

Transitions in Later Life: Summary of Research and Consultation

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1. Introduction

This is the report of a six month collaborative scoping activity by BP Research Consultancy Ltd for the Calouste Gulbenkian Foundation (UK Branch) to develop their programme of work on Transitions in Later Life. The aim of the work was to clarify how best to intervene in this area and how the Foundation can best collaborate with others to move the agenda forward. More specifically the research aimed to identify the most effective interventions related to:

- Therapeutic responses to supporting people through difficult transitions in later life
- Supporting people's material and immaterial needs through pre-retirement and into the other transitions in later life

As the scoping exercise progressed, a decision was taken to focus on enhancing emotional and mental well being, drawing on resilience building approaches and how these could be applied in pre-retirement. The research focussed on initiatives that involved these elements primarily (but not exclusively) with older people (much of which is captured in the blog that ran alongside the consultation www.transitionsinlaterlife.wordpress.com).

Based on the findings presented the Foundation has decided to focus its programme on building emotional and mental wellbeing in pre-retirement through support which builds resilience and equips people for other transitions in later life.

The criteria for the proposed programme were agreed as:

- *Non stigmatising and universal:* The Transitions in Later Life programme should aim to be positive and preventative and target retirement as it affects the whole population
- *Preventative and early intervention:* The aim is to develop an approach that uses the window of retirement to support that transition as well as intervene earlier to prevent problems encountered in transitions in later life
- *Sustainable and scalable:* aiming at a sustainable business model
- *Co-design and co-production:* involving practitioners and older people in the design and production of the offer.
- *Learning and evaluation:* the intervention will need to produce a robust data set to test out different models and what works.

Section 2 of this report presents the main issues, conclusions of the consultation and the proposed way forward for the Calouste Gulbenkian Foundation (UK Branch), with the context and rationale for these proposals presented in Sections 3 and 4. The research approach is detailed in Appendix 1.

2. Key issues and proposed way forward

Retirement can be seen as a window of opportunity, as it is universally recognised (if not experienced) and is a time when people change their behaviour and a recognised time to do so. It is a time when some people will struggle with change. Others may not, but can use the tips and tricks from appropriate interventions to help in later life transitions i.e. help them develop resilience. The research identified a range of issues facing people in retirement. It also identified the wide range of different organisations in the field.

The initial scoping exercise for the programme (Robertson, 2014)¹ identified that there is a need to support people in managing challenging later life transitions, particularly around retirement. The

¹ This paper is available to read at <https://transitionsinlaterlife.wordpress.com/resources-background/resources-for-9-february-workshop/> see p6 below on how to access it.

research identified a need to support people's emotional and mental wellbeing during this, and other transitions in later life. Successful transitions can be supported by having good social networks, positive sense of purpose and activity and emotional and mental resilience. This rationale is expanded by Guy Robertson, advisor to the programme in Box 1.

Box 1:

Psychological impact of transitions

Transitions impact on people in the following way. The transition generally generates a series of thoughts about how the transition has affected the person. For example it can affect their thoughts about their sense of purpose in life, their identity, their beliefs about themselves or the world around them, and their thoughts about how capable they are in carrying out the requirements placed upon them. These reactions will have a particular content depending on the nature of the transition – for example the thoughts generated by retirement are likely to be different to those generated by bereavement or those generated by becoming a carer. What they share in common though, is that thoughts will tend to produce an emotional response.

In the context of resilience we are interested in the extent to which thoughts produce negative emotions such as sadness, depression, hopelessness, exhaustion, anxiety, fear, irritability, worry, envy, grief, guilt, frustration. Now these emotions are not 'bad', nor is their appearance necessarily a negative thing. The problem comes however when these emotions persist over long periods of time and dominate the person's emotional landscape. They can become 'stuck' and tend to spiral down into clinical depression or other significantly harmful mental states.

The change mechanisms for this are Positive Psychology, Mindfulness and CBT and the proposal is that an offer is developed which draws on a number of the key elements of these disciplines to deliver a curriculum which equips people with techniques to bolster their abilities to respond more resiliently to any of the major transitions in later life.²

There are however approaches which can counter negative emotions around transitions in later life and develop resilience and emotional wellbeing (see appendix three for discussion of approaches).

What the research and meetings in this scoping exercise have shown is that although there is a similarity in aims, desired outcomes and approaches, to address these issues, interventions are fragmented across different sectors. Indeed we have found examples of interventions working in almost every sector in social care and health, sometimes working in a co-ordinated way, but often in isolation. In addition, many initiatives are locally based with others being piloted but not sustained. Given the flexible nature of any potential intervention there is a wide scope for different stakeholders to be engaged in the delivery. This can be seen as one of the potential strengths – that it can fit into any sector - but also means scaling it up will require greater co-ordination and the development of a learning community.

² Guy Robertson, 2014.

We developed a theory of change for a programme of work which fitted the criteria of being universal, preventative and sustainable while being co-designed and co-produced. The research and design activities tested some of the assumptions underlying the theory of change model:

- We found that there is sufficient expertise and existing work to develop an offer, and that such an offer could be acceptable to the experts in the field.
- The experts identified some key criteria for a successful intervention to build emotional and mental resilience to transitions in later life
- Participants in our workshop for professionals welcomed the chance to share their experience and expertise and acknowledged that this was something they had not had an opportunity to do before, and there is a clear desire and opportunity to develop a learning community in this area across the different disciplines and sectors. One of the challenges is to build on this existing work, avoiding 're-inventing the wheel' whilst respecting the different players experience and intellectual property.
- The results from the focus group of retirees was less certain. Although welcoming the overall concept of developing resilience, they needed to know more about the content. They agreed with many of the criteria for a good intervention as the experts identified particularly the importance of the social aspects and positive social roles/activities. Co design and person led approaches were highlighted as critical components, in terms of the principal, the content and the delivery of the courses.

There are still untested assumptions. The major ones include what delivery mechanisms should be used, and the crucial aspect of how to promote a preventative approach, and some discussion about the content of the intervention. The promotional aspect of selling such an intervention is a key issue. There is a need for greater exploration with a range of stakeholders of the promotion and delivery issues identified here.

Each of the issues identified and the proposed response by the Foundation is presented below:

	Issue	Proposed response by the Foundation	Proposed outcome
1.	Gaps in existing interventions when assessed against criteria for effective intervention	<ul style="list-style-type: none"> • Facilitate development of an designed offer/ intervention in a collaborative way which fits the criteria identified here offering a menu of different approaches and techniques • Consider providing seed funding to a range of existing/new interventions to address the gaps in their work when assessed against the criteria identified. • Support the piloting of such an offer 	<ul style="list-style-type: none"> • Offer developed which meets criteria • Improvement of existing interventions • Offer piloted and evaluated to provide evidence of effectiveness
2.	Fragmented interventions and lack of evaluation of effectiveness	<ul style="list-style-type: none"> • Support the development of a learning community of practitioners to share and develop approaches • Commissioning an over-arching evaluation and learning activities to 	<ul style="list-style-type: none"> • Community of practitioners established with evidence of shared learning

		ensure collaborative learning	
3.	Importance of co-design and person-led approaches	<ul style="list-style-type: none"> Consider setting up an advisory group of older people with an on-going commitment to testing different ideas and aspects of a potential offer 	<ul style="list-style-type: none"> Offer is co-designed and person-led
4.	Greater exploration of promotion and delivery issues	<ul style="list-style-type: none"> Further explore marketing/ promotion and delivery issues with a design agency and or wide stakeholder group including members of the target audience 	<ul style="list-style-type: none"> Development of effective and sustainable promotion, pricing and delivery models

Based on the above, it is proposed that the next steps for the Foundation are as follows:

- Engage a design agency with experience in designing and implementing initiatives, marketing/promotion, etc. and / or set up an event to explore promotion and delivery issues with a wide stakeholder group
- Establish a funding stream and provide seed funding to a designed intervention and or relevant narrowly defined existing/new interventions
- Establish a community of practitioners with a sub-group supported to develop the offer
- Establish advisory group of older people to test aspects of the offer
- Develop evaluation framework for programme based on proposed outcomes above and commission evaluation of the pilot

The long-term aim of the Foundation is reduced loneliness in later life, with people in mid-life becoming happier, more resilient and better supported to respond positively to transitions in later life. Within the Foundation's new programme and funding parameters short to medium term aims and targets will need to be determined.

