience similar stress-busting effects from their exercise sessions. Many say that they feel calmer and sleep better.

Taken together these testimonies serve to underline the elusiveness to definition posed by 'the package' of factors that older adults seek in an exercise class. When people find physical activity pleasurable they seek to repeat the experience; it becomes familiar and gives rise to the final type of pleasure – that found in habitual action. According to Sartre (1954) embodied existential experiences stimulated through the senses allow the body to 'feel', become aware or conscious of its presence in the world. Exercise participants are aware that being physically active changes the way that the body feels (Phoenix & Orr, 2014). Julian's words also suggest that there is a social dimension which is perhaps the most intangible yet indispensable factor in group exercise. Members not only look forward to their regular exercise session but look forward to seeing one another too: "Well you know it works because we all come and it's fun" (Joy, 76 Fri.ETM FJ 24/2/17).

Commitment to the exercise session helps to create a framework for life: Catherine (66): "I love Monday morning (agreement) because it"; Cara (72): "Gets you off to a good start. It does. Yes, gets you going". (Mon.ETM FG 27/10/14).

### **The Black Box**

Returning to the concept of the black box, participants in these exercise groups reject the input-output mechanism. Setting and evaluating termly targets holds no meaning for them. They are not competitive and they are not seeking short-term gains. They see their health, well-being and fitness in terms of an ongoing process integrated

with lifestyle and not as a set of physiological improvements that can be demonstrated clinically as would be the case at the end of an intervention study. Instead the experience has a holistic quality related to the ambiance created in the room each time that the participants meet for exercise. For them what happens inside the black box is of prime importance. Hence the final part of this discussion focuses on how groups co-construct and maintain these processes, sharing their values and beliefs about exercise in order to achieve their common aims and promote their well-being.

A key concept which emerges from the data is that of partnership. The instructor may have an authority role and a responsibility for providing a safe and effective exercise session but should have knowledge of the individual capabilities of group members to be able to respond to their needs efficiently. Assumptions of homogeneity are not helpful and can serve to offend everybody. One ETM group told me that the effect of employing a young dynamic instructor who thought that it would be a good idea to teach the ETM group to tango had the immediate effect of decimating the membership of the group. Absence of negotiated aims led to people literally voting with their feet. People like to be treated as individuals and appreciate being given alternatives so that they can choose the type of action that is most appropriate for them on the day and in line with how they are feeling.

Linda (68), echoes this ability to 'listen to their bodies' so that people can express a negotiated exercise identity through their actions.

you can do - your exercises – you can do it at your own pace. Some people jump about and other people go slower and if you've jumped about for half of it and you think 'I can't do any more of this' then nobody's judging you, you ... you don't have to stop. You know, you can just do it a bit slower (Linda, 68, Fri. ETM FG 31/10/14).

Awareness of the variables of place, temperature and time as well as how people may be feeling is also expressed in the way that an instructor sensitively helps participants to improve their practice. Reina (65) points out one of the conditions that

help her to feel comfortable: “You never pick on anyone or tell anyone they’re doing it wrong. It’s always positive” (Reina, 65, Fr. ETM FJ 28/4/17).

By offering participants a series of alternatives for movement they gain ownership of their exercise. Perceived mistakes are seen as examples of creativity or corrected with the offer of additional information or demonstration. Thus, risk of injury is avoided.

Unlike those who attend classes advertised as boot camps many participants have had experience of and dislike being ‘treated like soldiers’. They relate the idea to ‘being pushed’ which is not contiguous with their rationale for attending the session, further emphasising the instructor’s need to be aware of how pleasure is interpreted by the group in the exercise session. In good exercise packages relationships are fostered by promoting a comfortable, friendly, non-judgemental ambience. In this study, the data reflect its presence amongst participants and between participants and the instructor. However, the examples quoted in this paper show a distinct contrast between the desired ambience and the pervasively authoritarian or alien atmosphere that some of my participants have previously experienced or which deterred them from engaging with exercise.

### **Summary / Conclusion**

Package and Partnership are the two main constituents of the black box and negotiation is the lifeblood of its co-constructed ambience. However, the instructor is at the hub of promoting and maintaining a comfortable, non-threatening and non-judgemental atmosphere in the group exercise class. The ability for this to happen inside the black box has implications for the recruitment and training of instructors who choose or who are required to work within its confines.

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## **CATCHING GLIMPSES OF YOUTH: WOMEN'S EXPERIENCES OF THEIR HUSBANDS VISITING MEN'S SHED\***

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### **Abstract**

This paper explores the effects of Men's Shed for elderly women. More specifically, we investigate what sort of opportunities that are made available for women thanks to their men being activated in Sheds, with special attention given to the women's empowerment and well-being. We conducted five focus group interviews and eight individual interviews with elderly women and then analyzed the material through a content analysis guided by both the concept of empowerment, a theory on performative gender and the concepts of external versus internal well-being. The results indicate that both self-fulfillment and self-sacrifice are central in order to understand how the men's stay at the Sheds have affected the women's empowerment, well-being and gender identities. When the men had somewhere to go, something to do and someone to talk to, it empowered the women and created opportunities for them to be more independent and freer. This was due to a reduced concern for their men and decreased bad conscience of leaving them home alone with nothing to do when they themselves left the household to pursue their own activities. At the same time, it provided new avenues for the women to reproduce the traditional feminine gender roles of being the person primarily responsible for the socioemotional work within their respective marriages. This was shown mainly by the women's extensive engagement through which the women practically as well as emotionally prioritized their men and the men's new experiences in the Sheds.

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## Introduction

Men's Shed - community based workshops offering men, primarily beyond paid work, somewhere to go, something to do and someone to talk to – are very popular in Anglo-Saxon countries, but have also spread to Greece, Portugal, Slovenia, Germany, Malta, France, China, Kenya and the Scandinavian countries (Ahl, Hedegaard, & Golding, 2017; Golding, 2015). The Sheds have been found to greatly benefit older men's learning, health and well-being, social integration, and to be important for developing a positive male identity focusing on responsibility and care of others as well of themselves (Carragher, 2013; Cavanagh, Southcombe, & Bartram, 2014; Golding, 2011, 2015; Golding, Brown, Foley, Harvey, & Gleeson, 2007; Golding, Foley, & Brown, 2007; Haesler, 2015; Morgan, Hayes, Williamson, & Ford, 2007; Wilson, Cordier, & Wilson-Whatley, 2013). Thus, there is a fair amount of research about the effects of Shed on the men visiting them. But what about the spouses to the men who visit these sheds? What have the Sheds meant for these women? What has it meant for them that their men got somewhere to go, something to do and someone to talk to? In this paper, we explore what sort of opportunities that have become available for women thanks to their men being activated in Sheds, with special attention given to empowerment, well-being and gender.

Regarding married elderly people, previous studies have found a decrease of social contact for both women and men when they retire from work (Alwin, Felmlee, & Kreager, 2018; Wrzus, Hänel, Wagner, & Neyer, 2013; Zhaoyang, Sliwinski, Martire, & Smyth, 2018). Instead, there is an increased interaction between the spouses (Kulik, 2002). However, at the same time, earlier research has found that the elderly experience a higher degree of freedom to choose with whom they want to socialize with compared to younger people (Pinquart, & Schindler, 2009; Van Solinge, 2012; Zhaoyang, Sliwinski, Martire, & Smyth, 2018). This opportunity seems to be more widely used by women than by men, or women use the opportunity in a different manner. Women are more likely than men to replace the social contact they got from work with new relationships and activities (Cedergren, King, Wagner, & Wegley, 2007; Felmlee & Muraco, 2009; Okamoto & Tanaka, 2004). Loscocco and Walzer (2013) even talk about a role conversion in the form of older men becoming more family-oriented, while older women focus

more on their empowerment and self-fulfillment. Marchand (2018) talks about *retirement-freedom* and *restrained retirement*, and women seem to experience the former to a larger extent. This may be conceptualized as a return to the youth stage for women in that being fairly free from role obligations and restraints (compared to earlier in their lives), they now have better opportunities to focus on themselves, and thereby better chances to explore their freedom (Larson et al., 2002). Another way of describing it is that the women's well-being is now more influenced by internal factors (for instance their own activities), while the men's well-being is more influenced by external factors (for example their wife's activities) (Schimmack, 2006).

There is another side to the coin, however. Compared to women, elderly men often fail to maintain their social relationships, their health and their well-being. As a consequence, women's well-being and overall life satisfaction is affected negatively due to concern for their men (Carr, Freedman, Cornman, & Schwarz, 2014). The older women's concern for their men and their well-being is not a unique phenomenon. In marriages (and in society at large for that matter), women often get the epithet "relationship expert" (Sabatelli & Bartle-Haring, 2003; Sanderson & Kurdek, 1993), which leads to demands and expectations on them to take responsibility for socioemotional aspects of the marriage or relationship (Bloch, Haase, & Levenson, 2014). Using Butler's (1990) term "performativity", the formation of gender roles in powerful institutions (such as family for instance), are reproduced through an interaction between the historical behavior (gender roles through history) and the present discourse (on gendered positions and roles in family settings). When adding the fact that women are often expected to maintain responsibility for managing interactions with the medical system (Kiecolt-Glaser & Newton, 2001), the unequal distribution of responsibility for the socioemotional work between husbands and wives becomes apparent (Iveniuk, Waite, McClintock, & Teidt, 2014). In the case of older married couples, this is shown, inter alia, by the husbands' evaluating the marriage based on what they feel their wives do for them, whereas the wives base their perceptions of the marriage on what they feel they do for their husbands.

