



***National Institute for  
Health and Clinical Excellence***

# Taking action at local level: a resource for improving health and wellbeing in mid-life

## Part 1: Developing local strategies

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# Foreword

In the period 2001–03 the Health Development Agency (HDA) commissioned and managed eight pre-retirement pilot projects ([www.publichealth.nice.org.uk/page.aspx?0=502519](http://www.publichealth.nice.org.uk/page.aspx?0=502519)) to support development of a better understanding of mid-life, and to explore how people could best be enabled to improve their health and wellbeing during this time of important transitions. The pilots examined and developed practical responses to a number of key settings; the results of the programme evaluation have been published (Bowers *et al.*, 2003).

From the pilot study emerged the need to make the learning from the programme available in an accessible way. This would inform the development of future initiatives across England, structured to acknowledge and be responsive to the multiplicity of different settings and needs that exist across the country.

In March 2004 a number of the initial partners in the pilot projects, who were still actively engaged in developing mid-life projects, were commissioned to develop a resource that could be used as a basis for developing mid-life interventions. This was to draw on both the learning from the pilots and the developing evidence base for the importance of mid-life to promoting the health and wellbeing of people throughout the life course. This resource pack is the result. In developing the pack, the authors have sought to bring together the evidence, supporting resources, and a proposed structure that can be used to underpin the development of mid-life strategies in different settings from both practical and strategic positions.

*Part 1: Developing local strategies* makes the case for the importance of mid-life planning; sets a broad context for how this can be undertaken; and provides signposts to additional resources to promote understanding and interest.

*Part 2: Training materials* provides a practical framework to help people who recognise the importance of mid-life to develop their own interventions, informed by practical examples and knowledge drawn from existing or previous initiatives. The core of this is a facilitated one-day training event that takes participants in a structured way through the issues central to an understanding of mid-life, using a process model as a tool to enable people to develop their own plans. This stage is supported by examples drawn from the pre-retirement projects. It also provides detailed supporting notes for facilitators, to enable them to guide participants through the process.

The model has been developed through a number of stages, including a two-day seminar when the structure and process model were tested and subsequently revised in the light of participants' comments.

# Introduction

*Taking action at local level: a resource for improving health and wellbeing in mid-life* aims to support practitioners in developing and implementing strategies to promote the health and wellbeing of people in mid-life (defined as the age group 50–65). It can be seen as a process tool, providing a framework and different approaches for developing programmes. It is designed for people who are aware of the growing importance of mid-life issues and want to develop services and initiatives that meet the needs of people in mid-life more effectively. It emphasises the importance of working in partnership with other agencies.

The resource provides information and suggestions about how to start:

- Relating to regional and national policy initiatives
- Identifying mid-life needs within a locality
- Identifying partners
- Building a case for action
- Identifying which models to use and the evidence available
- Developing ways to evaluate initiatives.

## The need for a mid-life initiative

### *Why focus on mid-life?*

The percentage of people aged 45–65 years is expected to increase by almost 5% nationally by 2011 ([www.ons.gov.uk](http://www.ons.gov.uk)). In some regions the increase will be greater. The period between ages 50 and 65 is becoming recognised as a period of mid-life transition, when people start to address a range of issues in their lives that may be health-focused, but may also relate to income, occupation, community role, family and friends (Bowers *et al.*, 2003).

The second Wanless report *Securing good health for the whole population* (Wanless, 2004) highlights the case for longer-term investment in public health in the light of

changes in the demographic structure, and the likely impact an ageing population could have on demand for services in the NHS. The white paper *Choosing health* (DH, 2004a) identifies the value of supporting health improvements among people in mid-life as a way of promoting health and wellbeing in older people.

People in areas of deprivation, whose health is more likely to be affected by increased morbidity, may have fewer opportunities to address these mid-life issues. The government's plan *Tackling health inequalities* (DH, 2003a) identifies targeting people aged 50+ as an effective strategy for increasing life expectancy and narrowing the gap in life expectancy between unskilled and professional groups.

A series of reports have recommended a whole-systems approach that supports the development of opportunities and services to meet the different needs and priorities of older people, including those in mid-life (BGOP, 2002; Audit Commission, 2004).

A life-course approach to improving and promoting health and wellbeing is also supported by policy frameworks on active ageing at European and international (WHO, 2002) levels.

# Health policy drivers

## Health, wellbeing and illness

One of the principles underpinning the white paper (DH, 2004a) is that: 'To be effective in tackling inequalities, services have to be tailored to the realities of individual lives with services and support personalised sensitively and provided flexibly and conveniently.' This is central to the delivery of services for people in mid-life in disadvantaged communities.

Several NHS national service frameworks (NSF) have specific standards or goals that need to address people in mid-life if they are to be achieved. Presenting mid-life initiatives in the context of an NSF will help to develop joint activities with other local agencies. A planning framework for all NHS organisations and social services agencies was published by the Department of Health (DH) in 2004, and will be used to monitor progress and review delivery across the local economy during 2005–08 (DH, 2004b).

### *Health and wellbeing*

- Health and social services should promote mental health for all, working with individuals and communities, combat discrimination against individuals and groups with mental health problems, and promote their social inclusion (Standard 1, *NSF for mental health*: DH, 1999a).
- The NHS and partner agencies should develop, implement and monitor policies that reduce the prevalence of coronary risk factors in the population, and reduce inequalities in risks of developing heart disease (*NSF for coronary heart disease*: DH, 2000a).
- Increasing significantly levels of sport and physical activity with the target of achieving 70% of the population as reasonably active – defined as participating in 30 minutes of moderate activity five times a week – by 2020 (*Game plan*: Strategy Unit, 2002).

- The NHS and partner agencies should contribute to a reduction in the prevalence of smoking in the local population (*NSF for coronary heart disease*: DH, 2000a).
- To reduce adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among manual groups (from 31% in 2002) to 26% or less (DH, 2004b).
- The NHS will develop, implement and monitor strategies to reduce the risk of developing type 2 diabetes in the population as a whole, and to reduce the inequalities in the risk of developing type 2 diabetes (Standard 1, *NSF for diabetes*: DH, 1999b).
- The NHS will develop, implement and monitor strategies to identify people who do not know they have diabetes (Standard 2, *NSF for diabetes*: DH, 1999b).

### *Mortality*

- To extend the healthy life expectancy of older people. The health and wellbeing of older people is promoted through a coordinated programme of action led by the NHS with support from councils (Standard 8, *NSF for older people*: DH (2001).
- By 2010, to reduce the death rate from coronary heart disease, stroke and related conditions in people aged under 75 by at least 40% (baseline 1995–97) (DH, 2003a).
- By 2010, to reduce the death rate from cancer in people aged under 75 by at least 20% (baseline 1995–97) (DH, 2003a).
- By 2010, to reduce by at least 10% the gap between the quintile of health authorities with the lowest life expectancy at birth and the population as a whole (baseline 1997–99) (DH, 2003a).