The Foundation will need to consider measuring impact both against wider long term, universal aims (e.g. reduced loneliness in older people) against more tangible, short to medium term aims (e.g. people in mid-life experiencing increased wellbeing).

3. Context for the proposed programme

3.1 Introduction

There are a number of aspects to the context for any programme:

- redefining retirement
- policy and strategic environment
- attitudes towards retirement

Each of these is discussed briefly below

3.2 Redefining retirement

The context of what constitutes retirement is incredibly diverse and in a stage of flux. Increasingly, retirement is no longer a set date to look forward to, but a gradual process which sees people start

to make changes to their lifestyle and working patterns. In addition many people who are above the 'retirement age' now continue to work in some capacity. This change in conceptualisation of retirement can be seen in Age of No Retirement movement.

The trend for people to be working longer is likely to be based on a range of factors – increased fitness of people in their 60s and 70s, skills shortages and the desire to harness the skills and expertise of older people, and the 'pension crisis'. This has led to an increased emphasis on initiatives that enable people in later life to make a more gradual withdrawal from the labour market. We found examples of large companies who encourage employees to extend their working lives through a range of initiatives such as flexible working, gradual retirement.³ In addition approximately a third of SMEs are offering flexible working, one quarter flexible retirement options and one third working from home.⁴ We also found an [increase in self-employment](#) among older people and identified initiatives that help people set up their own business such as the School for Creative Start-ups in London and Sheffield that runs 'age blind' courses.

3.3 Policy and strategy environment

UK-wide most recent policy and strategic thinking seems to focus on either pension and employment issues or on health and care support issues. The other key focus in the public policy arena is of changes in working patterns for older people. The publication of the report from UK Government's Older Workers' Business Champion, Dr Ros Altmann, [A new vision for older workers: retain, retrain, recruit](#), is an illustration of an increased focus on extending working lives and promoting the ability of mature employees to work longer. The emphasis for older people's mental health has focused on increasing access to therapeutic interventions, especially around dementia and bereavement, but little on building resilience.

There are examples within the UK of specific strategic approaches and it is clear that local authorities can have a key role to play:

- The fact that Northern Ireland and Wales have a Commissioner for Older People seemed to be evidence of strategic thinking about wellbeing in later life.⁵
- The UK Age Friendly Cities Network of councils are providing multi-agency innovative partnerships focusing on helping older people. For example Manchester has long had a strategy for its older people and is at the forefront of innovative partnerships between local authority, voluntary sector, public sector, and older people themselves in terms of identifying the priorities for action to improve the lives of all people in later life in Manchester.⁶

One of the things that stood out in the research is the number of different agencies involved in separate initiatives to improve the lives of older people. As a consequence of such a crowded field there are gaps in communication and knowledge sharing, and that support is varied, reactive rather than preventative and may also lead to duplication of work.

3.4 Attitudes towards retirement

I'm not sure if I'm going to retire, I've still got a year before I'm 65 but health reasons are pushing towards retiring. It sounds nice to retire, but it's frightening as well. Where does it lead to next? How

³ See blog: [examples of large companies](#)

⁴ see blog: [survey from CIPD/Health Working Lives](#)

⁵ See for example, [Appreciating Age – Valuing the Positive Contributions made by Older People](#)

⁶ See also for example [Bristol Ageing Better](#), a partnership of older people and organisations across Bristol who are working together to develop services and support for older people that address isolation and loneliness.

do you do it in the best way? Money is the main worry. ... I can't really get to grips with retirement, because I'm not in control of it any more. [focus group participant]

Research has pointed to the importance of people's own attitudes to retirement - how positive they feel, how they react to change, and their sense of control over the process. This theme received much attention and comment on our blog and is key in the learning community.⁷ We also explored the impact of external ageism and discrimination and what could be done to alleviate its impact on people in later life.⁸

4. Rationale for the proposed programme

4.1 Introduction

The rationale for the proposed programme is based on:

- an assessment of need
- a theory of change
- consideration of existing interventions
- criteria for successful interventions
- issues related to content, delivery and promotion

Each of these is presented below.

4.2 Assessment of need

There is huge diversity in experience of retirement and its impact. Research from the USA suggests that 30% retirees may have problematic transitions, and 6% have on-going problems (no similar research in UK identified). The literature review identified risk factors having a negative impact on people's experiences of retirement as well as groups that are more likely to have a negative experience of retirement. See Appendix 2 for details.

'Before retirement people are obsessed with money, it's only after that they also talk about isolation, depression, and all the changes that affect them'. [workshop expert]

Some of the studies explored suggest that there is a clear role for pre-retirement courses and resources.⁹ For example:

- retirement planning courses are delivered by the [Co-operative Group](#) to its staff
- a web-based resource for retirement planning, [the LEAP platform of the LiveWell project](#), helps people work through a range of modules including physical exercise and health, diet, identifying potential meaningful activities such as paid work or volunteering, financial planning as well as looking at relationships.
- The Shaftesbury Partnership is developing an interesting retirement course based on developing social capital.¹⁰

We found that a mid-life career review could be beneficial as people seemed more inclined to discuss some of the life changing events that could be expected by people in later life. For example,

⁷ See for example the blogs listed in the appendix 5 [Resisting Everyday Ageism – Who's Afraid of Getting Old? Personal Attitudes Towards Retirement](#)

⁸ See for example the blogs listed in appendix 5 [More on Ageism Loneliness and the Age Industry: Reinforcing Ageist Narratives? The Impact of Stigma and Stereotyping of Ageing](#)

⁹ See [blog post of 5 November](#)

¹⁰ See [Pre-Retirement Courses](#)

NIACE have been working with Unionlearn on evaluating and rolling out a mid life career review programme.

Summary of support activities for retirement transitions

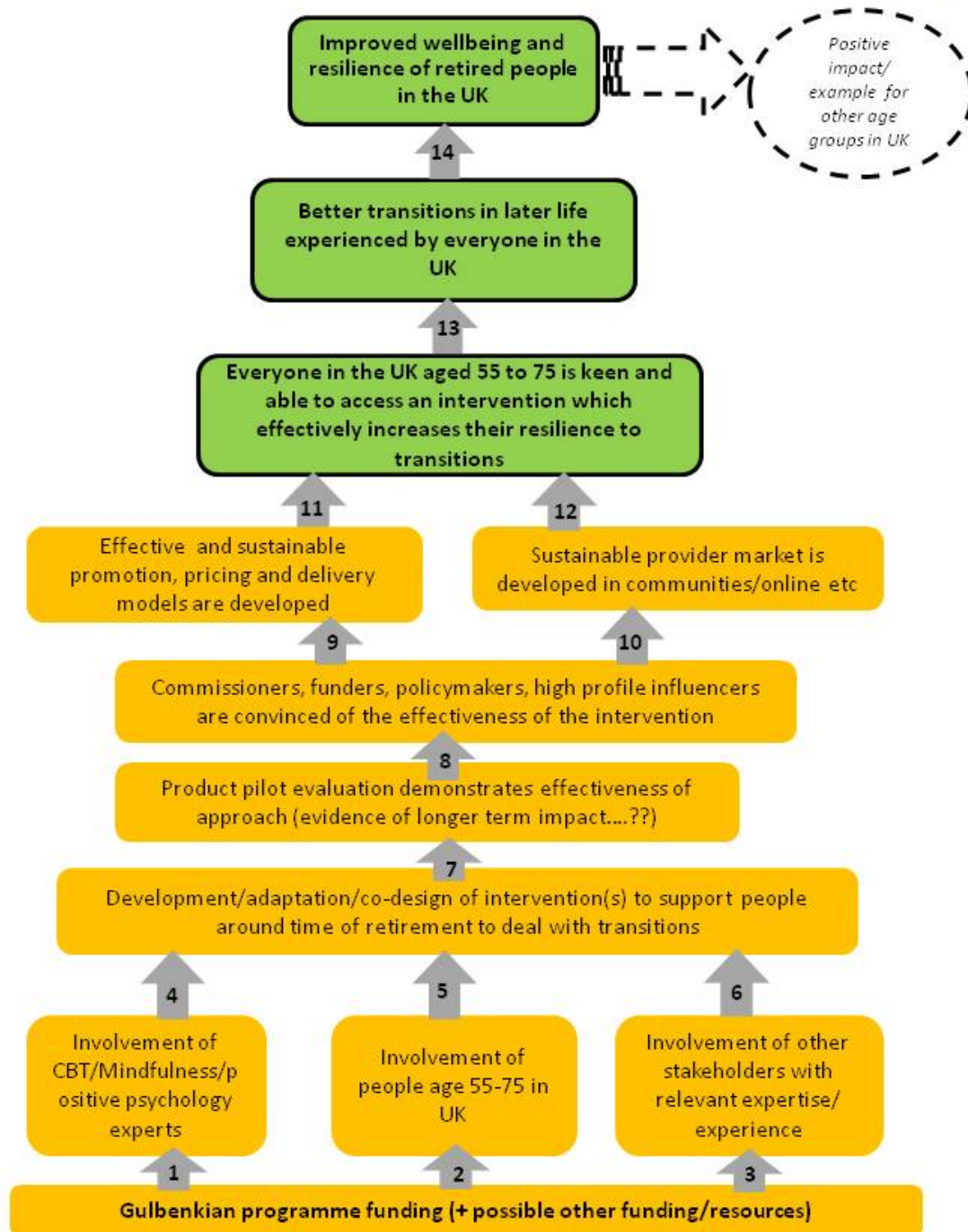
- Tackling **age discrimination**, age awareness and attitudes towards ageing, e.g. Age of No Retirement.
- Improving **employment** opportunities and work conditions in later life – extending working lives – eg NIACE/CROW research and guidance for construction industry, NHS, promoting self employment e.g. PRIME, Encore, UnLtd
- **Retirement Planning courses**, coaching – within companies, Beth Johnson Foundation, Retirement Transition Initiative
- **Mid-life career reviews** – NIACE project, UnionLearn
- Employer provision of **flexible retirement** – BT, Boots, Fujitsu, Asda, Sainsburys
- Websites, services and **resources aimed at helping to promote work and volunteering** after reaching retirement age – LiveWell, Retirement Re-Imagined
- **Targeted support** for people with particular issues in transition, e.g. long term health condition – Manchester Mind Building a Healthy Future
- Initiatives for retirees who have **encountered difficulties**, e.g. address loneliness and isolation – Men in Sheds