Thus, when the men of elderly women begin to visit Sheds, it is reasonable to think that some of the socioemotional burden will be lifted off the shoulders of the

women. Is it really so? If that is the case, how will this affect their evaluation of their marriage and their perceptions of their own efforts towards their men?

### Methods

The data used was collected in New Zealand in January 2017 and in Denmark in January 2018. We conducted one focus group interview in a Shed in New Zealand and four focus group interviews in Denmark at four different Sheds. In Denmark, eight individual interviews were also conducted. The individual interviews and the five focus group interviews had 26 participants in total. The focus group interviews lasted between 45 and 75 minutes, while the individual interviews averaged approximately 45 minutes. The interviews were tape recorded and transcribed for qualitative analysis. Quotes originally in Danish were translated into English by the authors. This paper reports the results from the focus groups.

### Analysis

The collected data was analyzed through a content analysis (Krippendorff, 2004), guided by *i)* the concept of empowerment (Zimmerman, 2000), and *ii)* Butler's (1990) theory on gender as performative. The content analysis was used to identify overarching themes regarding the elderly wives' experiences of their husbands visiting Sheds. In order to focus the analysis on the well-being of the elderly women, empowerment and gender theory were used. The former enabled us to focus on aspects of freedom that were expressed during the interviews. The latter gave us the opportunity to pay attention to elements of new ways for the women to show responsibility for the socioemotional work within their marriages.

The analytical process was directed towards the latent content (Krippendorff, 2004), in which the underlying meaning of the expressed statements were of priority. Statements which could be linked to expressed feelings of *self-fulfillment*, independence, freedom, relief, and similar emotions were interpreted as expressions of empowerment. Statements that could be linked to a high degree of involvement in their husbands' activities in the Sheds, continued concern for their husbands' well-being and signs of

*self-sacrifice* became expressions of reproduction of traditional gender identities. At the next stage of the analysis, we employed the concepts of external versus internal well-being (Schimmack, 2006) in order to distinguish salient aspects of well-being in the results.

### Results

The result indicates that both self-fulfillment and self-sacrifice are central in order to understand how the men's stay at the Sheds have affected the women's empowerment, well-being and gender identities. This section is structured in two parts, the first concerns self-fulfillment, independence, and the transformative and empowering aspects for the women due to their men's attendance at the Sheds. The second part focuses on the self-sacrificing and gender stereotype reproducing aspects for the women linked to their men's' attendance at the Sheds.

#### **Men's Shed as an enabler of self-fulfillment, independence and freedom**

The sense of self-fulfillment, independence and freedom offered to the women when their men attended Shed can be understood as a result of, for instance, not having their husbands at home all the time and, above all, not feeling guilty when they themselves left the household. As the overwhelming majority of the interviewed women had many different activities to attend, the biggest relief was that they now left their house or apartment feeling certain that their husbands would have somewhere to go, something to do and someone to talk to. Below is a statement from one focus group interview regarding the relief gained from reduced concern about their men:

(1) You know they are not at home and are bored.

(2) Yes, exactly.

(1) And that was one thing I was worried about, how it would go, when he stopped working, because he lived and breathed for his work.

Besides the relief linked to reduced worrying about their men and their well-being, the women also expressed satisfaction of being on their own and having the freedom to do whatever they wanted without having to show consideration for their

husbands. In another focus group interview, the possibility to focus on themselves was expressed:

(1) It is good to have a few hours for yourself.

(2) Ha ha, that is lovely.

(1) You see, I also have my leisure activities.

It was quite difficult to get the women to talk about themselves in reference to their men attending the Sheds but when they did, the women's feelings of relinquishing guilt and having more time by and with themselves were apparent in the interviews.

### **Men's Shed as a reinforcer of gender stereotypes**

The self-sacrifice part, on the other hand, can be understood as a result of the women's high level of engagement and involvement in their men's activities in the Shed. The Shed activities provide new situations where the women practically as well as emotionally prioritize their men and their new experiences in the Sheds. Below is a discussion about how the men's experiences from the Sheds nowadays make up a large proportion of the topic of conversation at home:

(1) He has so much to tell me when he comes home.

(2) Yes, I have a hard time getting a word in edgewise.

(1) Ha ha, but it is so nice, and it has lasted for a long time.

(3) Exactly. I actually think that the longer XXX has visited the Shed, the more he has to talk about.

(2) Ha ha, how will this end?

(1) But it is so nice, and I am happy to listen.

(3) Exactly, it is so nice for them.

In addition to investing time, energy and emotion when listening to their men and their experiences at the Sheds, some of the women are so committed that they



engage in trying to recruit more men to Shed. Below is an example of a recruitment strategy in favor of one of the Sheds:

- (1) I am trying to help out as much as I can.
- (2) In which way?
- (1) Well, I think they have a hard time recruiting new ones.
- (3) Yes, they have.
- (4) Yes.
- (1) Yes, although we sometimes stand down by the culture center and always bring with us information sheets wherever we go, it seems to be a little bit hard to get more men to come here.

The engagement in their men's activities in the Sheds and their well-being was also shown by the fact that some women were very much involved in trying to come up with new activities for the men to devote themselves to:

- (1) I have some ideas sometimes.
- (2) What kind of ideas are that?
- (1) Well, I sometimes say to my husband that "You can visit a museum or something, try something new".
- (3) I have also done that, well not a museum but an excursion or something like that.
- (1) But it is not easy because it is always XXX and XXX that handles everything.
- (4) It is the same people always, who make it work.
- (1) But it is hard for them.
- (3) Yes, they cannot manage everything by themselves in the long run.

Thus, the women's responsibility for the socioemotional aspects in their respective marriages got, to some extent, fueled by their men's' attendance at the Sheds. It was easier for the women to talk about what the Shed has meant for their men compared to focusing on what the Shed has meant for themselves and the examples

were many when it comes to ways to be socioemotionally engaged in their men's activities in the Sheds.

### Discussion

The glimpses of youth that seem to be captured by the elderly women are primarily due to an increased sense of freedom. It is not a matter of an extensive freedom or a complete return to the youth stage with more limited restraints and demands (Larson et al., 2002), but it is nevertheless of big importance for the women. The social practice of their (and their husbands) lives has undoubtedly changed through the activities that the Sheds offer their men. When the men become more socially active, freedom and room to manoeuvre is given to the women. In terms of well-being, the women appear to feel both internal and external well-being (Schimmack, 2006). The *internal well-being* comes from their own experiences of new opportunities in life, and from a new sense of freedom. The women in this study, like many other older women, have a larger social network than their men (Cedergren, King, Wagner, & Wegley, 2007; Felmler & Muraco, 2009; Okamoto & Tanaka, 2004) and thanks to the Sheds, they now have better opportunities to exploit these social networks without feeling guilty. As their men converted into becoming more and more family-oriented (Losocco & Walzer, 2013), the pressure to be available increased on the women. But when their men started to attend the Sheds, the pressure decreased and they were able to experience retirement-freedom rather than restrained retirement (Marchand, 2018). They are now freer to focus on their self-fulfilment outside the home, partly because their responsibility for the socioemotional aspects in their respective marriages (essentially their men's socioemotional condition) probably has decreased and to some extent been "taken over" by newfound friends at the Sheds.

The *external well-being* among the women is linked to their men's increased well-being that tends to rub off on them. As shown in the result section, when the men attend the Sheds and get positive experiences and new input to the conversation topics in the homes, the women gladly listen even though it negatively affects their own speaking space. The fact that it was easier for the women to talk about what the Shed

has meant for their men than for themselves, may also be an example of a well-being that is influenced by the women's surrounding environment (their men, in this case).

However, the external well-being for the woman discussed above may also harbour aspects that reinforce gender stereotypes. The women's extensive engagement in their men's Shed activities may be understood as women still taking on socioemotional responsibility (Bloch, Haase, & Levenson, 2014), it has just been relocated, from the homes to the Sheds. The fact that women seem to have been relieved by other men in the Shed did not seem to reduce their inclination to take on extensive responsibility for their men's well-being. It is of course reasonable to assume that the women had taken on even more responsibility without the Sheds, but the self-sacrifice that the women exhibit through, for example, the engagement in the recruitment of new Shed members may indicate that the women still perceive the quality of their marriages to be based on what they feel that they do for their husbands.

Thus, when the men got somewhere to go, something to do and someone to talk to it empowered the women and created opportunities for them to be more independent. At the same time, it also offered new ways for the women to reproduce the old gender roles of having the primary responsibility for the socioemotional work within their respective marriages.

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## **RETIREMENT STORIES: THE RESTOR(Y)ING RETIREMENT PROGRAMME**

Jane Watts

### **Abstract**

The Restor(y)ing Retirement pilot project explores the deliberate use of narrative as an educational tool in later life learning. The paper uses a narrative approach to bring alignment between the methodology of the pilot and its evaluation. Situated in the theory of story-telling within research, the paper will examine the individual stories to extract common themes alongside the individual insights. In addition to looking at the effectiveness of the approach and methodology, the paper offers an analysis of some of these personal stories, to examine the educational needs of people making later life transitions and how we make sense of such transitions. The paper reflects on some of the potential contradictions or limitations posed by concepts such as 'positive ageing', learning, identity, agency and an individual's responsibility for their well-being, which are assumed in the thinking behind the Transitions in Later Life programme interventions. The paper offers some lessons and recommendations for re-thinking retirement education based on the experience of the pilot project

I'm reassured - I was really anxious. I have no specific plan. I was worried - with my background and my work ethic. Now I want to leave, but importantly now I'm happy that I'm going. I won't just sit at home. I know there are things I want to do. I don't have plans yet but I will. (Restor(y)ing Retirement course participant / Interview A (IA))

### **Introduction**

Traditionally, and to this day, retirement preparation courses are limited in both scope and availability. Most people in the UK do not have the opportunity to attend a pre-retirement course of any kind and courses are typically offered too late and contain too little, being focused on finances and targeted often at senior managers. Those who

could perhaps most benefit from pre-retirement planning, advice or education are the least likely to be offered or participate in a course.