# Other policy drivers

The diverse needs of people in mid-life means that working in partnership with other agencies and sectors is an important element in the development of mid-life services and activities. Successful partnerships involve agencies having an understanding of the goals and strategies that each separate agency is working towards. Setting it in the context of different organisational policy agendas can strengthen the case for mid-life work. Local strategic partnerships can form the basis for partnership working. Raising mid-life issues in the context of local community plans can be a useful place to start identifying and working with partner agencies.

There are many national policies that could help to meet some of the needs of people in mid-life. They cover:

- Carers
- Employment
- NHS workforce
- Development of rural workforce
- Skills, training and employability
- Small businesses
- Age discrimination.

## Carers

Of those receiving the Invalid Care Allowance nationally, 35% are 50–65 years old ([www.dwp.gov.uk](http://www.dwp.gov.uk)). The 2001 census (ONS, 2001) found that a fifth of all adults aged between 45 and 64 provide some degree of informal care in England. Without adequate local support for carers, many carers aged 50+ will be unable to take up any employment or skills development opportunities. The Department of Health's *National Carers Strategy* (DH 1998) aims to:

- Encourage carers to remain in work

- Help those carers who are unable to (or do not want to) combine paid work and caring to return to work when caring responsibilities cease
- Support carers in carrying out their responsibilities.

## Employment

The *UK employment action plan 2002* (DWP, 2002) and the neighbourhood renewal targets (SEU, 2001) both focus on trying to help people aged 50+ return to the labour force. The UK Employment Strategy has a set of objectives for regional economic development, which are delivered through the regional development agencies. New Deal 50 plus is responsible for increasing the employment rates of people aged 50+ ([www.newdeal.gov.uk](http://www.newdeal.gov.uk)). The Department for Work and Pensions (DWP)'s five-year strategy (DWP, 2005) sets out the government's plan to offer employment opportunities for all, including supporting workers in mid-life to gain work and remain employed for longer.

National targets include:

- Ensuring by 2010 a higher percentage of people in employment than ever before – at least 80% of the working age in work (DWP, 2005)
- Increasing employment rates for people over 50 (SEU, 2001).

## NHS workforce

In 2003, 26% of the NHS Hospital and Community Health Services non-medical staff were aged 50+. Over 30% of support staff, who will be on the lowest rates of pay, are also aged over 50 (DH, 2003b). Older workers have needs, values and interests that must be met in the workplace if



they are to adjust to workplace or professional change and remain in work.

Health considerations are also important to this age group, and may determine whether they remain in work. Work-related stress may become more intense. Anxiety about financial security and future health are also factors in determining whether to continue in work. However, some of these added anxieties can be reduced by improved access to information and a sympathetic working environment.

For the NHS, more effective working with people in mid-life will provide greater opportunities to retain existing staff, as well as encouraging this mid-life group to return to paid employment.

NHS employers are committed to improving the working lives of people who work in the NHS through the *Improving working lives standard* (DH, 2000b).

Some of its objectives are to:

- Recognise that modern health services require modern employment services
- Understand that staff work best for patients when they can strike a healthy balance between work and other aspects of their life outside work
- Accept joint responsibility with staff to develop a range of working arrangements that balance the needs of patients and services with the needs of staff
- Provide personal and professional development and training opportunities that are accessible and open to all staff, irrespective of their working patterns.

## Development of rural workforce

In some rural areas many unemployed people are aged over 50, and there are high levels of limiting long-term illness and thus of people claiming incapacity benefit among the over 50s ([www.statistics.gov.uk](http://www.statistics.gov.uk)). The Learning Skills and Knowledge Programme run by the Department for Environment, Food and Rural Affairs (Defra) supports the creation and continuing development of rural workforces. Action to improve the skills base of rural workers can also help to raise awareness of other services, including health.

Defra's *Public service agreement* (2002) includes skills improvement and supporting small businesses:

- Achieving the objectives of the programme will raise the skills base for improving productivity [and] improve access for rural people to learning opportunities (Target 4: Defra, 2002)

- The objectives of the programme should benefit farmers as rural businesses; in particular it should improve their performance by helping them improve their skills so as to be more competitive (Target 5: Defra, 2002).

## Skills, training and employability

One factor that can influence whether people in mid-life remain in the workforce is their ability to gain new skills. People in mid-life identify skills development as something that would enable them to make changes in their lives (Prime, 2004). Government policy is to increase the level of skills of the workforce, as seen in the policy document *21st century skills* (DfES, DTI, HM Treasury and DWP, 2003). Skills development may be a way of involving the educational sector in a mid-life initiative.

National targets and objectives include:

- Agree an action plan for improving information, advice and guidance services for adults (DfES, DTI, HM Treasury and DWP, 2003)
- Increase the proportion of adults qualified to levels 3 (from 42%) and 4 (from 21%) (Learning and Skills Council, 2002/03)
- Adult learners to have increased access to provision for basic skills, training for work and learning for personal development (DfES, 2002)
- Improve the basic skills level of 1.5 million adults from the launch of *Skills for life* in 2001 (DfES, 2002)
- Between 2003 and 2006, one million adults in the workplace to achieve level 2 or equivalent qualification (DfES, 2002)
- Reduce by at least 40% the number of adults in the workforce who lack NVQ2 or equivalent (DfES, 2002).

## Age discrimination

Recent research by Help the Aged showed that half those surveyed believed that employers discriminate against them, and one in four people has personal experience of discrimination. It also estimated that the cost of age discrimination to the UK economy is £31 billion in lost production (Help the Aged, 2002). The Age Positive campaign ([www.agepositive.gov.uk](http://www.agepositive.gov.uk)) exists to promote the voluntary Code of Practice on Age Diversity in Employment – raising awareness of age diversity, especially in small businesses – and to influence practice in all organisations.

People with learning disabilities experience difficulties in entering the labour market throughout adult life. By the time

they are aged 50–65, the percentage of people not working is much higher than in the rest of the population. They also face an uncertain future, with parents and carers who are also growing older, as well as in increasing ill health.

Working with local employers on implementation of the employment directive (EC, 2000) may be a way of starting to raise awareness of discrimination and ways of addressing it.

- The EU directive on equal treatment in employment will make it illegal to discriminate on the grounds of age (and also sexual orientation, religion, and disability) in a number of employment-related areas: recruitment and selection; employment and working conditions; promotion, training and access to guidance (EC, 2000)
- The (voluntary) Code of Practice on Age Diversity in Employment, operating since 1999, which addresses the need to tackle age discrimination in line with the EU Directive, will become mandatory in 2006
- Standard 1 of the *NSF for older people* (DH, 2001) aims to tackle age discrimination in relation to services – NHS services will be provided, regardless of age, on the basis of clinical need alone; social services will not use age in their eligibility criteria or policies to restrict access to available services
- The Disability Discrimination Act (1995) ([www.disability.gov.uk/dda](http://www.disability.gov.uk/dda)) has been extended to apply to workplaces with fewer than 15 employees since October 2004.