'I was medically retired 10 years ago, as I wasn't healthy. Suddenly we had a drastically reduced income. I was thrown into retirement and I didn't want it [...]. I was so upset about giving up work and it took me two maybe three years to really get used to the idea that I wasn't getting up to go to work. I just found the course really interesting. I didn't realise why I felt like I did until I went on the [pre-retirement] course. Basically how I went through this bereavement process of giving up work. I found that really useful actually.' [focus group participant]

4.3 Theory of Change

The ultimate aim is for older people in the UK to have improved mental and emotional wellbeing and resilience, to have experienced better transitions and to be in a position to cope with future transitions. A Theory of Change is proposed to support this vision.

Transitions in later life: theory of change (work in progress)



This outline strategy is based on a large number of assumptions, some of which were tested out during the study.

Stage in diagram	Assumption
4	CBT/Mindfulness/Positive Psychology experts provide some theoretical support for a suitable intervention (either existing or new) Design/delivery issues raised can be taken into account in development of the Intervention
5	People aged 55 to 75 are involved and positively support the intervention Those involved represent sufficient diversity of the UK population aged 55 to 75
6	Involvement of other stakeholders brings in expertise/experience which sufficiently validates the intervention Issues raised by these stakeholders can be addressed in design/delivery plans.
7	A suitable organisation/s can be identified to design/run a pilot A pilot can be funded, designed, delivered and evaluated The pilot/its evaluation will be robust enough to provide evidence within a reasonable timescale
8	The pilot intervention IS effective in supporting people aged 55 to 75 in dealing with transitions Evidence of effectiveness can be produced Evidence demonstrates sufficient positive “return on investment” for all stakeholders involved Timescales required for proof of overall concept are not a barrier to progress

4.4 Existing interventions

The research explored the theoretical background for preventative approaches to build resilience and a range of practice examples. The project assumes a theoretical model that building resilience improves emotional wellbeing. We identified over 50 practical interventions which aim to develop older people’s resilience to assist with transitions in later life. These are described further in Appendices 10 and 11.

The table below gives an overview of the types of activity identified.

We identified the following types of activity aimed at supporting transitions in later life and building mental and emotional resilience:

- General mental health **education** campaigns (e.g. 5 ways to wellbeing, Mind apples)
- **Lifeskills** programmes targeting ageing specifically – e.g. Beth Johnson Foundation’s Age Readiness programme, Age and Opportunity – usually integrating CBT based ideas.
- Interventions targeting those who are most **at risk of developing mental health problems**, e.g. Mind’s resilience programme – have worked with older unemployed men, currently with people with LT health conditions.
- **Web-based interventions** – e.g. Headspace – downloadable mindfulness app.
- **Web-based interventions plus** : e.g. Living Life to the Full / Full of life initiative. CBT based initiatives, can be done on line but also applied in groups, peer coaching, phone and online. Also NHS projects with online work and offer of local groups eg: talk 2gether.
- **Mindfulness interventions** for older adults. E.g. couples facing dementia in UK, some ‘alternative health centres’

- Specific interventions for **retirees dealing with mild anxiety or depression**. E.g. PhD/ book on Interpersonal therapy treatment manual developed specifically for retirees with depression.
- Interventions that integrate **positive psychology approaches into other activities**. E.g. Mind's resilience programme has three parts – meaningful activity, social connection and resilience training; Age and Opportunity has social action/ citizenship group to follow on.

4.5 Criteria for a successful approach

Our research and discussions with experts identified key criteria for a successful intervention:

- CLANG – addresses the five ways to wellbeing - Connect, Learn, be Active, Notice, Give
- Flexibility
- Person-led
- Social / peer elements
- Outcome focused
- Preventative
- Content – addresses ageist attitudes, fear and loss, promotes activity and a sense of purpose, has an element of creativity, draws on strengths and abilities

These are discussed further in Appendix 4. Appendix 11 presents different interventions against the criteria developed.

Evaluation is an important aspect of understanding whether an approach is successful and whether it should be replicated. Approaches to evaluation have varied across interventions, depending on its theoretical approach and the outcomes that it hopes to achieve. Some interventions identified have used standardised wellbeing measures looking at reduction in anxiety and depression (for example the Wellbeing in a Box, LLTTF, Mind's resilience programme). Others focus more on qualitative feedback from participants, and measures of social capital and support. These are summarised in the matrix in appendix 11 and in various blogs (see appendix 8).

4.6 Issues related to content, delivery and promotion

Content

A range of core content is indicated and this should be seen in the context of a **menu** of options that can be adapted to the interest and need of individuals, or that can be selected by individuals. It should:

- Address ageist attitudes - Research suggests that internalised ageist attitudes can have a substantial impact on longevity and resilience. Negative attitudes towards retirement and older age can impact on people's 'will to live' and wellbeing. External negative attitudes towards older age are also influential.