Pre-retirement education has typically taken two forms; a “weekend away” for those about to retire from paid work, perhaps with their spouses/partners invited, or a short briefing for imminent retirees in the staff training room. The former was usually aimed at higher paid “senior executives” and the latter at lower echelons. While this picture may be something of a caricature, it reflects the reported experience of many newly retired people. The curriculum content of such programmes consists almost entirely of information about finances. In the case of the higher-level staff, the financial information focuses on the investment of pension lump sums and perhaps a little information on wills and legacies, with little on anything else except perhaps for a few light-hearted sessions on “hobbies”, including golf. In the case of lower status staff, the sessions focus on finances and investment with generally an assumption of investment opportunities far greater than the actual amounts of money likely to be received. Little regard is paid in either case to the rest of a person’s life and responsibilities.

In some cases, pre-retirement courses are run by the financial services industry, whose aim clearly is mainly to sell products. While this is made clear, and the law on financial advice adhered to, this is clearly not an impartial learning offer, nor is it based on the expressed learning needs of participants as required by good adult learning practice.

If not supplied by the pension provider, pre-retirement education is provided usually by private or independent training providers, some structured as charities (NGOs), which are bought in by the employer; some of this training is of much higher quality than others. In some case trades unions/social partners provide some pre-retirement learning. Over time, however, even this scant provision is becoming less available. Fewer employees have access to it and its content has become narrower (Watts & Robey, 2013).

Some people love the process of retirement and enjoy every minute of it. Others do not enjoy such a good experience. In recent years, the need for people to do more paid work once they have left their main job/profession has increased. Much of this



return to work is for financial reasons, though some can be shown to be social and some related to status (Lain, 2016).

A concern arises because of the poor quality of later life experienced by some people; including poverty, isolation, loneliness and increasing poor health with a potentially inadequate care system. As we know, these are not inevitable conditions of older age and there are increasing numbers of initiatives in the UK which purport to look at possible solutions (Gulbenkian, 2017). None of this discussion is unproblematic and any initiative of this kind can run the risk of stereotyping older people.

In the “age sector”, if we may call it that, we are at just as much risk of stereotyping; in trying to counter the negative stereotypes that the world throws at older people, we over-state the positive aspects of ageing, of which, of course, there are many, or we underestimate them. Conversely, we sometimes exaggerate the difficulties and highlight the complexities, in order to gain funding for programmes to support older people, which are genuinely needed but have to make their own case in a very competitive environment.

In policy and practice terms it is clear that action is needed on a range of issues. In the particular examples in this paper, it is the complexity of the issue of preparing for retirement which emerges. Many people don't like to plan or experience real or perceived barriers to planning and this is acknowledged in current UK policy development around mid-life interventions for planning and preparing for later life (Centre for Ageing Better [CfAB], 2018c).

In reaction to the sparse provision of pre-retirement education, and the difficulties experienced by some people in retirement, the Calouste Gulbenkian Foundation UK (Gulbenkian) devised the Transitions in Later Life (TILL) programme. TILL aims to address some people's inadequate experience in retirement and, is based on prior research by, for example, Robertson (2014). TILL includes a series of pilot projects, which address the paucity of support for people in planning their retirement and particularly focused on older people's future well-being. The TILL project is the first programme of its kind in the UK to concentrate on improving how people are supported ahead of retirement in a way which focuses on the emotional aspects of retirement rather than merely the practical (finance, housing, care), examines the interrelationship

between these aspects, and intends to give participants tools and tips to strengthen their emotional resilience and live fulfilling later lives. The project which hopes to support improved outcomes, including well-being, as people move through later life transitions, and specifically the retirement transition. This paper is based on evaluation of one pilot project, Restor(y)ing Retirement<sup>11</sup>.

## **Key Concepts**

### **Transitions**

The term transitions have become important in both policy and practice, and transition points used to create a narrative of life-course, important in determining later life learning, particularly informal learning.

Transitions are sometimes described as branching points (Birren & Cochran, 2001), but I prefer key decision-making moments or times of significant change. People of all ages may struggle at key transition points and may need some support. Examples of transitions frequently include moving from primary to secondary school, leaving the parental home, making major changes in career amongst others. Finishing paid work and becoming what was historically called 'retired' is another. It is important to note that, as with other life transitions, retirement is not, as has often been assumed, an event, but rather a process (Hodkinson, 2010; Hodkinson et al., 2001).

### **Retirement**

The concept of retirement only emerged in any meaningful way within developed economies in the twentieth century and may not last long into the twenty-first in its current form. It is surprisingly new and originated with the first pensions (Baars, 2012; Phillipson, 2013). Originally the concept applied mainly to men, particularly those whose later life would be sufficiently comfortable materially that they no longer needed to do paid work, occurring therefore after the introduction of occupational and state

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<sup>11</sup> Hannah McDowall and Dave Martin were the main creators of the course, emerging from an Age Action Alliance sub-group of which the author was a part and the pilot is coordinated by the Centre for Policy on Ageing.

pensions and state welfare systems. Nevertheless, retirement is a concept to which many people have become entirely wedded. Retirement has acquired the status of a 'happy time of low responsibility' which is far from the experience of many entering into this life phase (Gulbenkian, 2017). For these people, retirement is experienced as negative and implies that all usefulness is past. These polarities sum up a confusion in societal attitudes to ageing and the prevalence of age discrimination and internalised ageism. As we will see, the concept of retirement gains very strong reactions from the TILL pre-retirement course participants. Withnall's (2010) survey used the term 'post-work' to describe learners in older age, perhaps to try to reflect this ambivalence towards the term 'retirement'. Hodkinson et al, (2008) and Hodkinson (2010) draw on the three dimensions of retirement defined by Weiss (2005) which are 'economic' (retired if not in paid work), 'psychological' (think of yourself as being retired), and 'sociological' (occupying space where it is acceptable not to be in paid work) and comment that these three are augmented in the UK context by the further definition of 'being in a position to draw a state pension'. But these definitions are challenged by changing attitudes and economic circumstances and, as noted above, the notion of retirement as more of a process than an event.

The series of TILL pilot projects are hosted by a wide range of different UK organisations, including employers, public and private bodies and voluntary organisations, and take many approaches outlined in Gulbenkian's Insight Report (2017). According to this report one in five UK adults found it difficult to adjust to retirement and 56% did not make any preparations for their retirement. The programme Gulbenkian developed aims at "building the resilience and emotional well-being of people aged 50 and over who are approaching retirement" (2017, p. 2). The TILL pilots use a combination of: "Planning and goal setting; self-reflection; story-telling; relaxation techniques; mindfulness; meditation and cognitive behavioural therapy" (p. 5). However, the different pilots use only some aspects of these approaches and do not all take place within, for example, therapeutic contexts. Gulbenkian's evaluation found that six interdependent elements were essential in bringing about these positive outcomes for people: space and time; facilitation; provocation; re-framing; a range of tools and

techniques; positive group process (Gulbenkian, 2017, p. 5).

### ***Retirement Policy***

The policy context is also significant. I have written elsewhere about the impact of the abolition of compulsory retirement ages, the raised state pension age, the longer working lives agenda, which includes the need for more people to continue to do paid work for longer - whether to meet their personal financial needs or those of the economy or both (Watts, 2018). This complex, though not unpredicted, situation has implications for adult education, both in terms of supporting people to deal with a different later life from the one they had envisaged and to train them vocationally for new jobs (McNair, 2012; Phillipson, 2013). Dealing with preparation for longer working lives gave rise to the mid-life career review and more recent projects (NIACE, 2015, CfAB, 2018a, 2018b, 2018c, 2018d).

### **Ageing**

Our perceptions of ageing influence the retirement decision. Arguments which support 'positive ageing' theories can be used to address negative stereotypes, but remain contentious. We should consider if we can best combat age discrimination in this or other ways. As Applewhite (2017) shows, ageing remains an area of discrimination and inequality where there is much to be done. In addition, as with all areas of equality, we must consider intersectionality; we are never just talking about one 'characteristic' as identities are formed of multiple characteristics. The participants in the Restor(y)ing Retirement course were themselves likely to express age discrimination as well as to have experienced its negative effects. Our retirement options are presented as a 'consumer choice' but as Dohmen (2014) reminds us: "The ideology of the choice biography does not automatically lead to equal opportunities for choosing" (Dohmen 2014, p. 35). Klein (2012) reminds us however of other choices in older age, including particularly the notion that ageing is to be resisted which, he contends, should be challenged and that ageing can be embraced rather than following the desires of the rejuvenation industry.

### **The Re-stor(y)ing Retirement course**

Some people thrive in retirement; it's what they've been longing for, or at least looking forward to, they have plenty of plans and are able to realise them. For others things don't work out so well. Can education in the form of planning and preparation help to address this difficulty, and if so how?