# Needs of people in mid-life

Policy makers and practitioners aiming to develop ways of meeting the diverse needs of people in mid-life need to be aware that people within this age group see themselves as a distinct generation that is not addressed by current services, and that they do not perceive themselves as old (Bowers *et al.*, 2003). This means that service providers will have to examine current service provision and identify new ways of providing services to this age group. They will also need to meet the challenge of developing joined-up services – the needs of people in mid-life cannot be met by one specific service.

For health practitioners, interventions need to be placed in the context of social and economic changes that people in mid-life are experiencing. A person's health may have a strong influence on whether they remain in the workforce. With growing skills shortages, for example in the health and social care sectors, the need to support people to remain in the workforce will require cooperation between sectors. People starting retirement in their 50s are often more likely to experience poverty in older age (Hirsch, 2003).

Bowers *et al.* (2003) found that peer support was important for people in mid-life. A series of initiatives are beginning to build up more evidence and understanding about the value of peer approaches for delivering information, advice and services to people in mid-life. Experience so far has found that people of this age group find it easier to engage with people who, like themselves, are experiencing some mid-life changes. As this period in life is one of transition, people are often more motivated to make changes in their lives which can include health-related behaviours.

Language is an important issue when developing initiatives and services to meet the different needs of people in mid-life. Many initiatives have started from a 'pre-retirement' perspective, using concepts and language related to retirement and leaving the workplace. As this mid-life period

may not necessarily be a time of retirement, but rather a time when the balance between work and other activities changes, there has to be sensitivity to the types of changes people are experiencing. People who have been unemployed may want to return to the labour force. Alternatively, women who have been carers may want to move into other paid work. Decisions will have to be made in many different contexts and the language used in mid-life initiatives should reflect this.

Practitioners can start to understand the diverse needs of this group within their locality in a number of ways, by:

- Finding effective ways of engaging with this age group
- Working with other agencies and sectors to develop joint initiatives and to refer or direct people to existing services
- Developing ways of working in different settings, eg workplace, community, primary care
- Addressing health inequalities through developing initiatives in disadvantaged neighbourhoods and targeting hard-to-reach groups.

# Developing partnerships

The successful development of mid-life initiatives depends on effective partnership working because of the range of services required to meet the needs of people in mid-life (Bowers *et al.*, 2003). Major partners should be engaged from the beginning – in formulating ideas, developing bids and funding proposals, designing service packages, and delivering and evaluating initiatives.

Building partnerships from the beginning takes considerable time and effort, and the process should never be underestimated. Wherever possible, partnerships should try to build on existing networks and contacts. However, a pragmatic approach should also be taken to building partnerships, responding to contacts as they arise.

Successful partnerships depend on establishing clarity about aims, types of intervention and intended outcomes, as well as a shared understanding of processes and outcome measures. Agencies from different sectors often work with different models or types of intervention. A transparent process of establishing what assumptions are being made will help avoid misunderstandings.

Effective partnerships can help overcome traditional boundaries between service sectors and contribute to good interpersonal relationships. Partners can be valued sources of advice, information and contacts. They can also promote services and direct current and potential service users to them. Good partnership working can stimulate further developments in and among partner agencies. Partnerships play an important role in mainstreaming activities.

The quality of relationships with funders, commissioners, and service providers will benefit from the same principles of good partnership working.

# Needs assessment

A needs assessment process should be planned to capture the diverse circumstances in which local people in mid-life find themselves, and to identify the range of opportunities and preferences that exist to support people in mid-life to be economically secure, healthy, active and socially engaged. Intelligence from the needs assessment should be used to inform appropriate and sensitive approaches for engaging and empowering those in mid-life experiencing the most disadvantages. Needs assessment should address the specific historical, social and economic contexts and health needs of these groups. This will ensure that information is meaningful and understandable to those involved, and that they are fully engaged in the process of changing the way services and activities are provided.

## Essential elements of a needs assessment process

### *Finding out about what is happening already*

With scarce resources available, it is important not to duplicate activities that are already under way. A mapping exercise, which can be carried out using a short questionnaire (postal, e-mail or telephone), can help to develop a local picture of mid-life activities. It will also show which sectors and agencies are involved and their perspectives on addressing mid-life issues. It can also be used to raise awareness among local agencies that a mid-life initiative is being planned.

### *Developing an overview of the locality*

To identify the needs of people in mid-life, it is important to gather data showing the numbers of people in this group and the levels of employment and economic activity. In addition, an awareness of whether these numbers will increase in the next few decades can be used to inform an organisational strategy for mid-life. (For more detailed information about the data to collect, see page 11.)

### *Participatory needs assessment*

Involving members of the target group strengthens the needs assessment process. People can be involved in needs assessment through the use of focus groups, surveys, or other activities that explore levels of awareness of the needs of people in mid-life.

### *Workplace needs assessment*

A needs assessment process can be conducted in the workplace environment, and may involve both employers and employees in identifying the levels of awareness of mid-life needs and useful interventions. Individual employers could be approached to see if they are interested and aware of the health of their employees, particularly in mid-life. Employers may be concerned about the levels of sick leave and be sympathetic to initiatives that seek to reduce these levels. They may also have concerns about the recruitment and retention of workers in mid-life because of high levels of staff turnover among younger workers. They may welcome initiatives that could help them retain their mid-life workers.

Obtaining support from employers for an initiative is likely to help a practitioner gain access to employees, and possibly to conduct a short survey to assess their mid-life concerns.

### ***Community needs assessment***

In community settings, making contact with local organisations may be a way of starting a needs assessment process with a particular mid-life community. This should help to gain an understanding of how local agencies view the needs of local people. Local organisations could then provide ways of meeting local people through key community workers and organised events.

### **A note of caution**

Care should be taken not to raise individual levels of expectations unrealistically during a needs assessment process. For example, in the workplace setting employers may have over-optimistic expectations about the degree to which sick leave could be reduced. Employees who may never have been asked before about their needs in mid-life may also have unrealistically raised expectations about possible future activities and services.

### ***Useful resources***

For detailed guidance on conducting a community based needs assessment see *Health needs assessment – a practical guide* (HDA, 2005b).

# The local picture

## Demographic data

To inform the development of a mid-life initiative, it is important to obtain a picture of the demographic changes taking place within the region. Demographic data are available through the Office of National Statistics ([www.ons.gov.uk](http://www.ons.gov.uk)). Public health observatories often provide access to regional population analyses ([www.pho.org.uk](http://www.pho.org.uk)). Regional development agencies may provide demographic projections.