Motivation is missing when retired people get into a rut. If you've got to go work you've got structure in your life. Come to retire, people think it's not all it's cracked up to be really. I've got enough to get by on but hard to motivate to do new things at that point. [focus group participant]

- Address issues around fear and loss

The older you get the more you think about the Grim Reaper. That's an emotional issue isn't it – doesn't get any more emotional than that. Most people think that way the older you get, you're more likely die than someone who is 25. Loneliness, thinking about being on your own if your partner goes. One of you will go first. [focus group participant]

- Promote activity and a sense of purpose: research supports that having a positive social role is crucial to wellbeing in retirement, whether this is through work, volunteering, caring for others, leisure activities.¹¹

Someone described it to me like this. When you are working full time and Sunday comes, you don't have to get up, you can do whatever you want. When retirement comes, you don't know what you're going to do, you don't know whether to get out of bed or not, or what you're going to do when you get out. [focus group participant]

- Include an element of creativity and draw on strengths and abilities and develop self esteem.

if you give people the tools to raise their self esteem they engage much more. [workshop expert]

Delivery

This research did not focus on the aspects of delivery of interventions However this is one of the key assumptions and parts of the theory of change that needs to be addressed. Indeed, it is often hard to separate out content, approach and delivery, as they are all integral to an intervention. However, some key messages come through about delivery:

- Marketing and branding of the product will be crucial to its success
- Flexibility is needed i.e. offering a menu of different approaches for different groups. This kind of intervention can be provided extremely flexibly: groups, one to one, online, in self help books, as part of another programme.
- It is important to understand the variety and relevance of delivery methods and what works best for different people
- It is important to be flexible about content structure, location, duration and timing and be able to reflect and change this during the intervention when necessary.
- There is a need to de-professionalise and de-jargonise “life skills” and make sure people know how and where to access information and support.
- The broader context of people’s lives need to be taken into account and think about infrastructure and other barriers
- An intervention should be kept simple, sustainable and credible so that it can become business as usual with no extra investment of staff at a local level

It should not be an intervention, it should be a way of life, of being. Don't want a programme that tells me what to do with my life. How can it be presented in a way that is not patronising, it would be fantastic if it was a way of being, not something artificial. [workshop expert]

Already there is an incredibly broad array of existing delivery mechanisms and organisations, many of which are working in partnership. These include:

- *Local Government and Public Health* - Several interventions are funded or initiated in local government for example in Bristol, Manchester and Thanet in Kent partnerships have been set up between the local authority, the public, private and voluntary sector and older people

¹¹ See blog: [The Impact of Volunteering On Wellbeing in Later Life](#), [Live Well](#)

themselves to implement strategies aimed at improving the physical and mental wellbeing of older people.

- *NHS* - The Five Ways to Wellbeing approach is promoted by Health services and several of the interventions are being offered as part of the IAPT programme.
- *Voluntary sector* - by far the largest provider of the diverse initiatives, even if not in scale. There is much diversity within this however, with the age related organisations e.g. Age UK Warwickshire, Beth Johnson Foundation; Mental health organisations (Mind, MHF); community development organisations, for example Sefton Arts, Shaftesbury Partnership
- *Housing Associations* - working in collaboration with LAs and voluntary organisations for example Shaftesbury, Joseph Rowntree Foundation
- *Employers and trade unions* - some employers fund or indeed run their own retirement courses for example the Co-operative, or initiatives like mid-life Career Review NIACE/Union Learn
- *Private sector* - there are many small consultancies running retirement courses, coaching and other related interventions, and funding these initiatives
- *Trusts and Foundations* – have a role in seed funding pilots and evaluating them for example the Young Foundation, Nesta, Design Council
- *Academic Organisations* – Centre for Mindfulness, LLTTF

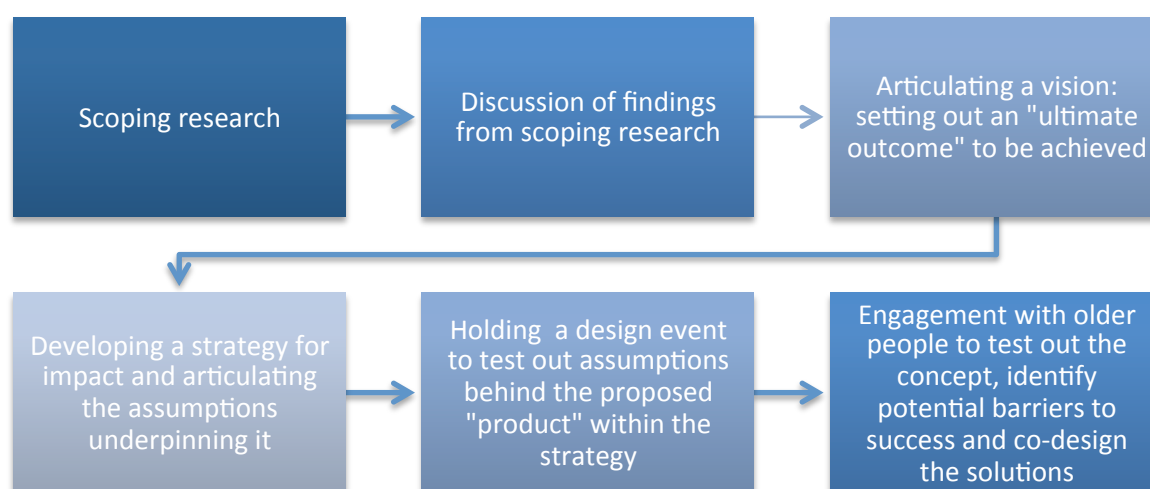
Promotion

The research project did not focus on the issues of promoting any intervention, but such issues have been recurrently raised and are a key assumption and issue within the proposed Theory of Change model. Some of the promotional (marketing/branding) issues which need to be considered are:

- Outreach – how will people find out about the intervention – importance of word of mouth – peer recommendations
- Problem of ‘selling’ a preventative approach and explaining the concept to the target audience. Potential solutions were: providing ‘taster’ sessions, drop-ins
- Tying it to the concept of retirement – which is universally understood even if experienced in different ways
- Settings – whatever the intervention it should be in a range of places and by different organisations and locally available
- Refer to mid life rather than retirement and have a broad age range.
- Importance of de-stigmatisation of therapeutic approaches, and of mental wellbeing.
- Communicate outcomes, not process
- The range of potential different entry points – work, communities of interest, learning opportunities, volunteering for example

The following appendices explore the findings of the research and consultation process in more detail, and give an over view of the methodology applied and those who have collaborated in the approach.

Appendix 1: Research Approach



The research approach can be seen in the diagram above, and briefly comprised:

- **Direct contact with key players** by phone interview, email exchanges, dialogue on social media and via a blog. See appendix 9 for list of contributors
- **Literature review** - Building on the existing review conducted, we explored both published and grey literature (see blogs for details)
- **Interactive website and social media** - A website was developed <http://transitionsinlaterlife.wordpress.com> with at least three regular posts per week on research and issues as they occurred. This has provided a repository of research, information and comment, with over 2,000 visitors over the period and over 5,000 views. See appendix 1 for statistics on visits. The blog was supported throughout by daily Tweets from the Programme Manager of the Calouste Gulbenkian Foundation (UK).
- **Scope relevant current interventions** – 50 interventions were identified and researched see appendix 10 for list of interventions
- **Developing a theory of change for the new programme**
- **Identify and research existing interventions honed to this new programme**
- **Design workshop with experts in the field** See appendix 7 for outline of workshop
- **Focus group with retirees** Eight retirees who had some experience of retirement interventions participated in a discussion about the potential programme

The first stage of research explored the context, discussion and interventions about retirement and emotional and psychological support.

Appendix 2: Risk factors and groups most likely to have negative experience of retirement

Based on the literature review and discussions during the research, the following risk factors were identified as having a negative impact on people's experiences of retirement:

What makes people vulnerable to a poor retirement?

The following factors are likely to have a negative impact on people's experience of retirement:

Have little or **no control** over the decision to retire (e.g. redundancy, forced retirement, ill health, taking on caring responsibilities)

Lack of, or perceived lack of **financial** resources to live well after retirement

Having a **negative attitude** towards retirement

Caring responsibilities

Poor health (physical and mental)

A stressful or physically **demanding job**

Other transitions are taking place at the same time (e.g. taking on caring responsibility, acquiring a limiting health condition)

Inadequate **housing** arrangements

Loss of **social contacts** as a result of retirement

Lack of financial and lifestyle **planning**

Lack of **social support** (issues such as divorce, being separated)

Sudden retirement rather than gradual process

Lack **alternative activities** and structure to daily life

Lack of **self efficacy** and social capital

Unhealthy lifestyle

People whose **identity** is closely linked with their job

It should also be noted that the following groups are more likely to have a negative experience of retirement:

Women with less education, having a fractured career as a result of childcare responsibilities