One of the TILL pilots, "Restor(y)ing Retirement", was organised by the Centre for Policy on Ageing and was tested as a two-day course spread over three weeks. The course uses personal story, gathered stories and entirely experiential approaches; its intended (and actual) outcomes are to experience new insights into 'retirement and mid-late life transitions'.

The pilot project discussed here was run in partnership with a city council in the north of England and is being taken forward by a non-governmental organisation in the same city. The NGO will roll out the programme to a range of employers including the city council or for unemployed people in the community. Currently they are making slow progress in achieving this ambition; this difficulty appears to be partly the result of a general reluctance to plan and prepare for old age in the case of individuals or to acknowledge changing demographics in the case of employers.

### **Methodology**

The methods and approaches used for this project were driven by my own practice in trying to be both a reflective practitioner and someone who works with a clear social purpose, basing my work in honesty and transparency, and in this case intending to help to improve the conditions for learning in later life.

The Restor(y)ing Retirement project's first phase was evaluated, and I was an evaluator working, in a complementary and qualitative way, alongside, or perhaps even as a contrast to the quantitative evaluation commissioned by the funders. The aim of the evaluation I undertook, and from which the data behind this paper are drawn, was intended to contribute to the overall project report. I interviewed 12 people who had attended one of the first three courses. I have focused here, however, on 11 of the interviewees (numbered A - K), all of whom worked for the local authority (a large city),

and were considering retirement or had already fixed a retirement date. By the time I interviewed them, some 6 or more months later, some had retired. In the same way as the courses were structured to elicit narrative, the interviews were conducted to reveal a story. The semi-structured interview process followed a standard pattern, with a schedule of prompt questions devised by the project team together with the freedom to diverge from these and follow narrative pathways suggested by the stories the interviewees brought to the session. Since the course, they had followed had adopted a narrative approach, it appeared to come easily to the participants to tell their story; often just the first or second prompt was followed by the relation of quite a long story about an aspect of the programme or their actual or imminent retirement. The intention of the course organisers, and commissioners of the evaluation, was to develop 'stories' (case studies but in a first person, narrative style) about the participant and the evaluation. These stories were then approved by each participant for publication in a report.

The facilitators who co-wrote the course chose a narrative approach partly because of its "power to illuminate" (West, 2016, p. 35) and to deepen the learning which could emerge from the relatively short course. The sharing of stories allows the learning group to address together any individual issues which arise but also to explore jointly any collective thoughts and to share fears, doubts and joys, allowing for a collective response. There was therefore an awareness that the personal narrative on its own is not sufficient, but may well be necessary, to create a sense of shared experience.

### **Findings and participants' stories**

The participants' context was that they were all employed by a local authority. While these public-sector workers might be described as "not typical" we should reflect on who qualifies as 'typical'? One of the ways in which they might not be considered "typical" was that if they had worked for the local authority for some time they could expect to receive a reasonable level of occupational pension. However, where they were perhaps 'more typical' is that local authority employees cover a very wide range of

occupations from low to high status, low to high skilled and low to high paid. Local authorities have been subject to extreme budget cuts during the period of austerity and are still in the process of seeing many colleagues being made redundant; indeed, many of these intending retirees were themselves taking a voluntary redundancy package. This city council was unusual in that it had avoided making as many personnel cuts in the early years of austerity and had fewer voluntary redundancy/early-retirement schemes than had been the case elsewhere. Once these schemes were introduced, the offer appeared to be relatively generous and, for those nearing “retirement age”, was too good to ignore or refuse. The approach of reasonable packages and ability to take a pension “early”, which has been implemented by almost all public authorities was in contradiction to the government retention strategy where employers are encouraged to consider retaining their older workers (CfAB 2018a, 2018d). Many of the retirees/imminently retiring participants in this course had not intended to take early retirement and some were not comfortable with the word.

### **Attitudes to retirement as part of the ageing process**

We all understand older age, and by extension retirement, in very different ways. One of the TILL participants said:

My father died when he was 59 and my main mission in life was to outlive my father so I’ve never really contemplated the possibility of a long retirement. I’m pleased to say though that my health is good at the moment so I do need to look seriously at how I can make the most of retirement now that I have got to that age. I think in the past I’ve always thought ‘wait until you get there, try to enjoy your life as it is’. I’m not one of these people who’ve been counting the days until they stop working and have all sorts of ambitions in retirement - I think of myself as very lucky to have got to this age. (IA)

Retirement is changing:

Some people do carry on doing paid work in retirement. I know people who've retired and come back to work - and I also know people who are pleased to be retired but they seem a bit dulled - and a bit out of the loop.

But I also have some friends who retired a couple of years ago and they still LOVE it. (IJ)

Some people do not like the concept of retirement at all - the "R-word" as the participant below refers to it:

Well it [the course] was called something about mid-life rather than retirement and that was quite significant really because I used to run retirement courses about 30 years ago but people don't tend to retire in the same way these days. So, people have portfolio careers and from the storytelling, clearly people whose stories we told, had not retired on a planned date or age it was more driven by a number of factors, more driven by pension and often work-related issues and changes which they found themselves unable to continue their careers with. So that's what I found out about on the course. But before the course, I think what attracted me to it, was because it was about mid-life changes and transitions and planning rather than the R-word. (IC)

By participating in the course however, this person was able to re-evaluate their feelings and experience and re-evaluate the multiple meanings of retirement.

### **The experience of the retirement decision**

People experience the anticipation and realisation of the retirement decision very differently, as these examples from the participants' stories illustrate:

My husband is due to finish in June so that's my next challenge really. How will that be? It's a big adjustment for me. We've only just got used to me having the two days a week - and he's been thinking that I have all this time to do things at home, whereas I see that as my time. (IC)



It's a hard decision. The hardest thing for me - because of my own personal situation - was that I had been talking to my line manager about reducing my hours and maybe going down to three days a week, but an opportunity came up because of some fairly wholesale changes coming up in the organisation and some opportunities and packages were on offer for people to go. (IH)

For me and what I got out of the course, if organisations/companies value and support you throughout your career it's a recognition of the investment that you have put in while you've been there and it's saying that we still want you to succeed and to be happy as you go into your future into your retirement and your next age as it were. (IH)

At 66, I've decided that irrespective of my health, I'll retire at 70, but if my health deteriorates before then I'll retire earlier. But being semi-retired has given me time to reflect and think about it, rather than rushing into it and making the wrong decision. Retiring at 65 and leaving my work I strongly believe that would have been the wrong decision for me. (IA)

### **Expectations of and fears about retirement**

Participants expressed some anxiety about retirement, and by extension to the meaning of retirement as a proxy for ageing.

But I'm more bothered about sort of losing my identity. [...] I've worked for the local authority for about 38 and a half years. And that's me and that's my life and that is me. I knew that I was kind of wobbling around it. If I'm not doing that - who am I and what will I be doing? It's a kind of nervous anticipation about it. It's exciting and fearful in equal measure. (IB)

A number of other fears were expressed by the participants. Personal individual status was one of them.

I was quite worried that I would miss the status of being in work, if you like, and - I wasn't particularly high up in the City Council, but I did have staff and I

did have some respect, and I was considered to be knowledgeable and competent in my field, and then suddenly, next day you're not. Seeing that ok that would be the case but that there would be other things to do - and that has been my experience. (IK)

Another fear is that there will be nothing to do; this appears to translate as nothing meaningful to do.

### **Participants' responses to the course**

The course has been evaluated elsewhere so this paper presents a selection from the evaluation stories (Gulbenkian, 2017). The participants responded positively to the course but highlighted different aspects which were important to them as individuals or which they had found especially helpful.

The course did change my mind about what retirement might look like - it did open my eyes to the possibilities. Retirement can be more broad ranging. It all just depends on my own circumstances. (IJ)

The course did help me think about what I will do when I do retire. It was quite a big wakeup call on the course, but it hasn't motivated me since then to do something about it yet, as I am not planning to retire for another few years. It's made me realise though that I really need to make the most of my semi-retirement and really start thinking about what should happen when I retire. (IA)

Sometimes the participants were a little surprised by some of the course methods:

It was those little sessions in the course, like the walking round the garden, - like mindfulness, but I've forgotten what they called it now, it was playful - walking round the garden and thinking about how things could change. And also, the mindfulness - it was very good, all that side of it. And because of my background, I thought all that was just hypothetical and a waste of time but

actually it really got me thinking. And you sit down and think about what I like, and understanding that I need to plan. (IL)

And participants were positive about what they were taking from the course:

The course did influence my thoughts about the future. It was very optimistic in its outlook about the future. And it did give me a bit more of a push to think further about what I could do, using the skill sets and interests that I have. A springboard. A bit more focus and energy to get those things into train. (IH)

Without a course like this - you really don't think as much or as collectively with other people in a like situation and the value of having that space and time and having a peer group - you can't really put a value on it. (IH)

### **What are stories and why are they important?**

#### **Story**

The creators of the Restor(y)ing Retirement course would agree that stories are vital in creating our sense of self. As Plummer (2013) states: "Stories are ... our road maps, our tour guides, our key clues..." (p. 5). Traies (2016), echoing Plummer, further claims that the ability to tell stories is what makes us human, and that they are ways of creating community and claiming relationship. Goodson and Sikes (2001) distinguish between life history and other personal narratives as requiring the inclusion of the social context of the story. Mansfield (2005) and Merrill (2005) refer to concerns about individual stories which are uncontextualised or negate the individual agency for change or the emancipatory possibility of unmediated personal stories.