### *Key questions to ask:*

- What is the size of the population aged 50–65 or 45–65 (demographic data will vary as to which age group is specified), at regional or more local level?
- What is the proportion of men:women?
- What is the ethnic origin/breakdown of the population aged 50–65?
- What are the population projections for the next 10–20 years?
- Is the proportion of the population aged over 45 going to increase/decrease/stay about the same? (nationally the number of people aged 45–65 is expected to increase by 4.9%)
- If the proportion of the working population is expected to decline, over what period will it decline?
- What are the implications of this change (eg demand for health and social care services, size of the labour force).

## Labour force

A study by Bone Wells Associates (2002) showed that participation in the labour market by the over 50s is important for regional economic development. Active participation in the labour market can be determined by factors including:

- Health
- Willingness of employers to consider the benefits of an older workforce
- Retraining and reskilling opportunities for people to continue in the labour market.

Identifying trends within the labour force can provide insights into some of the issues facing people in mid-life, which may include health but be presented as an inability to participate in the labour force.

Data on the size of the labour force are available through the Office of National Statistics website ([www.nomisweb.co.uk](http://www.nomisweb.co.uk)). This gives rates of employment, unemployment, economic activity and inactivity by age (50–65), by local authority area. The DWP provides information on the number claiming incapacity benefit (short and long term) presented by age, including 50–59 and 60+, for regional, local authority and ward levels ([www.dwp.gov.uk](http://www.dwp.gov.uk)).

### *Key questions to ask are:*

- What percentage of the labour force is aged 50–65?
- Is this higher or lower than in the rest of the country?
- What percentage of benefit claimants aged over 50 have been claiming for longer than 12 months?
- What is the number of people receiving the disability living allowance in the region?
- How many people are in receipt of invalid care allowance?

## Health of the population

Developing a picture of the major health problems facing a locality is also important. Strategic health authorities, public health observatories ([www.pho.org.uk](http://www.pho.org.uk)) and the Office for National Statistics ([www.ons.gov.uk](http://www.ons.gov.uk)) are the main sources of data on mortality and morbidity trends. The

2001 census (ONS, 2001) also provides important data, by ward, on rates of limiting long-term illness, self-reported health and caring responsibilities. These data should now be available for the mid-life period through local authorities. National figures for this age group show higher than average rates for limiting long-term illness, which is defined as a 'long-term illness, health problem or disability which limits [a person's] daily activities or the work they could do' ([www.statistics.gov.uk](http://www.statistics.gov.uk)). In England a fifth of people aged 50–59 are involved in caring.

### ***Key questions to ask***

- What are the rates of premature death from circulatory diseases/cancers?
- What proportion of the population aged 50–65 have limiting long-term illness (defined as long-term illness, health problem or disability which limits [a person's] daily activities or the work they could do)?
- What proportion of the population aged 50–65 reported 'not good health' (2001 census asked for self perception of 'good', 'fairly good' or 'not good health')?
- What proportion of the population aged 50–59 have caring responsibilities?



# Models and approaches

A body of evidence to support the implementation of mid-life initiatives is developing slowly (see Appendix 2). Part of this process involves the identification of different models or approaches that have been used successfully in mid-life initiatives. There are three main models or approaches that can be adapted to different settings and may complement each other:

- Peer support – through formal and informal activities
- Knowledge development – through events and resource development
- Mid-life planning – combining knowledge development and peer support.

## Peer support

The evaluation of the pre-retirement pilots found evidence that providing opportunities for women in mid-life, living in deprived areas, to engage in social activities with their peers can lead directly or indirectly to improvement in mental and physical wellbeing (Bowers *et al.*, 2003). Social interaction can form the basis for generating a sense of empowerment.

Walking and social activities are associated with active ageing (HDA, 2001). There is also evidence to show that group activities such as discussion and self-help groups, bereavement support and counselling have been found to be effective in promoting mental health (Cattan, 2002). Opportunities for older people to do voluntary work increase the mental and physical wellbeing of those who volunteer, as well as reducing depression in the older people who receive visits from a volunteer (Wheeler *et al.*, 1998). A widow-to-widow programme (Vachon *et al.*, 1980) provided one-to-one support to recently bereaved women and helped them access support and resources within the community, which reduced symptoms of depression and increased the development of new social relationships (Friedli, 2003).

There are different approaches to stimulating forms of peer support in relation to addressing mid-life needs. Two approaches are outlined in Table 1 (overleaf): development and training of lay advisers to provide formal peer support; and development of activities in different settings, eg workplaces, to stimulate more informal peer support.

## Knowledge development and awareness raising

The mid-life period is a time of many transitions, when people are coming to terms with changes in their lives. People will have been through transitions before, but individuals experience them in different ways. They can be influenced by past experiences, personal preferences, and their own degree of involvement in the change. The extent to which change is a result of personal choice or has been imposed has a strong influence on how an individual deals with the process of transition. People may feel that they gain by the process, especially if they initiated or felt in control of it. If the change is imposed or is considered a loss, then there is more resistance to the transition. There are two main tasks that an individual has to undertake to move successfully through a transition: taking control by understanding the process, and acquiring the necessary knowledge; this can then be a basis for action (Adams *et al.*, 1976).

Reinforcing and validating existing knowledge is a potent mechanism for achieving behaviour change in other contexts. Knowledge gain is important and beneficial in different mid-life contexts, including providing information about new issues such as financial planning; the detection of previously undiagnosed conditions, for example through helping women engage in informed dialogue with health professionals; and introducing people to previously unknown agencies (Bowers *et al.*, 2003).