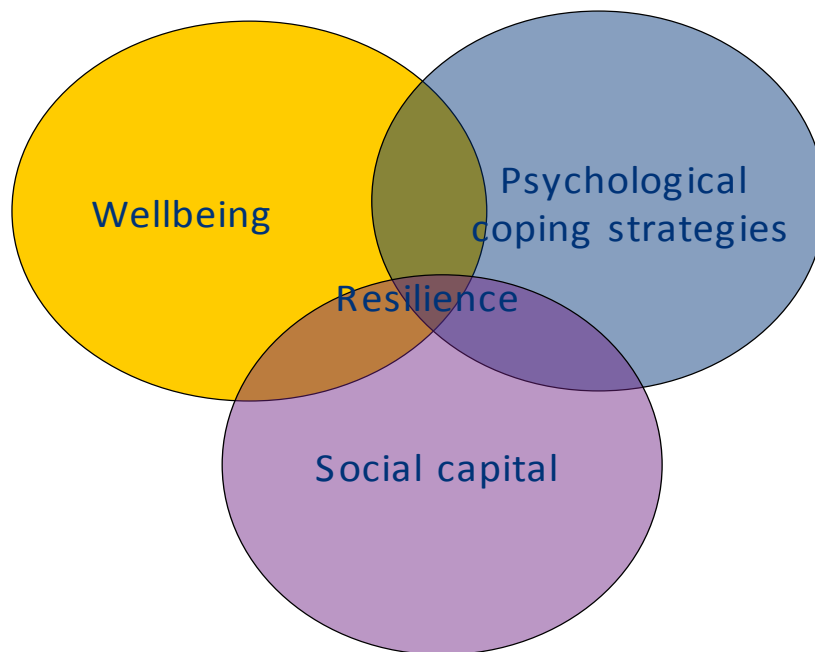
Those who became unemployed after the age of 50

LGBT groups have different experiences of retirement for example being more likely to live alone and more reliant on external services as they get older¹²

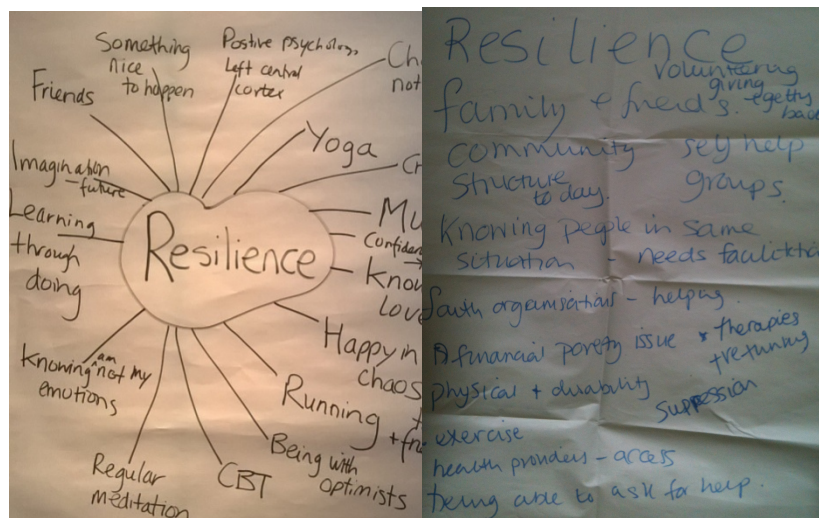
¹² See [Support for Older LGBT People](#)

Appendix 3: Theoretical background

Mind offers a useful framework where they develop a model of resilience depending on wellbeing, social capital and psychological coping strategies that an individual can develop and learn.



The importance of this resilience model is that it highlights that a focus on psychological coping strategies needs to be nested in the context of wellbeing and social capital.



The psychological approaches which are key to help people to develop and learn include the three disciplines of positive psychology, mindfulness and CBT.

Positive Psychology

Positive psychology is the branch of psychology that uses scientific understanding and effective intervention to aid in the achievement of a satisfactory life, rather than merely treating mental illness. Positive psychology focuses on techniques to promote positive emotions and believes that positive emotions will tend to override negative emotions thereby producing a state of well being.

The PERMA is a key model developed by Seligman – thought to be the ‘father’ of positive psychology. PERMA stands for the five essential elements that should be in place in order to experience wellbeing: Positive emotion, engagement, positive relationships, meaning, and accomplishment.

Relevant aspect of positive psychology in relation to resilience building are gratitude, savouring lived experience, challenging negative thought patterns, and using the strengths- based approach.

Mindfulness

Mindfulness is an integrative, mind-body based training that enables people to change the way they think and feel about their experiences, especially stressful experiences. Mindfulness is being applied with older people who are facing particular issues, such as chronic pain, reduction in depression and anxiety, carers and bereavement. There have been some interesting studies looking at the ‘trait’ of mindfulness as a buffer against stress in later life.

Studies of a Mindfulness Based Stress Reduction (MBSR) programme positively impacted older adults’ wellbeing and reduced psychological symptoms. It has an impact on their social interactions – participants recognised that their interactions with others had improved – were more discerning in their relationships, increased gratitude and compassion towards others. Research is being conducted on different aspects of mindfulness and how they help with cognition and resilience.

CBT

Cognitive Behavioural therapy is primarily about gaining awareness of how negative thought patterns can emerge and then how to challenge them and replace them with more positive mental responses. It is based on the premise that changing how we think leads to change in how we feel and behave. It helps individuals challenge their patterns and beliefs and replace 'errors in thinking' such as overgeneralizing, magnifying negatives, minimizing positives and catastrophising with more realistic and effective thoughts, thus decreasing emotional distress and self-defeating behaviour.

The proposal is that an offer is developed which draws on a number of the key elements of these disciplines to deliver a curriculum which equips people with techniques to bolster their abilities to respond more resiliently to any of the major transitions in later life.

Having a sense of purpose or having a sense that you have a purpose to society so there is two things. It's almost like the internal sense of purpose and sense of purpose to the outside world. Also a gender aspect, it impacts men more than women when they get into retirement and not being breadwinners, sense of identity. It is important to have the internal sense of purpose in there that this would be more trying to do. [workshop expert]

Appendix 4: Criteria for a successful approach

CLANG

An intervention should address the key components of the evidence based Five Ways to Wellbeing : CLANG (Connect, Learn, be Active, Notice, Give) in either the content or the methodology of the approach or both. Within these, priority was given to ‘connect’.

Flexible

‘The group of people we are discussing is anything but homogenous – there is great diversity in circumstances, social, economical, race and ethnicity, and employment. We need to recognise the diversity, different cultures, rural/urban. But helping with transitions goes for all people, we are helping people develop techniques to deal with these sort of challenges in life ... the psychological processes are pretty similar in terms of how you deal with the death of a loved one or someone becoming ill, helping people deal with that transitions. So there may be more similarities than difference. [workshop expert]

The intervention needs to be flexible to deal with diversity of different people who can use it; there is great diversity within people’s different experience of transition in retirement. It is important to be flexible about age groups – and to start as early as possible – and the suggestion is to start at 50.

Flexibility is very important in terms of content and a ‘menu’ of different approaches needs to be available. This is apparent in some approaches especially with online material when people can select different elements of a course. Much of this agenda is learning and applying new life skills and these need to be adjusted to the different ways people learn.

We have increasingly moved away from diagnosis and problem solving towards how do people like to learn and adapting the resources for different people’s learning styles – classes, online courses with video, shorter books [workshop expert]

The issue of flexibility is key for the delivery mechanisms discussed below. Although these interventions are aimed at building resilience, they also need to be able to address and deal with crises with more intensive work if required. Flexibility is also needed in terms of adapting different approaches. For example, many interventions have rigid criteria for how they are used. An example given is Mindfulness Stress Based Reduction which tends to be completed in 50 minute sessions. However it can be used in more flexible ways. The challenge is to understand where changes can be made whilst keeping the essence of the effectiveness of the intervention.

Mindfulness, CBT, Positive Psychology - different people get a lot out of one of these, it is not the same for all. Whatever they offer it needs elements of all three so that people can gravitate towards the mode they find most helpful. [workshop expert]

Person-led

There is strong argument for the intervention to be person – led in terms of individuals having influence and some control over the content and approach of the intervention – and that it is co-designed, taking into consideration of participant’s needs and perspectives. This principle works in terms of the ability to engage and sustain people’s interest, but also as a fundamental part of the outcomes where participants feel more in control, a key factor towards developing resilience. In practice, providing a universal approach which can also be person-led is a challenge, and requires a very flexible approach (see above), and good facilitation skills that can enable participants to direct the learning whilst still getting across the essence of the positive aspects of the intervention.