Actively creating one's biography by exercising agency on it can be an emancipatory and liberating process in that it makes each of us the subject and not the object of our lives. We become those that act, not those acted upon (Mansfield, 2005, p. 111).

The power of group work is to offer both the context and challenge needed to avoid such dangers and is important in this context. However, the power of individual story for enabling individual or collective change is also revealed by the results of this project. Telling the story allows the teller to reclaim the space and to politicise, or at least contextualise, the personal without diminishing its importance. 'Biography' can thus be applied to work on the theme of 'transitions' in later life.

The nature of my present research into the discourses to be found in community education practice [...] demands a high level of critical reflexivity on my part and I have come to realise how inextricably it, as well as my previous work, has been linked to my own developing autobiography. [...] our biographies are fluid and self-created, that we create them by the lives we lead and the sense we make of our experiences, the meanings we take from them and the way we conceptualise those meanings. (Mansfield, 2005, pp. 110 - 111).

### **Story as a vehicle for understanding and preparing for retirement**

The participants' stories illustrate their journey to the retirement decision, their plans, hopes and aspirations, the challenges they face and their concerns and anxieties. Stories enable people to think differently, to feel differently and very importantly to try out different scenarios. The narratives interweave the personal story with its contents:

I really liked the story-telling thing, and the fact that it came from people's experiences and concerns and worries. (IC)

It was very much learning from people's experiences - that people had brought along, and that people in the group could ask questions, because this person knew them well and had asked them about it, they could answer the questions. I found that very powerful really. (IC)

The facilitator and the learners can use the stories to encourage critical thinking and to move people on from their starting point. For example, one surprising element was that the participants needed to learn to say "no" to address some of the difficulties

that had arisen as a result of their impending retirement in the face of others' expectations. They wanted to say that they could not take out an older parent every day, or care for their grandchildren full-time or give their pension "lump sum" to their son or daughter. Obviously, some people are happy to provide childcare for their grandchildren but others are not, or at least not full-time.

It is important to recognise the contribution of experienced facilitators in the context of using personal story as a teaching method. Participants may wittingly or unwittingly disclose serious issues during the telling of their stories and facilitators and others need to be equipped to deal with whatever comes up. Partly for this reason two experienced people co-facilitate the Restor(y)ing Retirement course and are careful to construct an atmosphere of trust and care through, for example, the use of ground-rules and explanations of the methods used.

### **Well-being - the fear factor**

The Gulbenkian Foundation has a long involvement in thinking about well-being and ageing, and in particular the risks posed by loneliness in older age. They have funded research which examined emotional resilience, well-being and improved mental health in later life (Robertson, 2014). However, well-being is a problematic concept and emotional resilience even more so; these are contested terms, which are sometimes used in policy to return all the responsibility for what happens in later life to the individual, retaining none of it in the collective or societal domain. Individual agency and community action together, however, can be brought about by powerful co-learning to tackle the systemic issues which ageing and retirement raise.

It is clear from these pre-retirement courses that retirement and ageing are linked and fears about retirement come partly from fears about future well-being, which may be well-founded in the current hostile environment where ageing is portrayed as a burden.

### Conclusion

The findings in this paper concur with the thinking of Hodkinson et al. (2008): “retirement itself is a process of becoming, and learning is an integral part of that process - not something separate from it” (p. 179).

It is clear that with new retirement patterns and expectations of longevity, in addition to changing pension arrangements, people need to join together to reflect on their experiences to help them prepare for this next stage of life, well before they retire and to help them build better ways forward in a spirit of optimism and community rather than fear. Story/personal narrative can support these educational steps and support an increased sense of purpose and potentially well-being.

The tradition of adult learning has been to address the lives and needs of those with less; there is a need to reflect this in the provision of pre-retirement education as well as across the life course. Employers and others can be encouraged to re-think their approaches to providing pre-retirement education; as the course participants reported, employers invest a huge amount in supporting workers as they enter work progress in it, and could invest a small amount in supporting that worker as they leave and move on as the employer still benefits from the positivity that this engenders.

Using story and particularly personal story is a very powerful tool for learning, but it must be introduced and built carefully and critically through skilled facilitation. The aim of the TILL programme is to support people through later life’s transitions whenever they occur. For many the transition into retirement is problematic; for others it is entirely straightforward, desirable and a longed-for state of being. Some people are confident and full of plans but even so the retirement transition gives them pause for thought.

Bringing people together as a learning group is important in achieving a collective approach; at a minimum, it can help to avoid isolation in the period of transition and help people to see that they are not alone in feeling a sense of fear at the change and of learning from each other from the very different ways in which people experience the transition into the retirement experience.

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**(UNMET)NEEDS: A CHALLENGING CONCEPT AND A COMPLEX SOCIAL CONSTRUCTION**

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**Abstract**

This paper is based on an investigation entitled "Unmet Needs in Portugal - Tradition and emerging trends". Among other objectives, the study in question sought to develop an operative notion of needs, interpreting them as generated by the non-achievement of individual aspirations / expectations, through mismatch between opportunities and capabilities, in a dynamic process between the social context of action and the individual. Of the six case studies conducted within the scope of the research, we extracted the analysis of how two of those groups (adults in transition to retirement and adults in training transition) face the complex relationship that involves the satisfaction of their needs. We chose the first group because it allows us to analyse how these (older) adults live an important period of transition and the consequent recomposition of their needs that this stage of life (the transition to retirement) entails. In the case of adults in training transition, we use the testimonies of this group as an aid to understand how learning processes (at least, formal ones) interfere with the questioning, perception and achievement of the unmet needs. Therefore, a better understanding of the possible centrality of education in contributing to the satisfaction of needs, and its impact on well-being.

**Introduction**

What attracts the attention of a social scientist when he critically observes the present society? Using the analytical lens of the "risk society" and the one provided by studies on reflexive modernity, his / her attention will surely focus on the contradictions of a society that, on the one hand, provides life expectancy never before attained and concentrates much of its energy on the citizens' well-being. But at the same time, "a society that is experiencing unprecedented levels of stress, mental illness and anxiety about the future – combined with the adoption of public policies that require individuals

to take responsibility for planning against future risk.” (Field, 2009). In the contradiction between symptoms and effects, the lives of people are punctuated by a cloak of unpredictability and uncertainty. The profound changes taking place in basic social institutions (family, school, State, market, labour world ...) make the results of individual decisions in certain areas of everyday life less predictable and increase the notion of risk.

But there are positive things to keep, such as important steps towards equality and equity, between genders and between generations. Or that people today have more freedom and ability to determine their own lives, to be the actors, the designers, the jugglers and the directors of their own biography and identity, their social networks, their commitments and convictions (Beck, Giddens, & Lash, 2000). We also perceive that learning is more and more necessary as a resource for constant adaptation, for increasing critical reflection and for widening the *viewing possibilities* offered to the individuals (Gomes & Monteiro, 2009). And that education has a responsibility to provide a learning context that favours the establishment of a significant relationship between the understanding of needs, the perception of opportunities and the awareness of personal capabilities (needs matrix).

Science, on the other hand, must also keep up with the complexity of realities and provide new answers to the daily anxieties and structural problems. Accompanying this trend, the physical and social sciences have been endowed with new tools for measuring phenomenon that were previously believed un-measurable and the required conceptual framework for interpreting such measurements (Krueger & Stone, 2014). Well-being, quality of life, progress, freedom, suffering or happiness are just a few examples of concepts that mobilize the attention of the scientific community, but also interfere with collective life and increasingly determine public social policies.

Even if we still often hear that “well-being means different things to different people”, to have a meaningful impact, whether in public policy, business or the third sector, the concept of well-being must be made concrete and measurable (OECD, 2017). Among several definitions that are proposed, we retain the one that is presented by Hicks et al., according to which, “Human well-being remains variously defined but can be thought of as a state of being with others, where human needs are met, when individuals can act meaningfully to pursue self-defined goals, and when they can enjoy

a satisfactory quality of life.” (2016, p. 38). An important aspect in the way the idea of well-being is conceived today is that it derives not only from material aspects related to the physical subsistence of individuals but extends to the cultural, environmental and psychosocial domains of life, in dimensions such as security, dignity, freedom of choice and action, equal opportunities, or access to education and learning.

The same goes for the concept of "needs". As can be seen from the above definition, the dimension corresponding to the satisfaction of needs is an integral part of the concept and idea of well-being. In the conduct of their daily lives, individuals are confronted with the emergence of needs that have to be met in the name of well-being and quality of life. On the contrary, their non-satisfaction translates into deprivation and damage, more or less profound depending on the place that this need occupies in the individuals' management of daily life, as well as in the fulfilment of their expectations and aspirations towards the future.

Made more visible through Abraham Maslow's famous pyramid of needs, the concept does not refer only to a set of primary (physiological and safety) and secondary (social and affective) needs. They are also the centre of a dynamic process that crosses personal and collective biographies, interposing between what is lacking in the present and the recognition of aspirations and expectations towards the future. When consciously perceived, needs mobilize on the part of individuals a perception of the resources and opportunities, the identification of obstacles and possible damages, and the capacities they are able to activate to meet those needs. In short, we speak of a complex social construction that directly interferes with the individuals' well-being and quality of life.