**Table 1 Developing formal and informal peer support**

<p><b>Needs assessment</b></p> <ul style="list-style-type: none"> <li>Find ways of engaging with community members.</li> <li>Communities may be disadvantaged geographical communities or specific communities of interest (eg carers, groups of long-term unemployed) who do not access services easily.</li> <li>As a way of developing some understanding of the community, use different techniques to start engaging with its members, eg focus groups, surveys or other group activities that explore understanding of mid-life issues.</li> <li>Explore the idea of an advisory service and the types of service needed. In contacting communities, care has to be taken to avoid raising expectations and to be realistic about the time taken to develop initiatives.</li> <li>A needs assessment may show that there are specific workplaces or communities where people in mid-life come together, but where there are no structured activities that could harness the potential for people supporting each other.</li> </ul>	
<p><b>Aim</b></p> <p>To develop a programme of community peer support for people in mid-life</p> <p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>Identify potential lay advisers</li> <li>Train a group of lay advisers</li> <li>Set up systems of support for lay advisers</li> <li>Work with local agencies to provide facilities and support for a community-based service</li> <li>Evaluate the effectiveness of the programme</li> </ul>	<p><b>Aim</b></p> <p>To facilitate an informal peer-support system for people in mid-life through a programme of physical activity</p> <p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>Identify potential settings for group activities and establish contacts with local agencies</li> <li>Work with one or more local agencies to set up an activity that meets the needs of a group of people in mid-life</li> <li>Provide venue and facilities</li> <li>Evaluate the effectiveness of the programme</li> </ul>
<p><b>Partnerships</b></p> <p>Local agencies that already work within a community, delivering services, will be well placed to provide intelligence about the community. They may also be able to provide settings for sessions with lay advisers and local people. Working with a local agency may help establish contact with a community</p>	<p><b>Partnerships</b></p> <p>Establishing contact with local workplaces, community centres or health centres can provide information about the needs of local groups of people in mid-life. Sharing this information can provide the basis for joint activities and shared resources</p>
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Identify potential lay advisers</li> <li>Build on local partnerships, develop an activity that identifies champions within the community, eg through local community or voluntary organisations active in the locality. Some form of incentive should be offered to volunteers to encourage commitment and show that their contribution is being recognised. Establish links to existing services</li> <li>Offer training for lay advisers</li> <li>Set up a formal training programme for lay advisers. Develop resources to support training and operational systems for a community advisory service</li> <li>Implement lay advisory services</li> <li>Identify ways of making contact with members of a community, eg through referrals from local agencies. Set up arrangements for a venue for the lay adviser: community member advisory sessions. Set up system of support for lay advisers and review regularly</li> </ul>	<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Identify a setting, eg workplace</li> <li>Make contact with both employers and employees, and identify mid-life needs in relation to health</li> <li>Work with both employers and employees to develop a series of activities, eg physical activity sessions</li> <li>Establish agreement with employer for venue or time</li> <li>Use/train facilitators for sessions, which can also provide peer support through the way the activity is delivered, or through support for the group after the sessions</li> </ul>

<b>Table 1 continued</b>	
<p><b>Resources required</b></p> <p>Funding for community needs assessment, activities to identify lay advisers, training sessions for advisers, venue/ space for advice sessions, provision of materials/information, monitoring and evaluation of process</p> <p><b>Useful resources</b></p> <p>Beth Johnson Foundation (2004) <i>Foundation Group Workshop Reference Notes</i></p> <p>Beth Johnson Foundation (2005a) <i>Planning for the future. A guide and training pack for organisations.</i></p> <p>Beth Johnson Foundation (2005b) <i>Planning for the future. Advisor's reference guide.</i></p>	<p><b>Resources required</b></p> <ul style="list-style-type: none"> <li>• Training of facilitators</li> <li>• Fees for sessions</li> <li>• Supporting equipment</li> <li>• Venue</li> <li>• Publicity materials</li> </ul>

## ***Developing knowledge and awareness***

As a series of processes, knowledge development and awareness raising continue throughout the mid-life period. In addressing knowledge development, there are several issues that policy makers and practitioners need to consider. The overall aim should be to provide information, and access to information, to enable and empower people to be able to address their own needs. Accessing information is often an essential first step in the process of knowledge development.

Mid-life initiatives may start by focusing on providing information, for example through organising events, or developing a guide to local services or resources for people in mid-life. These can provide a starting point for knowledge development. In developing information activities, care must be taken to ensure that people acquiring the information can also be supported in using their knowledge to take action within their lives. The aims and objectives of knowledge development activities must recognise not just the value of information, but how to provide the support needed to convert information into knowledge and action.

### ***For example***

- An event may have an objective of providing access to information about local services – but the overall aim of increasing participants' awareness of their own health and what action to take to promote health in mid-life.
- A service that provides financial information – often a central issue for people in mid-life – can be used as a way of linking to health services and training and skills development services.

These two examples are expanded in Table 2 (overleaf) to show how partnerships, activities and evaluation all need to be considered in developing knowledge activities.

## **Mid-life planning**

Mid-life planning courses, which address knowledge development combined with an element of peer support, offer another way of addressing the needs of people in mid-life. They aim to provide support and guidance through mid-life, which may include the period of readjustment before and after retirement. For people who are not in full-time employment the focus may be different.

Many problems faced by staff on retirement in mid-life can be overcome through guidance and preparation on some of the key issues that are central to the independence of older people: finance, healthy living and time management. Encouraging people to be active in their local community and to offer time and skills through volunteering can also play a significant part in making the transition into retirement a rewarding and fulfilling time of life (North Nottinghamshire Pre-retirement health pilot, 2003).

There should be a clear inequalities agenda in the development of mid-life planning courses or workshops, so that they are aimed at people in disadvantaged groups who are least likely to have opportunities to explore issues of health and finance. The courses should also aim to improve health and social wellbeing and economic status through an increased understanding of and access to services.

**Table 2 Planning knowledge development activities**

<p><b>Needs assessment</b></p> <ul style="list-style-type: none"> <li>• People in mid-life are acknowledged as a diverse group, so several strategies have to be used to contact them. Workplaces, communities and primary care are all settings that can be used to reach people in mid-life.</li> <li>• Workplaces enable practitioners to reach people in full- or part-time employment.</li> <li>• Community centres (such as libraries, church halls, mosques, pubs) can be used to access people who may not use conventional services.</li> <li>• Primary care health centres, which have a variety of services, can also provide a way of accessing people in mid-life, especially men and people from disadvantaged groups who use health services to access health improvement advice.</li> </ul>	
<p><b>Aim</b></p> <p>To increase the awareness of people in mid-life in the locality/ workplace of their own health and the action needed to promote health in mid-life</p> <p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Organise a health event for local people in mid-life</li> <li>• Provide opportunities for people to access information about their general health from local agencies</li> <li>• Provide opportunities for one-to-one advice sessions</li> <li>• Make available specific health information and advice (eg occupational health)</li> <li>• Provide a specific health promotion service (eg smoking cessation)</li> </ul>	<p><b>Aim</b></p> <p>To support people in mid-life in becoming more aware of how to address issues in mid-life and to increase access to services</p> <p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• Provide opportunities for people to access financial information</li> <li>• Enable people to consider other information needs and ways of meeting these needs</li> <li>• Use this process to encourage people to consider other aspects of mid-life changes</li> <li>• Direct or refer people to appropriate organisations</li> </ul>
<p><b>Partnerships</b></p> <ul style="list-style-type: none"> <li>• Which organisations and agencies are already working in this area?</li> <li>• Which organisations deliver services relevant to the mid-life group?</li> <li>• Which organisations would like to make their services more accessible to people in mid-life?</li> <li>• A wide range of partner agencies can help address people's needs through providing signposts or referrals. An event for carers would aim to work in partnership with local carers' organisations, social services agencies and adult education services. An event for men in employment in mid-life would aim to work with local health services, local employers, occupational health services and trade unions</li> <li>• The involvement of agencies in planning and preparing information events is central to their success. A range of agencies may be able to access a much larger number of people than one agency alone. They will also be able to access more information and referrals</li> <li>• Clarity about the purpose of the event is important to draw in appropriate agencies and resources. It is also important to manage the expectations of what to expect at the event, and what will be available afterwards</li> </ul>	
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Health checks can be an effective way of drawing people in, but these have to be accompanied by additional information about health and local services</li> <li>• General advice about general health</li> <li>• Specific information and advice (eg occupational health)</li> <li>• Specific clinics (eg smoking cessation)</li> </ul>	<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• A workshop to provide financial information for groups of people in mid-life who are unable to access this information through their workplace</li> <li>• Widen the scope of the workshop to enable people to identify other issues in mid-life</li> <li>• Explore options for other workshops/other sources of information</li> </ul>

**Table 2 continued**

**Evaluation**

Capture how individuals responded to the course/workshop:

- What they felt could be improved
- What topics they would like to have covered in future
- Suitability of venue and other arrangements.