Co-produced model peer support groups for people with dementia/ memory loss – the theme came from the people themselves. The content was discussed with the individual and needs to be meaningful for each person. The content came through a trained facilitator who had worked with older people, with co-facilitators chosen from groups. [workshop expert]

Don't make assumptions about people's needs, be flexible within the interventions, including being flexible on content depending on the wishes of attendees. [workshop expert]

Social/peer elements

*You get the bonds that form within the group, people support each other, new friendships emerge. I think that's the secret ingredient to group work is the social bonds that develop [workshop expert]
Getting other people's ideas is stimulating especially if you're living on your own. You feel recognised and wanted, people are interested in you. [focus group participant]*

Feeling someone is in the same position, that you're not being silly and other people are in the same boat. [focus group participant]

Just as 'person led' is a core principle, so are social and peer support central to the intervention. This is both a content and delivery aspect of the intervention. The importance of social networks, and engaging and connecting with others is fundamental. This can be implemented a variety of ways. Many of the interventions we investigated implemented this as a key part of the work via group work, building up networks between people. Systematic reviews also suggest that group work is more effective than in 1:1 interventions. For many the sense of finding that others are in the same position is very powerful. Interventions which do not in their own practice develop peer support (e.g. online projects or self help books) emphasise in their content the importance of good social networks and how to consolidate these.

Many interventions used peer support further in that the courses are facilitated and delivered by peers. There is a long tradition of this in mental wellbeing support and community development.

Peer support and self management - people are self managing better when they have a team or a community around them supporting them. Building and strengthening self management techniques that have a peer support element and to help people move forward, let go and release. It is going beyond reading self help books and doing solo meditation, a group process is needed to share experiences and help people move on. Also has the element of helping someone else, giving is there, it gives a sense of purpose, it makes people feel valued. [workshop expert]

Outcome focused

We're not teaching people 'resilience' but looking at helping people to do things that make them resilient. The five ways to wellbeing learning, doing. [workshop expert]

It is easy to focus on the approaches and activities, but it is important to ensure that an intervention focuses on the desired outcome for the individuals, and that this is articulated clearly to potential participants. The outcomes need to be described in a positive way rather than in a deficit model. Identifying clear outcomes is also important for evaluation.

An Outcomes focus in terms of goal setting is an important part of many of the interventions, and is an important part of generating wellbeing and resilience: having a sense of purpose, and feeling in control. This is an important underlying aspect of positive psychology – of reimagining positive goals and tackling ageism, and in CBT where goal setting and rethinking in positive ways is also core.

Preventative

I hadn't realised that it (proposed intervention) is for everybody. [that makes it an] even harder sell. In that 'just in case you going to fall ill'. It's not a motivational thing.[focus group participant]

A key aspect of this project is that it is exploring developing an intervention that is preventative. This is one of the most significant departures from many of the classic interventions in health and social care which focus on resolving problems. This is a substantial challenge in a range of ways. Many of the interventions we are drawing on, for example CBT come from a problem-solving approach and need adapting and re-focusing. Although there has been considerable investment in preventative physical health promotion, there has been less around mental health promotion and mental wellbeing.

One of the biggest challenges is not so much the content, but the promotion and marketing of a potential intervention. Experts and particularly the individuals in the workshops repeatedly raised the challenge of engaging people in preventative approaches.

If people don't see it as relevant to them no one is going to engage with it. One has reservations as you feel that some of the people who should engage with it are least likely to engage with it unless it's presented in the right way. [workshop expert]

For most people if you don't have to think about retirement, they don't. People spend more time thinking about their next holiday than their retirement. We need to think more about it. [workshop expert]

Appendix 5: Activity social media

The social media campaign and blog - transitionsinlaterlife.wordpress.com - had two key aims: to build up resources and immediate access to information gathered; and to build a dialogue with stakeholders.

The statistics suggest that most visitors came from the UK and the USA/Canada but there was also interest from Australia, Portugal, Spain, Ireland and a range of other countries. Although the blog had relatively few followers, 60, we found that a much larger number of people appeared to be visiting the site, in total over 2,000 visitors were logged totalling 5,344 views. Although these figures include the followers, evidence suggests that many had read the blog but then did not choose to follow it, rather dipped in and out when it was convenient for them.

Blog as at 23 April 2015

Posts: 70 posts

Pages: 10

Followers: 61, almost half of these started following the blog in the last three months

Views: 6,118

Average Views per Day: 41

Comments: 21

Geographical Spread: UK [83% in 2015], USA/Canada [8% in 2015], Portugal, Sweden, Ireland, Malta, Australia, New Zealand, Belgium, Switzerland, and a number of less frequent visits from across the world, ranging from Denmark and the Netherlands to South Africa and Hong Kong.

Topics that resonate: Blog posts that discussed attitudes to ageing and ageism scored the highest numbers of views. The recent posts summarising what we have learned from this scoping exercise also scored relatively high.

Appendix 6: Resources

Practice examples – over 50 examples covering areas such as improved employment practices to web based CBT and mindfulness courses

Documents – More than 100 titles including research reports, evaluations, manuals, guidelines, strategy and policy documents. ¹³

Articles – More than 85 titles. ¹⁴

Websites – websites of commissioners for older people, more than 25 policy and research centres working on issues relating to transitions in later life, more than 30 other organisations working on transitions to retirement or therapeutic support in later life related issues, and organisations focusing on employment of older people. ¹⁵

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¹³ For details, see: <https://transitionsinlaterlife.wordpress.com/resources-reports/> and <https://transitionsinlaterlife.wordpress.com/resources-guidelines/>

¹⁴ For details see: <https://transitionsinlaterlife.wordpress.com/resources-journal-articles/>

¹⁵ For details see: <https://transitionsinlaterlife.wordpress.com/resources-other-websites-of-interest/>

Appendix 7: The workshops with experts and older people

A. The workshop with experts in February 2015

The aim of the workshop was to assess whether there are existing interventions that have the potential for preventive use with 55-75 age range and providing long term benefit, or whether a new intervention should be developed which builds on the strengths of existing products. The participants included:

- practitioners working with existing interventions,
- experts in the fields of Mindfulness, Positive Psychology and CBT (with an interest or experience of developing similar interventions)
- critical friends from other funders, experts in mental health and working with older people

The outline of the workshop consists:

Welcome and introductions
Background and aims of the workshop
Criteria for a successful approach
How existing approaches contribute to these criteria
Where are the gaps?
What are the theoretical and practice issues?
Next steps

This event was followed by a consultative workshop with older people to focus on testing out the acceptability of the ideas and get feedback on the approach.

B. The workshop with people in later life in March 2015

On 5th March we consulted a group of older people who had participated in a range of retirement courses to discuss their experiences of the retirement transitions and to get their perspective of our developing ideas. They each had different retirement experiences to share – some were retired already, one having experienced enforced early retirement through ill health, others were still in work and contemplating their future plans. All had found the retirement planning courses useful – especially meeting other people in a similar situation, but also felt that a follow up session (it was a year on from the last for most) would be useful to deal with the reality of retirement or with changes in circumstances. Several felt that people should start planning for retirement much earlier and courses should be offered earlier and integrated into careers advice and schooling at a much earlier stage. In this the discussion echoed findings from organisations like the [Beth Johnson Foundation](#), [NIACE](#), and [Shaftesbury Partnership](#).

We particularly probed about the emotional side of retirement and transitions and some feelings such as ‘going through a bereavement’, about the sudden loss of a job, fear of losing loved ones or being alone and losing contact with colleagues. We discussed concepts of emotional resilience which chimed with their experience, but the discussion made it clear that it would be important to frame the concept of resilience very clearly as participants felt it might be difficult to ‘sell’ the idea.

Appendix 8 Summary of Blog Posts as at 23 April 2015

October 2014

[Emotional and Psychological Support Through Transitions in Later Life](#)

Outline of research 1

[Transition to Retirement](#) - Outline of research 2

[Transitions in Later Life](#) - Jason Bergen, Calouste Gulbenkian Foundation (UK) sets out why the Foundation has commissioned this piece of work.

[Guy Robertson, Positive Ageing Associates, Talks About Support for Psychological Wellbeing in Later Life](#) - Brief video interview with Guy Robertson about different approaches to supporting psychological wellbeing.