This text is based on an investigation conducted in Portugal between 2008 and 2010, entitled "Unmet Needs in Portugal - Tradition and emerging trends". Framed by a reflection on contemporary transformations in Portuguese society, the purpose of the study was to identify broadly the needs considered unsatisfied in mainland Portugal. Among other strategies, the study in question sought to develop an operative notion of needs, interpreting them as generated by the non-achievement of individual aspirations/expectations, through mismatch between opportunities and capabilities, in a dynamic process between the social context of action and the individual (Gata &

Almeida, 2013). In addition, the research focused on how six groups of individuals, sharing certain conditions and life experiences, face the complex relationship that involves the satisfaction of their needs.

### **Towards a definition of needs**

The distinction and the possibility of classifying different types of needs are the focus of Maslow's Hierarchy of Needs. For Abraham Maslow, "talking about the needs of human beings is talking about the essence of their lives" (1970, p. xii), and its satisfaction emerges as the main driving force of human action.

According to this author, it would be possible to differentiate two fundamental types of human needs: primary needs, divided between physiological needs (sleep, clothing, food, air, water, sex) and security (protection, defence, housing, employment), and secondary needs, which include social and affective needs (participation, understanding, desire for association, belonging, friendship, acceptance), needs related to self-esteem (responsibility, power, recognition of others, identity, social status, self-confidence, recognition) and self-realization (achievement of objectives, initiative, skills, fulfilment of individual potential) (Ferreira, Neves, & Caetano, 2001, p. 262).

These needs arise gradually in order, both in their importance and in the order by which they are satisfied. That is, physiological needs are the ones that primarily influence the human behaviour, which is oriented to its priority satisfaction. Once these needs are met, the attention of individuals shifts to new patterns of needs, with the ability to influence new behaviours.

This statement about the existence of a hierarchical ordering of needs and a temporal sequence in its satisfaction has been one of the most criticized aspects in Maslow's theory. Allegedly, because everyday life reveals circumstances in which individuals appear to be more motivated to meet the so-called secondary needs, to the detriment of primary needs (Doyal & Gough, 1991). Just as "[Maslow's] theory fails to account for the cultural specificity in the valuation of needs, both in terms of content and prioritization" (Ferreira, Neves, & Caetano, 2001, p.263).

Len Doyal and Ian Gough are among the authors who offered alternatives to Maslow's theory. Essentially exposed in *Theory of Human Need*, these two authors

proposal is based on an essential postulate: there are basic universal needs, common to all human beings, which are independent of any particular social environment (Doyal & Gough, 1991; Pinto, Guerra, Martins, & Almeida, 2010). On the opposite, the objects, activities and relationships - the so-called satisfiers - mobilized in their satisfaction are not universal but culturally and socially related. In their perspective, the basic needs identified as universally common to all human beings are physical health and what they call autonomy. Of their satisfaction depends the preservation of physical and intellectual capacities, as well as the possibility of daily participation in social life. If needs are not satisfied then serious *harm* of some objective kind will result, namely an inhibition to successful social *participation* (Gough, 2003).

For Doyal and Gough, the notion of physical health is not reduced to mere survival:

If you wish to lead an active and successful life in your own terms, it is in your objective interest to satisfy your basic need to optimise your life expectancy and to avoid serious physical disease and illness conceptualised in biomedical terms. This applies to everyone, everywhere. (Doyal & Gough, 1991, p. 59).

On the other hand,

[t]o be autonomous in this minimal sense is *to have the ability to make informed choices about what should be done and how to go about doing it*. This entails being able to formulate aims, and beliefs about how to achieve them, along with the ability to evaluate the success of these beliefs in the light of empirical evidence. (Doyal & Gough, 1991, p. 59).

The different levels of autonomy are influenced by the degree of understanding that individuals have of themselves, their culture and expectations, their mental health and the existence of opportunities for action.

As is easily identified, and the authors themselves recognize it (Gough, 2003), there is a clear affinity between this theory and the capabilities approach developed by

Martha Nussbaum and Amartya Sen (1993). For the last two authors, capabilities are defined as the ability, aptitude or potentiality to do or be something, that is, to achieve certain functioning considered valuable. These functioning are distributed among the domains of doing (ex: reading books, going to the cinema, cycling, etc.) or being (ex: being - nourished, having self - respect and self - esteem, being socially integrated, etc.). On the other hand, the capability of a person depends on a variety of factors, including personal characteristics and social arrangements (Sen, 2003). Which brings us to the idea that autonomy of agency requires a range of opportunities (collectively provided and individually mobilized) to undertake socially significant activities. The interest of this approach in the field of needs analysis lies in being able to conceive the needs genealogical process as a game between an individual with certain capabilities and a system that presents itself with certain opportunities (Pinto, Guerra, Martins, & Almeida, 2010).

### **Needs: conceptual model**

The definition of needs developed in the framework of the research "Unmet Needs in Portugal - Tradition and emerging trends" incorporates the theoretical influences of Gough and Doyal, as well as the contributions of Nussbaum and Sen, proposing to define need as:

something reporting to a multidimensional set of elements (not simply associated with the physical survival of individuals), whose deficient and / or unsatisfactory provision can cause harm to people, families and societies - physical, psychological or social damages, which obstruct to the full social insertion of individuals and disrupt and impair the optimization of the opportunities of individual and collective life (Pinto et al., 2010, p. 67).

This definition entails the distinction between two dimensions: subjective, associated with a multidimensional set of perceptions of deficit or lack of something wanted or desired; and objective, reported to a set of damages individually and / or

socially identified and recognized as expressions or practical manifestations of deficit states.

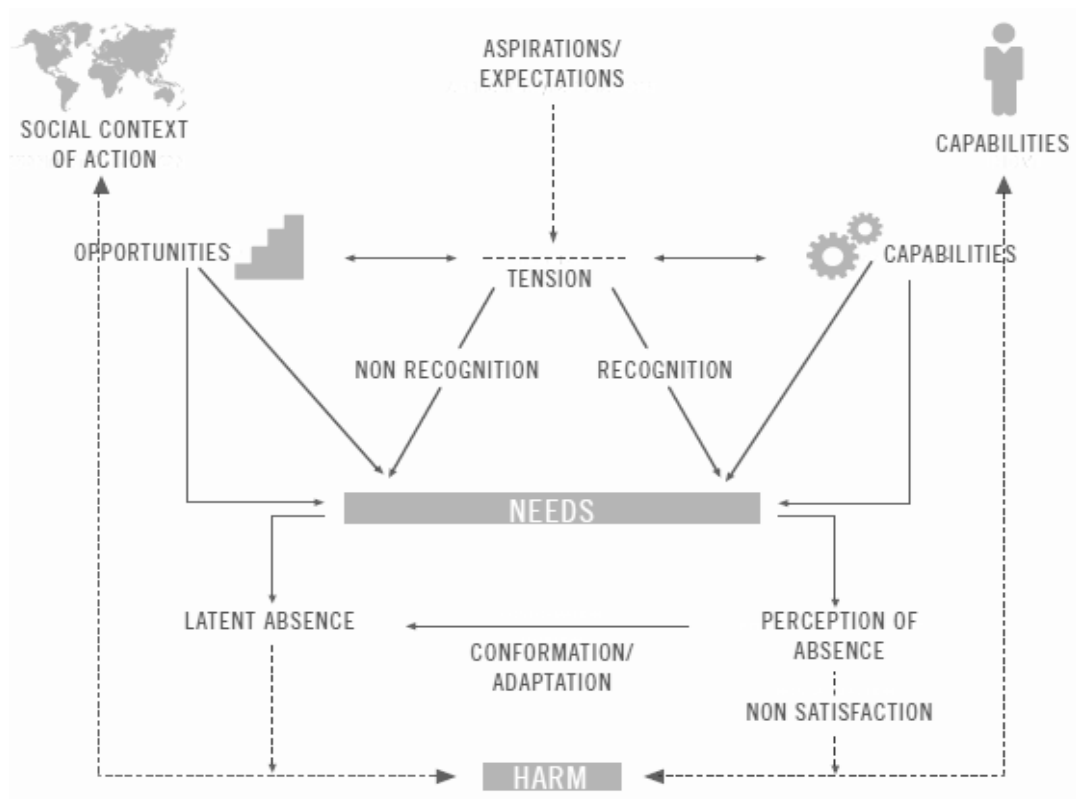


Figure 1. Conceptual model (Source: Gata & Almeida, 2013)

According to the proposed definition, needs are not understood as stages but as dynamic processes of encounters and discrepancies between the capabilities and opportunities of individuals and social collectives. Needs derive, then, from a process of adjustment (dialectic and interactive) between capabilities and opportunities. The number and type of opportunities available may limit or enhance the acquisition and exercise of capabilities. For its part, the detention of certain capabilities can be seen as a means of creation and achievement of opportunities, increasing the individual's ability to choose (Pinto et al., 2010).

In the set of intervening variables, stands out the propulsive and mediating functions performed by the aspirations, and by the expectations.

Aspirations refer to existing goals in the realm of the ideal, that is, what you would like to achieve if you were free of constraints if you had the necessary resources.

Expectations, in turn, refer to the domain of the possible, are real hopes about the accomplishment of something, and result from the estimation of resources and the perception of a favourable or unfavourable context. In the inevitable tension between capabilities and opportunities, aspirations and expectations emerge as modellers of needs, both in terms of their expression and their satisfaction, in the context of processes that are linked to historically emerging values or to cultural and psychological particularities (Brage, cited in Pinto et al., 2010).