(See example of evaluation for courses/workshops in *Part 2: Training materials*, Appendix 4.)

**Financial resources needed**

- Venue
- Publicity materials
- Staff time – preparation/management/evaluation time
- Equipment

**Useful materials**

*Looking forward resource* (AgeWell Sandwell, 2003), available from AgeWell Sandwell, 15–17 Bull Street, West Bromwich B70 6EU, Tel: 0121 500 1860.

*Trainer's guide – supporting people in mid-life and beyond, promoting healthy active ageing* (McDougall, 2002): available from Janet McDougall, Health Promotion Specialist, Specialist Health Promotion Service, Victoria House, Park Street, Hull HU2 8TD, Tel: 01482 617716, e-mail: janet.mcdougall@whpct.nhs.uk

This guide offers a comprehensive resource aimed at practitioners, trainers and educators who deliver advice, information and support to people aged 50 and over in three major settings – workplace, the community and primary care.

**Partnership working**

In order to develop mid-life planning courses, some developmental work with local employers in the statutory, voluntary and private sectors may be needed in order to set up courses in each sector. This may involve trying to influence employers so that they recognise the value of mid-life planning courses and to help workplaces develop a written policy for pre-retirement preparation for all staff. Human resources departments can be encouraged to monitor take-up of these services.

Some questions to ask when approaching local employers:

- Do you have a written policy for mid-life/pre-retirement preparation for your staff?
- Do all employees know about this policy?
- Are all eligible employees invited to attend any mid-life planning courses?
- What proportion of employees attend?
- Do some staff groups take up the opportunity more than others?
- Who is responsible for the provision?
- Who allocates the budget, and on what criteria?
- Who decides the content of the programme and evaluates its effectiveness?

The underlying assumptions of mid-life planning courses are that people in mid-life are best placed to define the issues of most importance to themselves, and that they already have considerable experience, skills, and expertise. This can be reflected in the structure of a course allowing the group to review and reflect on their experiences and share changes individuals have made.

Key concepts that shape a course focusing on retirement are:

- What do we mean by mid-life transition and retirement?
- What do we need to know?
- What do we understand by change?
- When do we begin to think about our own retirement?
- What can a pre-retirement course hope to offer?

Key elements of courses for people not in full-time employment:

- Preparing for the future through understanding transitions
- Work–life balance: identifying personal issues
- Maintaining and improving health in mid-life
- Accessing information and advice
- Relationships
- Opportunities for change.

The exchange of views and ideas is integral to any course.

Some main discussion topics may be:

### ***Health***

- The importance of health in mid-life.
- The link between health and being able to enjoy the years ahead.
- The need to stay well and lead a healthy lifestyle.
- Fears about becoming dependent.

### ***Finance***

- Having enough money to live on with some surplus cash to enjoy retirement.
- The importance of planning ahead.
- Fears about the future of pension payments, interest rates, not having enough money.

### ***Time***

- How to spend the extra time in retirement.
- Having time to do things without having to try to fit things in around work.
- Fears about loss of purpose, lack of routine and structure, boredom.
- Looking forward to spending more time on leisure and particularly hobbies that there is currently little time for.
- Time for travel.

### ***Relationships***

- Loss of relationships with people at work; feeling lonely and isolated.
- Spending more time with one's partner, and how this will affect the relationship.
- Spending more time with extended family, eg grandchildren.

# Evaluation and monitoring

Evaluation of mid-life initiatives is important so that a body of evidence can be built up about what works. Evaluation needs to be considered and planned from the beginning of an initiative. There are several stages in an evaluation process.

## 1 Setting clear aims and objectives

Identifying the strategic purpose of the project and ways of realising this through a series of goals.

### *Example*

#### *Aim*

To increase people's awareness of their own health and the action needed to promote health in mid-life.

#### *Objective*

- Organise a health event for local people in mid-life.
- Provide opportunities for people to access information about their general health from local agencies.
- Make available specific health information and advice (eg occupational health).
- Provide a specific health promotion service (eg smoking cessation).

## 2 Identifying evaluation indicators

Showing progress is being made towards aims and objectives.

### *Example*

- How many people attended an event?
- Who attended?
- Were they self-selecting or actively recruited?
- How did they find out about the event?
- Can people identify a change that they have introduced as a result of attending a course?

- How many people dropped out? (and, if known, why?)
- Some demographic data, eg age, gender, ethnicity, social class.

If possible, also collect objective milestones, eg how many people returned to employment; achieved change in health behaviour.

## 3 Choosing an evaluation method

Outlining how information will be collected, who will collect it, when and how it will be analysed.

### *Example*

- A focus group technique could be used to gather information about how participants in sessions responded to the training, and what they had done with the information and experience (see *Part 2: Training materials*, Appendix 4).
- A questionnaire could be used to gather information about how course participants had responded to the course (see *Part 2: Training materials*, Appendix 4).

## 4 Dissemination and action

Describing what will be done with the findings.

### *Example*

- Writing up the results of an activity and presenting them to a local forum on ageing.
- Presenting the results to a funding body as a way of applying for funding to extend a mid-life programme.
- Contributing to a collection of good practice.