[No Longer A Cliff Edge](#) - Discussion of changes in retirement options, phased retirement

November 2014

[Business in the Community – Exploring Flexible Working for Older People](#)

Report of a discussion with Rachel Saunders of Business in the Community about their work around flexible working for older people.

[Nothing Prepared Me For ...](#) - Guest blog by Alan Hatton Yeo about emotional wellbeing in later life.

[Pre-Retirement Courses](#) - Discussion of research into the benefits of pre-retirement courses

[Mid Life Career Review](#) - Discussion of NIACE's evaluation of the benefits of mid life career reviews

[Personal Attitudes Towards Retirement](#) - Discussion of the impact personal attitudes can have on emotional wellbeing after retirement.

[Beth Johnson's Foundation Age Readiness Programme](#) - Discussion of the "A Life Course Approach to Promoting Positive Ageing" report from the Beth Johnson Foundation

[Training and Courses for Confidence and Resilience](#) - Two examples of training courses that build confidence and resilience, one in Ireland by Age & Opportunity, called "Ageing with Confidence", and one in Wales called "My Life My Way"

[Volunteering in Later Life](#) - Feedback on an interview with Dr Allison Smith of the RVS and the report they commissioned from Professor James Nazroo on the benefits of volunteering in later life.

[Up-to-date Information on Issues Around Ageing and Retirement](#) - Guest blog by Graham Ross Russell about the services provided by the Retirement Reinvented website.

[Rethink, Rework, and Act!](#) - Announcement of the first conference of the Age of No Retirement Movement in London

[Self Employment](#) - Discussion on the growing number of older people who choose self employment and some research that has been done into their motivations.

[Becoming an Entrepreneur in Later Life](#) - Second blog post about self employment looking at support available for older entrepreneurs such as the School for Creative Start-ups.

[Cooperative Retirement Planning](#) - Report of an interview with the pensioner welfare manager at the Co-operative Group about their extensive support for people moving towards retirement.

[Missing Element in Many Pre-Retirement Courses](#) - Post on a comment by Care and Repair England who pointed out that housing is often overlooked as one of the issues to consider upon retirement.

[Window of Opportunity?](#) - Looking at retirement as a window of opportunity, illustrated by a description of the LiveWell project.

[Volunteering as a Meaningful Social Role?](#) - Discussion of the importance of making any volunteering opportunity meaningful if it is to have a positive effect on emotional wellbeing, discusses more of the LiveWell project

December 2014

[You Are Not Alone](#) - Description of an Age UK leaflet focusing on emotional wellbeing.

[Mindfulness and Positive Ageing](#) - Discussion of two studies into the efficacy of mindfulness training in relation to positive ageing.

[How Age Diverse are Small and Medium Sized Businesses?](#) – Discussion of a CIPD/Healthy Working Lives report on support for older employees in SMEs

[Who Wants to Work Forever?](#) – presentation by Dr Tarani Chandola of ICLS, UCL about the possible impact of working longer on emotional wellbeing.

[Mind's Resilience Programme](#) – discussion of a resilience building programme Mind has been testing out, initially with men who were unemployed aged between 45-60.

[Building a Healthy Future in Manchester](#) – Follow-up from previous post looking at an extension of Mind's resilience building programme working with people with long-term health conditions.

[What Are the Predictors of Poor Retirement Transitions](#) – post on American research that looked at whether poor retirement transitions could be predicted

[Transitions to Retirement for members of BME communities](#) – post looking at specific issues affecting people from BME communities in later life

[Local Authorities Promoting Emotional Wellbeing in Later Life](#) – examples of local authorities that have implemented programmes to improve wellbeing in later life for their citizens, includes looking at legacy of Ageing Well programme and an example of a partnership approach in Thanet.

[The Role of Arts in Promoting Emotional Wellbeing in Older People](#) – discussion of initiatives like Creative Alternatives in Sefton

[How to Age Positively handbook](#) – discussion of self-help book from Positive Ageing Associates

January 2015

[Mindfulness and Cognitive Improvement with Older People](#) – discussion of the potential use of the mindfulness approach in improving emotional wellbeing in older people

[Bristol Ageing Better](#) – case study of one local authority's strategic approach to ensuring the health and wellbeing of older citizens

[Living Life to the Full](#) – post about a CBT-based digital approach to improving emotional wellbeing and its potential use with older people

[So What is Wellbeing or Happiness?](#) – discussion about the potential metrics around wellbeing or happiness

[Local Authority Strategies to Improve Emotional Wellbeing of People in Later Life](#) – post about local authorities that make the emotional wellbeing of older people a specific strategic priority

[NESTA Ageing Well Initiative](#) – discussion of initiatives funded by NESTA under their Ageing Well strategic priority

[Support for Older LGBT People](#) – discussion of services available to LGBT people in later life

[Digital Support for Emotional Wellbeing in Later Life?](#) – Examples of digital approaches to improving mental wellbeing and a discussion of evaluations around such services

[Digital or Face-To-Face Therapeutic Work – What Works Best](#) – discussions of the pros and cons of introducing a digital element to support services for older people

[Thoughts about Transitions in Later Life](#) – Video with views of participants of the Age Of No Retirement event in October 2014 about attitudes to ageing

[Promising Approaches to Reducing Loneliness and Isolation in Later Life](#) – discussion of Campaign to End Loneliness Report

[More on Digital Approaches to Support Services in Later Life](#) – discussion of comments received on the earlier post

February 2015

[Using Positive Psychology in Therapeutic Interventions](#) – discussion of the positive psychology approach to wellbeing.

[Let's Talk – Wellbeing Support for Older People in Gloucestershire](#) – post about a specialist mental wellbeing course for older people in Gloucestershire delivered as part of the NHS 2Gether Trust's Let's Talk programme

[Wellbeing in a Box](#) – post about a scheme that is using the Living Life to the Full approach to offer mental wellbeing services in Warwickshire.

[Workshop to Discuss Approaches to Building Resilience in Later Life](#) – announcement about a workshop for professionals held in London at the Gulbenkian offices to discuss possible approaches to building resilience and improving emotional wellbeing in later life

[Delivering Services in Rural Areas](#) – guest blog post about Future Roots, a project that delivers services in rural settings including the so-called 'care farming' model

[Add to Your Life](#) – post about an initiative in Wales that uses a digital survey to improve health and wellbeing and signpost people to appropriate services

[CLANG](#) – post on the CLANG method of improving emotional wellbeing

[Workshop on Building Resilience in Later Life](#) – short report on the workshop with professionals.

[The Impact of Stigma and Stereotyping of Ageing](#) – post on the relationship between the stigma surrounding older age and emotional wellbeing

[Positive Interpretations of Ageing](#) – examples of positive interpretations of later life and how to achieve these

[Retirement Reinvented](#) – guest blog post by Graham Ross Russell about the Retirement Reinvented website

[Resilience](#) – post about the links between resilience and emotional wellbeing

March 2015

[Resisting Everyday Ageism – Who’s Afraid of Getting Old?](#) – guest blog post by Mervyn Eastman of Change AGEnts about the ageism from within, older people’s own views about later life

[More on Ageism](#) – blog post about the stigma and discrimination surrounding ageing

[New Interpretations of Later Life](#) – A blog post about initiatives that emphasise a more positive interpretation of getting old

[Working With Rather than For People](#) – discussion of the need to empower older people to have a voice

[Loneliness and the Age Industry: Reinforcing Ageist Narratives?](#) – another blog post by Mervyn Eastman of Change AGEnts about inherent ageism of organisations working for older people.

[Australian report on improving emotional wellbeing in older people](#) – discussion of an Australian publication that gives an overview of the efficacy of different approaches to improving emotional wellbeing in later life.

[So What Have We Learned – Part 1](#) – overview of changes to attitudes to retirement

[Working Longer and Pension Pots – Opportunities and Challenges](#) – Jason Bergen of the Calouste Gulbenkian Foundation (UK) writes about the financial and social implications of working longer and changes to pension regulations.