Finally, the "silence of needs" refers to the situation of individuals who, as Ballester Brage points out, do not recognize or, although identifying needs, do not express them. The hidden state of the needs or their silencing may be due to several factors: not assigning importance to certain objects of deprivation; non-expression and recognition of needs due to skills deficit; incorporation of damages as a result of "normal" circumstances; or transference from a perception of necessity to the domain of desire, of aspiration. One important idea conveyed by the author quoted is that this silencing of needs often happens in people who suffer from real deprivation, but who are also the ones who have the least demands. Or, more seriously, they ignore an important part of the needs that are collectively considered to be important to satisfy.

### **Methods**

How do you live in a changing Portugal? How do different social groups, in the diversity of their lifestyles, meet their needs and outline a life project? How do you see the future of your children and what confidence do you place in others and institutions for everyday survival? These and other questions were the basis of the research project "Unmet Needs in Portugal - Tradition and emerging trends", developed in Portugal by the non-governmental organization TESE - Development Association, in partnership with other national entities and individual researchers, among them we are included, and with the scientific support of Young Foundation, an English NGO.

It is important to mention that the project was initiated at a time when Portugal was experiencing uncertain and risky times as a consequence of a serious financial crisis and the consequent request for financial assistance to the IMF (International Monetary



Fund) and to the European Financial Stability Facility (EFSF). Country's economic and social crisis, with serious consequences on the lives of the people and especially the most vulnerable groups, made it urgent to question development priorities, social policies and strategies, to meet the needs and promote a better quality of life for the populations. In short, to think about the future of the country not only in the short term but above all in the framework of a long-term, multifaceted and comprehensive vision. And, in that sense, knowledge of needs was seen as part of strengthening the capacity to define interventions that address the causes of phenomena and not just their apparent manifestations (Pinto et al., 2010).

The mobilization of several data collection techniques was envisaged as an option consonant with the dual purpose of the project, that is, an extensive mapping of the unmet needs and, at the same time, the development of case studies illustrative of the (in) satisfaction of needs processes. Three research phases were defined:

a) Collection, systematization and analysis of secondary statistical information, to define and frame the main characteristics of contemporary Portuguese society;

b) Application of a large questionnaire survey, aimed at understand the perceived lack and damage expressed by the population resident in mainland Portugal;

c) Six case studies, focused on how groups of individuals, sharing certain conditions and life experiences, face the complex relationship that involves the satisfaction of their needs: “sandwiched families”, overloaded workers, individuals with small-scale economic activities, adults in training transition, adults in transition to retirement and isolated elderly.

In addition to the macro approach, this research focused on the concrete situation of people, gave them a voice to express their needs (perceptions and experiences) and ways of satisfying them. We will focus on this dimension of the study, particularly on two groups under analysis: adults in transition to retirement and adults in training transition. We chose the first group because it allows us to analyse how these (older) adults live an important period of transition and the consequent recomposition of their needs that this stage of life (the transition to retirement) entails. In the case of adults in training transition, we believe that the testimonies of this group (not necessarily composed of older adults) help us to understand how learning processes (at

least, formal ones) interfere with the questioning, understanding and fulfilment of unmet needs. Therefore, a better understanding of the possible centrality of education in contributing to the satisfaction of needs, and its impact on well-being.

After all, because both groups are experiencing a transition process, we can look at them as "learners in a changing learning landscape" (Merriënboer & Stoyanov, 2008), the two groups are united by this common characteristic.

### **Results**

Analysing the case studies, it was possible to identify some traits that cross across the six profiles (in a total of 54 interviews). We highlight four: a) individual recognition of a subjection to collective dynamics that, although close in the effects daily generated, are perceived as distant and not controllable. As if they escape to personal intervention. b) if the collective future joins the notion of fortuity, on the contrary, the individual and family spheres are assumed as their own responsibility. c) with regard to vulnerabilities and unmet needs, they are interpreted as due more to a deficit or a blockage of opportunities than to a lack of capacity. d) the perception of unmet needs, especially physical and of resources, and the difficulties in dealing with this situation in daily life, accentuate feelings of social injustice, and that the State proves incapable of ensuring desirable living standards.

Recognizing this common basis, each of the groups/profiles interviewed denotes different perceptions and pathways.

#### **Adults in transition to retirement**

Six men and women aged between 58 and 66 years old were interviewed, with a common characteristic: the recent transition to retirement, in a range between 6 and 12 months. However, the circumstances which led them to this situation, which arise from the age limit or result from early retirement, voluntary or due to external circumstances, are different.

With a focus on the modes and scenarios of transition to retirement, our aim was to ascertain the framework of needs and expectations of the new retirees (what future

do they project, what satisfies them and what do they require?), and the way the more or less traumatic transition scenarios influence activation capacity and social participation.

Against discourses that are still socially disseminated, several studies call attention to the fact that, less and less, the transition to retirement is personally seen as a bad period of life, an antechamber to a cycle of inactivity, dependence and social isolation. In what can be analysed from a relatively narrow case study, the trend described above seems to be confirmed. The testimonies collected reveal people who, once they reach retirement age, positively value this new step and draw concrete projects for it. In the speeches produced it is difficult to find any moment in which any of these six individuals appears tired, incapable of exercising personal control over their life, or unwilling to initiate an active recomposition of their roles. Even if, as we shall see below, they do not always consider that society in general and the public authorities in particular tend to value such predispositions.

Once attained or anticipated the statutory age of exit from the labour market, some of these interviewees chose not to suspend a professionally relevant activity, while others seek new ways to occupy the time released. These new solutions include leisure activities, the reinforcement of cultural practices, the performance of familiar tasks or the learning of new skills. The desire to be useful to others through volunteerism and greater civic participation also appears in the discourse of all those interviewed. Such an attitude doesn't necessarily translate into effective behaviour because, in the opinion of some, the conditions for this are not always met, there are no encouragements or opportunities.

At the level of expressed needs, it is emphasized that, when questioned, our interlocutors in various circumstances anticipated their response of expressions such as "everything is done, so far everything is fine" or "I do not know, it seems that I have everything." After some insistence, they mentioned above all "socio-affective needs" and "personal development and well-being needs". That is, distanced from the needs of a more material or physiological nature. In fact, needs related to access to additional financial resources, support from the public subsystems of Health and Social Security or health conditions, they were less mentioned than would be expected.

Table 1

*Adults in transition to retirement*


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| Typology of Needs   |  |
|---|--|
| <i>Physical needs and resources (material and impersonal needs)</i> | <ul style="list-style-type: none"> <li>- Additional financial resources (A, B, F)</li> <li>- Replacement activities (B, F)</li> <li>- Health (C, F)</li> <li>- Benefits in his parish (F)</li> <li>- A car for the son (B)</li> <li>- More effective public Health and Social Security systems (A, C)</li> </ul> |
| <i>Skills and capabilities needs</i>                                | <ul style="list-style-type: none"> <li>- Learning new skills (A, E)</li> <li>- Specialized studies (B, E)</li> <li>- Participation in local authorities (F)</li> </ul>   |
| <i>Social and relationship needs</i>                                | <ul style="list-style-type: none"> <li>- To be useful to others, to volunteer (A, C, D, E)</li> <li>- Who helps in learning new skills (A)</li> <li>- Time with family (B, C, D)</li> <li>- Opportunities for socializing (D)</li> </ul>   |
| <i>Personal development and well-being needs</i>                    | <ul style="list-style-type: none"> <li>- Develop new occupations (A, D, E)</li> <li>- Traveling and having holidays (B, C, D, F)</li> <li>- Cultural practices (read, go to the movies) (B, C, D, E)</li> <li>- Rest (D)</li> <li>- Increased availability to manage your time (E)</li> </ul>                    |

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Source: Monteiro & Cruz, 2010b

All these needs are framed by discourses of reference to certain aspirations and expectations, where the dominant notes are, on the one hand, the drawing of a thin line between what one would wish and what one would like to do and, on the other hand, the mention to personal projects and initiatives that allow meeting the satisfaction of

the expressed needs. There is a strong desire to maintain activity, whether it is the occupation of time (reading, listening to music, going to the movies, traveling ...) or by learning new skills (computing, new ways of doing agriculture or patchwork techniques, to join the Senior University) or by volunteering.

If the discourse on expectations and aspirations is relatively diffuse, the awareness of the constraints is already much more acute. Thus, in the way the interviewees interpret obstacles to the guarantee of well-being, the management of an autonomous life and the pursuit of their objectives, we can identify constraints of three natures: upstream constraints, downstream constraints and *in itinere* constraints. Upstream, individuals claim that they were not able to autonomously and freely choose their passage to retirement, but were "pushed" out of the system. A scenario that has repercussions on personal lifestyle and over the choices that are within their reach. Because they feel "pushed", it seems that many of these individuals are "angry with the system" and with the current model of society: "disillusionment," "lack of confidence," "instability," "clown role", are some of the messages conveyed. Today, once they have withdrawn from the labour market, they maintain a discourse of criticism regarding the way society is organized (health, economy, employment, politics, poverty), but also a complaint on how civic awareness is low and people are "stuck". Downstream, they are especially worried about worsening health conditions and physical dependence.

As a consequence of this critical reading, they believe that the main resources at their disposal essentially come from themselves and from the capacity they demonstrate to stay active, along with the support they receive from their families. Three of the interviewees acknowledge that retirement has provided them with a fundamental resource, which is a better quality of life.