#### *Useful resource*

*Measuring impact: improving the health and wellbeing of people in mid-life and beyond* (HDA, 2005a)

# References

- Adams, J., Hayes, J. and Hopson, B., eds (1976) *Transition: understanding and managing personal change*. London: Martin Robertson.
- Age Concern (2004) *The economy and older people*. London: Age Concern.
- AgeWell Sandwell (2003) *Looking forward resource*. West Bromwich: AgeWell Sandwell. [www.agewellinsandwell.org.uk](http://www.agewellinsandwell.org.uk)
- Audit Commission (2004) *Older people – independence and well-being: the challenge for public services*. London: Audit Commission.
- Beth Johnson Foundation (2004) Foundation Group Workshop Reference Notes September 2004 Standard Training Programme. Available from [www.bjf.org.uk](http://www.bjf.org.uk)
- Beth Johnson Foundation (2005a) *Planning for the future. A guide and training pack for organisations*. Stoke-on-Trent: Beth Johnson Foundation. Available from [www.bjf.org.uk](http://www.bjf.org.uk)
- Beth Johnson Foundation (2005b) *Planning for the future. Advisor's reference guide*. Stoke-on-Trent: Beth Johnson Foundation. Available from [www.bjf.org.uk](http://www.bjf.org.uk)
- BGOP (2002) *All our futures*. BGOP Steering Committee Report. London: Better Government for Older People.
- Bone Wells Associates (2002) *Stage 1 report of the Regional Economic Strategy: sub-regional studies*. Cambridge: East of England Development Agency.
- Bowers, H., Secker, J., Llanes, M. and Webb, D. (2003) *The gap years: rediscovering mid-life as a route to healthy active ageing*. Report of a national evaluation of eight pilots focusing on promoting health in mid-life. London: Health Development Agency.
- Cattan, M. (2002) *Supporting older people to overcome social isolation and loneliness*. London: Help the Aged.
- Cooper, H., Arber, S. and Daly, T. (2000) *Ethnicity, health and health behaviour: a study of older age groups. Summary report of main findings*. London: Health Development Agency. [www.hda-online.org.uk/Documents/ethnicity\\_studyolder.pdf](http://www.hda-online.org.uk/Documents/ethnicity_studyolder.pdf)
- Defra (2002) *Public service agreement*. London: Department for Environment, Food and Rural Affairs.
- DfES (2002) *Success for all: reforming further education and training*. London: Department for Education and Skills.
- DfES, DTI, HM Treasury and DWP (2003) *21st century skills: realising our potential*. London: Department for Education and Skills, Department of Trade and Industry, HM Treasury, Department of Work and Pensions.
- DH (1998) *National carers' strategy*. London: Department of Health.
- DH (1999a) *National service framework for mental health*. London: Department of Health. [www.publications.doh.gov.uk/nsf/mentalhealth.htm](http://www.publications.doh.gov.uk/nsf/mentalhealth.htm)
- DH (1999b) *National service framework for diabetes*. London: Department of Health. [www.publications.doh.gov.uk/nsf/diabetes](http://www.publications.doh.gov.uk/nsf/diabetes)
- DH (2000a) *National service framework for coronary heart disease*. London: Department of Health. [www.publications.doh.gov.uk/nsf/coronary.htm](http://www.publications.doh.gov.uk/nsf/coronary.htm)
- DH (2000b) *Improving working lives standard: NHS employers committed to improving the working lives of people who work in the NHS*. London: Department of Health. [www.dh.gov.uk/assetRoot/04/07/40/65/04074065.pdf](http://www.dh.gov.uk/assetRoot/04/07/40/65/04074065.pdf)
- DH (2001) *National service framework for older people*. London: Department of Health. [www.publications.doh.gov.uk/nsf/olderpeople](http://www.publications.doh.gov.uk/nsf/olderpeople)
- DH (2003a) *Tackling health inequalities: a programme for action*. London: Department of Health. [www.dh.gov.uk/assetRoot/04/01/93/62/04019362.pdf](http://www.dh.gov.uk/assetRoot/04/01/93/62/04019362.pdf)
- DH (2003b) *NHS hospital and community health services non-medical workforce census, England: 30 September 2002*. [www.publications.doh.gov.uk/public/nonmedicalcensus2002.htm](http://www.publications.doh.gov.uk/public/nonmedicalcensus2002.htm)
- DH (2004a) *Choosing health: making healthy choices easier*. London: Department of Health.
- DH (2004b) *National standards, local action. Health and social care standards and planning framework 2005/06–2007/08*. London: Department of Health.
- DWP (2002) *UK employment action plan 2002*. London: Department for Work and Pensions. [www.dwp.gov.uk/publications/dwp/2002/emp-act/index.asp](http://www.dwp.gov.uk/publications/dwp/2002/emp-act/index.asp)