[So What Have we Learned – Part 2](#) – discussion of changes in employment patterns

[So What Have We Learned - Part 3](#) – discussion of the impact of attitudes to retirement and ageism

[Volunteering in Later Life - Opportunities and Challenges for the Voluntary Sector](#) – Jason Bergen of the Calouste Gulbenkian Foundation (UK) writes about the Commission on the Voluntary Sector & Ageing report [Decision time: Will the voluntary sector embrace the age of opportunity?](#)

[So What Have We Learned - Part 4](#) – discussion of strategies and policies on ageing at local and national government level and the importance of partnership working

April 2015

[So What Have We Learned - Part 5](#) – discussion of the different approaching to building resilience in order to improve emotional wellbeing in later life

[So What Have We Learned – Part 6](#) – discussions of the findings around delivery and engagement

Appendix 9: List of organisations and individuals engaged (via interview, workshops, blog posts/ responses)

Professionals consulted:

2gether Trust – Hayley Mason, Psychological Wellbeing Practitioner

Action for Ageing - Chris Minnett, Managing Director

Age and Opportunity (Ireland) – Helen Campbell, Head of Lifelong Learning & Civic Engagement

Age UK – Christopher Brookes, Senior Policy Manager, Consumer and Community

Age UK/PRAGMA, Manchester - John Cotcher

Ashling Partnership – Dr Barrie Hopson

Behavioural Insights – Antonio Silva, Research Fellow (by email)

Beth Johnson Foundation – Lynne Wealleans, Programme Lead

Business in the Community - Rachael Saunders, Acting Director Age and Intergenerational Workplaces

Campaign to End Loneliness – Anna Goodman

Communities for All Ages - Alan Hatton-Yeo, Lead Consultation

Co-operative Group – Brian Green, Pension Welfare Manager

Headspace – Janis Martman.

International Centre for Lifecourse Studies, UCL – Tarani Chandola, Professor of Medical Sociology at the Social Statistics Disciplinary Area of the School of Social Sciences, University of Manchester.

Joseph Rowntree Foundation – Claire Turner, Head of Team (An Ageing Society)

Later Life – Tony Clack

Liverpool John Moore University – Meditation Research – Dr Peter Malinowski, Senior Lecturer in Psychology and Cognitive Neuroscience

Lloyds Bank Foundation – Louise Telford

Mental Health Foundation – Toby Williamson, Head of Development and Later Life

Mental Health Foundation - Lauren Chakkalackal, Research Officer

Mind – Melanie Harakis, Service Development Manager

Mind – Stuart Reid, Community Programmes and Grants Project Manager

Mind – Ruth Rollerson, Resilience Coordinator

Mindfulness for Health – Vanessa Hope, Teacher, Trainer, Supervisor

My Life My Way – Age UK – Kate Richmond, Manager Psychological Support Service

Newcastle University, Live Well Programme – Dr Ben Heaven, Research Associate

NIACE – Dr Jane Watts, Programme Manager and Lead Officer for Older Adults

Open Age – St Charles Centre for Health and Wellbeing – Robert Hacking, Business and Development Manager

Oxford Centre for Mindfulness – Dr Philip Wilkinson, Honorary Senior Clinical Lecturer, Consultant Psychiatrist

Positive Ageing Associates - Guy Robertson

Positive Psychology Training - Miriam Akhtar

Retirement Reinvented – Graham Ross Russell

Royal Voluntary Society – Liz Thomas, Senior Trust & Statutory Fundraising Manager

Shaftesbury Partnership – Patrick Shine, lead partner

South East England Forum on Ageing – Ruth Rose

Surrey University – Zeineb Cox, PhD research student

University of Glasgow - Christopher Williams, Professor of Psychosocial Psychiatry

University of Glasgow – Ann McCreath, Clinical Nurse, CBT Therapist

Young Foundation – Rowena Young, Director Innovation in Health and Social Care

And...

Eight experts by experience, brought together by Beth Johnson Foundation, Shaftesbury Partnership and PRAGMA/Age UK Manchester

Appendix 10: Interventions researched

	For more information see:
Add to Your Life, Wales	https://transitionsinlaterlife.wordpress.com/2015/02/16/add-to-your-life/
Age and Opportunity : Ageing with Confidence	https://transitionsinlaterlife.wordpress.com/2014/11/14/training-and-courses-for-confidence-and-resilience/
Age UK Fit as a Fiddle	http://www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle/
Age UK Warwickshire's 'Wellbeing in a Box'	https://transitionsinlaterlife.wordpress.com/?s=box
Ageing Better Innovation	https://transitionsinlaterlife.wordpress.com/2015/01/30/more-on-digital-approaches-to-support-services-in-later-life/
Ageing Better, Ageless Thanet	https://transitionsinlaterlife.wordpress.com/2014/12/19/local-authorities-promoting-emotional-wellbeing-in-later-life/
Ageing Well, Cumbria	https://transitionsinlaterlife.wordpress.com/2014/12/19/local-authorities-promoting-emotional-wellbeing-in-later-life/
Ageing Works	http://positiveageing.co/meet-the-team/
Altogether Better, Barnet	https://transitionsinlaterlife.wordpress.com/2014/12/19/local-authorities-promoting-emotional-wellbeing-in-later-life/
Beating the Blues	https://transitionsinlaterlife.wordpress.com/2015/01/23/digital-or-face-to-face-what-works-best/
Beth Johnston Foundation 'age readiness' programme	https://transitionsinlaterlife.wordpress.com/2014/11/12/beth-johnson-foundations-age-readiness-programme/
Bristol Ageing Better	https://transitionsinlaterlife.wordpress.com/2015/01/07/bristol-ageing-better/
Business in the Community - Ageing Workforce	https://transitionsinlaterlife.wordpress.com/2014/11/03/business-in-the-community-exploring-flexible-working-for-older-people/
Cooperative Group Retirement Planning	https://transitionsinlaterlife.wordpress.com/2014/11/24/co-operative-retirement-planning/
Creative Alternatives, Sefton	https://transitionsinlaterlife.wordpress.com/2014/12/22/the-role-of-arts-in-promoting-emotional-wellbeing-in-older-people/

Creative Gymnasium, Coventry	https://transitionsinlaterlife.wordpress.com/2014/12/22/the-role-of-arts-in-promoting-emotional-wellbeing-in-older-people/
Creative Startup School	https://transitionsinlaterlife.wordpress.com/2014/11/21/becoming-an-entrepreneur-in-later-life/
Design the retirement you love Barry Hopson	
Five Ways Friends, Watford	https://transitionsinlaterlife.wordpress.com/2015/02/18/clang/
Future Roots	https://transitionsinlaterlife.wordpress.com/2015/02/12/delivering-services-in-rural-areas/
Happiness Habits	https://transitionsinlaterlife.wordpress.com/2015/02/02/using-positive-psychology-in-therapeutic-interventions/
Headspace - Gym for the Mind	https://transitionsinlaterlife.wordpress.com/2015/01/23/digital-or-face-to-face-what-works-best/
Henpower	http://www.dailymail.co.uk/health/article-2478885/Meet-hensioners--OAPs-given-CHICKENS-company.html
Here & Now Arts Festival, Northern Ireland	https://transitionsinlaterlife.wordpress.com/2014/12/22/the-role-of-arts-in-promoting-emotional-wellbeing-in-older-people/
Labrys Trust, Bradford and Calderdale	https://transitionsinlaterlife.wordpress.com/2015/01/19/support-for-older-lgbt-people/
Later Life AGEnda	http://paper.li/f-1409134528?edition_id=3f378d60-b348-11e4-9040-0cc47a0d164b&utm_campaign=paper_sub&utm_medium=email&utm_source=subscription]
Later Life Pre-Retirement Courses	http://www.laterlife.com/laterlife-pre-retirement-planning-course-uk.htm
Let's Talk wellbeing support for older people	04/2/2015 https://transitionsinlaterlife.wordpress.com/2015/02/04/lets-talk-wellbeing-support-for-older-adults-in-gloucestershire/
LGBT Age Scotland	https://transitionsinlaterlife.wordpress.com/2015/01/19/support-for-older-lgbt-people/
Life Coaches, Thanet	https://transitionsinlaterlife.wordpress.com/2014/12/19/local-authorities-promoting-emotional-wellbeing-in-later-life/

Lifestyle Matters, East Lancashire	https://www.cot.co.uk/sites/.../a-local-evaluation-of-lifestyle-matters.doc
Live Well Project, Newcastle University	https://transitionsinlaterlife.wordpress.com/2014/11/26/window-of-opportunity/
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