### **Adults in training transition**

This part of the research gives voice to a very specific group, that of adults who are in training transition. The study explores what this "transition" means, and to what needs it responds, in the individuals' subjectivity. And it seeks to discover the instabilities and yearnings that such an experience produces between needs and aspirations: which unclaimed desires or faults (aspirations) become necessities of the present (needs)?

What possible tensions arise in their ways of living? When one travels to the opportunities offered by the system, how do the actors return, and in what way does this "journey" lead to an increase in *life-chances*?

In this group, 6 individuals, 3 males and 3 females, between 25 and 56 years old were interviewed. They are divided into two sub-profiles: a) recent graduates in search of a professional activity compatible with their qualifications; b) adults in training under the New Opportunities Program, which was part of the National Lifelong Learning Strategy and aimed at upgrading the qualifications of the Portuguese population.

For the purposes of the ongoing research it will be interesting to note how, without separation between recent graduates and those adults in additional training, the centrality of the topic education / training - employment exhausts discourses, just as it seems to deplete energies. Such a topic occupies all the centrality of their thinking, even when the protagonists want to address other subjects. That is, it seems to have become clear that the involvement in an education / learning dynamic brought them new perspectives and horizons, broke down barriers, involved them in new references and needs. In short, it is changing their lives.

In the interview analysis, it is clear the influence of a recent graduation or training course on the formatting of those that are considered by the interviewees as their main needs. Not only do "skills and capabilities needs" emerge as the most mentioned, but they are also elevated to the level of primary needs, to the detriment of other needs such as financial resources, housing, consumer goods or other. They also interfere with the recognition of damages (what happens if I do not have qualifications and / or qualifications) and also in the revelation of personal capabilities.

Table 2

*Adults in training transition*

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Typology of Needs

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|  |  |
|--|--|
| <i>Physical needs and resources</i>    | - A new means of transport (B, F)  |
| <i>(material and impersonal needs)</i> | - A stable and compatible job (A, B, D, E, F)<br>- A new job (C)<br>- Health for you and your family (A, B)<br>- Security (B)<br>- Greater environmental balance in your community (C)<br>- A business in its own name (E)<br>- Greater cultural offer in the region (E)<br>- Job creation in the region (F)<br>- Support by the local authorities (F) |
| <i>Skills and capabilities needs</i>   | - Practical work experience (A, B)<br>- Greener habits (C)<br>- Learning new things (C)<br>- More qualifications and better (higher) qualifications (D, E, F)<br>- Professional contacts (E)<br>- More information (F)   |
| <i>Social and relationship needs</i>   | - Family support (A, B)<br>- Opportunities (A)<br>- Emotional balance (B, F)<br>- "make yourself known and integrate" in the community (B)<br>- The affection of a child (who does not have) (C)<br>- The support of others (C)<br>- Participation in associative life (C)<br>- Greater stability and living conditions for the family (D)             |

- Personal development and well-being needs*
- Time (A)
  - Tranquillity / Calm (A)
  - Self-confidence (C)
  - More ambition (C, F)
  - Emotional stability (E)
  - A "good aging" (F)

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Source: Monteiro & Cruz, 2010a

Within the same line of reasoning, it is observed the particular concentration of aspirations and expectations around the cycle acquisition of competencies → professional achievement:

Only if life does not provide me, but as long as I can, my priority now is my professional life. It's grabbing the training to play in my practice, because I think it's already bad without training, so the more we can do the better ... I think we have to be able to go beyond the job market somehow, do not we? And I think one of the aspects is that we have weapons. (*Case 1, 2:27*)

The discourse on the desired future encompasses two dimensions. On the one hand, the ambition of a socially recognizable and valued path: greater and better qualifications, a stable and secure professional career, insertion in the community; on the other hand, the projection on the path of Ego and his / her family, on the level of happiness, calmness, good environment, balance, self-confidence, emotional stability.

It will be more questionable, in the opposite, the influence that training may have on other dimensions of the personal biography, namely in the acquisition and consolidation of an autonomy. As stated by Doyal and Gough (1991) as one of the basic needs, the different levels of autonomy are influenced by individuals' own level of understanding, of their culture and the expectations addressed to them, their mental health and the existence of opportunities for action. The evidence gathered in this area shows a fragile perception of the opportunities available, which will eventually reflect on the definition of their own objectives and strategies.



In other words, the relationship between capabilities and opportunities seems to be "wounded". Not only because of the low understanding of available opportunities, surrounded by scepticism and discouraging messages (constant affirmations that there is no work for recent graduates or the sceptical look on the New Opportunities Program). But also, because the training path is essentially geared to building individual capabilities and adapting those capabilities to existing opportunities, rather than investing in revealing new opportunities. This leads us to put the hypothesis of relevant consequences on the perception of life-chances and even reflected in a "silence of the needs".

### **Discussion**

In the complex equation of needs, our investigation has pointed to the existence of factors that favour or inhibit the ability to resist, overcome difficulties, that is, to be resilient (Table 3). The reaction to adversity and the activation of protection mechanisms is dependent on individual capabilities and personal resources, in parallel with the mobilization of social resources, such as social networks and community resources and supports.

Table 3

*Resilience enhancers / inhibitors*

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| Enhancers / Inhibitors  |  |
|---|--|
| <i>Personal capabilities and resources</i>                          | <ul style="list-style-type: none"><li>- Self esteem</li><li>- Self confidence</li><li>- Dominant disposition (attitude towards life)</li><li>- Aspirations and project capability</li><li>- Age</li><li>- Life cycle stage</li><li>- Sense of social mobility</li><li>- Level of qualifications and competences</li><li>- Income level and stability</li></ul> |
| <i>Social Supports</i>  | <ul style="list-style-type: none"><li>- Social capital:<ul style="list-style-type: none"><li>- Family cohesion</li><li>- Friendship and neighbourhood networks</li></ul></li><li>- Economic capital</li><li>- Institutional social support</li></ul>   |
| <i>Contextual factors: resources and support from the community</i> | <ul style="list-style-type: none"><li>- Job market</li><li>- Training opportunities</li><li>- Access to collective services and equipment (school, health, etc.)</li><li>- Social protection systems</li></ul>   |

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Source: Pinto et al., 2010

But the research also reveals that the ontological security of the Self rests equally on the ability to maintain a certain level of aspirations and to structure his/her own life projects. It seems to be this "competence" that allows them to understand the permanent confrontation between capabilities and opportunities, and to be engaged in the implementation of the defined strategies, simultaneously fostering confidence in

themselves, allowing them to accept temporary setbacks and to look at difficulties as provisional (Pinto et al., 2010).

Confronted with the testimonies of two groups, what do we verify? In the case of adults in transition to retirement, the testimonies collected challenge the socially established idea that aspirations, expectations and needs are limited to the desire to age with autonomy and to have the support of the family (Quaresma & Graça, 2006). The transition to retirement is for these individuals a challenge towards the reorganization of personal existence and to the occupation of liberated time. Although this vision of the desirable future is often hampered by the perception of factors that obstacle the guarantee of a well-being, the management of an autonomous life and the pursuit of their objectives.

In adults in training transition, we witnessed the constraints placed by lack of horizons and initiative. As we have already mentioned, there is a fragile perception of the opportunities available, which will eventually reflect on the definition of their own objectives and strategies. And the additional training does not seem to go beyond this handicap, at least no evidence has been obtained.

It is at this point that we question what the role of lifelong learning might be, in strengthening resilience and structuring projects for the future. If the role of education is limited to providing "useful learning for employability" (Lima, 2017), maximizing skills and adapting individuals to the competitive labour market, it will only marginally feed the perception of new opportunities, solutions and resources. The narrowing of aspirations and the inability to develop life projects produces a "survival resilience" (Young Foundation, 2009), characterized by low autonomy and few activation capacities.

An education which, in the light of this debate, enhances the autonomy of thinking and the ability to maintain a certain level of aspiration and to formulate life projects, must, in our view, respect three conditions. Firstly, as an experience of conscientization (Freire, 1972) or of "transforming learning" (Mezirow, 2006), the learning process should begin with a critical self-reflection on assumptions (capabilities, opportunities, resources, goals, aspirations expectations, etc.), our own and those of others. That is, a reflexive path and a strong critical conscience. This subjective approach becomes a priority since we are increasingly facing "ill-structured problems"

(Merriënboer & Stoyanov, 2008) which are determined by the new societal challenges and defy our ability to understand the world. Then, to emphasize how the individual's relationship with the world is unique, variable and may be the opportunity to experience a wide range of possibilities (Monteiro, Gomes, & Herculano, 2010). Depending on the place we choose and where we can go, what we see is obviously different. In this sense, we understand that, within the process of autonomous learning, individuals should be led to experience different positions in the landscape, exploring the environment (different perspectives) and controlling the consequences of their decisions - in an atmosphere of challenge and support, action and reflection. What is at stake is not only the "informative" dimension of learning dynamics but also the *transform*-active process that redefines the form and content of knowledge. Therefore, as third condition, learning should be oriented to encourage the learner to critically analyse his past, present and future, in a context of biographical learning and critical reflection. As well as challenging him to dialogue with other agents and collectives, in search of shared identities, the reinforcement of critical awareness and the ability to act together.

Going back to the (unmet) needs scenario and the relationship between its perception and its satisfaction, lifelong learning (in senior universities, in training courses or in any other context), may be that "safe harbour" where those individuals find a positive environment and are helped to solve the tension between capabilities and opportunities. In short, lifelong learning as a resilience factor and a contribution to the optimization of individual and collective life opportunities.

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