- DWP (2005) *Opportunities and security throughout life*. London: Department of Work and Pensions.
- EC (2000) *Council directive 2000/78/EC establishing a general framework for equal treatment in employment and occupation*. Brussels: European Commission. [http://europa.eu.int/eur-lex/pri/en/oj/dat/2000/L\\_303/L\\_30320001202en00160022.pdf](http://europa.eu.int/eur-lex/pri/en/oj/dat/2000/L_303/L_30320001202en00160022.pdf)
- Friedli, L. (2003) *Making it effective: a guide to evidence based mental health promotion*. Radical mentalities briefing paper 1. London: Mentality/Sainsbury Centre for Mental Health. [www.mentality.org.uk/services/resources/briefing.htm](http://www.mentality.org.uk/services/resources/briefing.htm)
- HDA (2001) *Pre-retirement health checks and plans – a literature review*. London: Health Development Agency. [www.hda-online.org.uk/downloads/word/pre\\_retirementlitreview.doc](http://www.hda-online.org.uk/downloads/word/pre_retirementlitreview.doc)
- HDA (2002) *Pre-retirement pilots 2001–03*. London: Health Development Agency. [www.hda-online.org.uk/documents/preretirement\\_pilots\\_pack.pdf](http://www.hda-online.org.uk/documents/preretirement_pilots_pack.pdf)
- HDA (2003a) *Making the case: Improving the health and wellbeing of people in mid-life and beyond*. London: Health Development Agency.
- HDA (2003b) *The Working Partnership*.  
Book 1 Introduction, [www.hda-online.org.uk/documents/working\\_partnership\\_1.pdf](http://www.hda-online.org.uk/documents/working_partnership_1.pdf)  
Book 2 Short assessment [www.hda-online.org.uk/documents/working\\_partnership\\_2.pdf](http://www.hda-online.org.uk/documents/working_partnership_2.pdf)  
Book 3 In-depth assessment [www.hda-online.org.uk/documents/working\\_partnership\\_3.pdf](http://www.hda-online.org.uk/documents/working_partnership_3.pdf)  
London: Health Development Agency.
- HDA (2004a) *Taking action: Improving the health and wellbeing of people in mid-life and beyond*. London: Health Development Agency. [www.hda-online.org.uk/documents/actionpo.pdf](http://www.hda-online.org.uk/documents/actionpo.pdf)
- HDA (2004b) *Strategic health authorities/workforce directorates and the mid-life age group: using the evidence to take action*. London: Health Development Agency. [www.hda.nhs.uk/downloads/pdfs/wdc-final.pdf](http://www.hda.nhs.uk/downloads/pdfs/wdc-final.pdf)
- HDA (2005a) *Measuring impact: improving the health and wellbeing of people in mid-life and beyond*. London: Health Development Agency.
- HDA (2005b) *Health needs assessment – a practical guide*. London: Health Development Agency.
- Help the Aged (2002) *Age discrimination in public policy: a review of the evidence*. London: Help the Aged.
- Hirsch, D. (2003) *Crossroads after fifty: improving choices in work and retirement*. London: Joseph Rowntree Foundation.
- Humphrey, A., Costigan, P., Pickering, K., Stratford, N. and Barnes, M. (2003) *Factors affecting the labour market participation of older workers*. London: Department of Work and Pensions.
- Learning and Skills Council (2002/03) *Business plan*. London: Learning and Skills Council.
- Marmot, M., Banks, J., Blundell, R., Lessof, C. and Nazroo, J., eds (2003) *Health, wealth and lifestyle of the older people in England*. The English Longitudinal Study of Ageing (ELSA). London: Institute of Fiscal Studies.
- McDougall, J. (2002) *Trainer's guide – supporting people in mid-life and beyond, promoting healthy active ageing*. Hull: Specialist Health Promotion Service.
- Meadows, P. (2004) *The economic contribution of older people*. London: Age Concern.
- North Nottinghamshire Pre-retirement health pilot (2003) Final report. Unpublished report for the Health Development Agency.
- ONS (2001) *National Census 2001*. London: Office for National Statistics. [www.statistics.gov.uk/census2001](http://www.statistics.gov.uk/census2001)
- Prime (2004) *Towards a 50+ enterprise culture*. London: The Prime Initiative Ltd.
- Schuller, T., Brassett-Grundy, A., Green, A., Hammond, C. and Preston, J. (2002) *Learning, continuity and change in adult life*. DfES Research brief RCB06. London: Department for Education and Skills.
- SEU (2001) *A new commitment to neighbourhood renewal: national strategy action plan*. London: Social Exclusion Unit. [www.sportdevelopment.org.uk/neighbourhoodaction\\_plan.pdf](http://www.sportdevelopment.org.uk/neighbourhoodaction_plan.pdf)
- Social Disadvantage Research Centre, Oxford University (2003) *Older people count. The Help the Aged income index for older people in England and Wales*. London: Help the Aged.
- Strategy Unit (2002) *Game plan: a strategy for delivering government's sport and physical activity objectives*. London: Strategy Unit/Department for Culture, Media and Sport.
- Vachon, M.L.S., Lyall, W.A.L., Rogers, J., Lancee, W.J., Sheldon, A.R., Freidman-Litofsky, K. and Freeman, S.J.J. (1980) A controlled study of self-help interventions for widows. *American Journal of Psychiatry* 137: 1380-4.
- Victor, C. and Howse, K. (2000) *Promoting the health of older people: setting a research agenda*. London: Health Development Agency.
- Wanless, D. (2004) *Securing good health for the whole population*. Norwich: Stationery Office.
- Wheeler, F.A., Gore, K.M. and Greenblatt, B. (1998) The beneficial effects of volunteering for older volunteers and the people they service: a meta-analysis. *International Journal of Ageing and Human Development* 47(1): 69-79.
- WHO (2002) *Active ageing: a policy framework*. A contribution to the Second United Nations Assembly on Ageing, Madrid, Spain, April 2002. Geneva: World Health Organization.

# Appendix 1: HDA resources

***Pre-retirement pilots 2001–03* (HDA, 2002:  
[www.hda-online.org.uk/documents/preretirement\\_pilots\\_pack.pdf](http://www.hda-online.org.uk/documents/preretirement_pilots_pack.pdf))**

This pack gives information on the eight pilot sites and the national evaluation. It also includes eight briefing papers, which consider a number of cross-cutting themes of relevance to current policy issues and debates.

***Making the case: Improving the health and wellbeing of people in mid-life and beyond* (HDA, 2003a:  
[www.hda-online.org.uk/documents/midlife.pdf](http://www.hda-online.org.uk/documents/midlife.pdf))**

Practitioners often need support to help make the case at local level before they can move forward and develop services to improve the health and wellbeing of people in mid-life and beyond. This advocacy tool aims to encourage people to work with partners and build support to take the agenda forward.

***Taking action: Improving the health and wellbeing of people in mid-life and beyond* (HDA, 2004a:  
[www.hda-online.org.uk/documents/actionpo.pdf](http://www.hda-online.org.uk/documents/actionpo.pdf))**

This publication aims to support policy makers and practitioners at local, sub-regional and regional levels in using evidence from the evaluation of the pre-retirement pilots. It offers guidance for developing strategic and project planning frameworks, as well as practical tips for action.

***Health needs assessment – a practical guide* (HDA, 2005b)**

Provides detailed guidance on conducting a community-based needs assessment.

***Measuring impact: improving the health and wellbeing of people in mid-life and beyond* (HDA, 2005a)**

This guide aims to help practitioners and organisations measure the impact of an intervention through the use of various evaluation methods.

***The Working Partnership, Books 1–3* (HDA, 2003b)**

This toolkit draws on evidence and experience from community involvement and businesses, and provides practical materials to help develop effective partnership working.

***Strategic health authorities/workforce directorates and the mid-life age group: using the evidence to take action* (HDA, 2004b:  
[www.hda.nhs.uk/downloads/pdfs/wdc-final.pdf](http://www.hda.nhs.uk/downloads/pdfs/wdc-final.pdf))**

This briefing paper draws on the evidence from the mid-life pilots at the HDA and offers practical actions for NHS workforce development. It draws out actions for recruitment, retention and training with this age group, supported by the current policy context.

# Appendix 2: Evidence

## ***The gap years: rediscovering mid-life as a route to healthy active ageing (Bowers et al., 2003)***

This report presents the findings of a national evaluation of an England-wide initiative, resourced from the DH Public Health Development Fund. The initiative aimed to explore and develop effective interventions for supporting and promoting health among people aged 50–65 years.

## Health and older people

### ***Making it effective: a guide to evidence based mental health promotion (Friedli, 2003)***

This report provides a summary of effective mental health promotion interventions and looks at the debate about evidence from a mental health promotion perspective.

### ***Promoting the health of older people: setting a research agenda (Victor and Howse, 2000)***

The report presents the results of a review investigating the effectiveness of health promotion interventions with older people, such as exercise, healthy eating, smoking cessation and influenza vaccination. It draws attention to the lack of health promotion activity undertaken by researchers, policy makers and practitioners.

## Black and minority ethnic communities

### ***Ethnicity, health and health behaviour: a study of older age groups (Cooper et al., 2000)***

The report summarises the main findings from a study of health inequalities among white, African Caribbean, Indian, Pakistani and Bangladeshi adults aged 50 and above. Three large-scale British data sets are used to explore the relationship between age, ethnicity and health. Ethnic differences in alcohol consumption, cigarette smoking and tobacco chewing among older men and women are analysed and the likely contribution of these health-related behaviours to the health of these groups is discussed.

## Older workers

### ***Factors affecting the labour market participation of older workers (Humphrey et al., 2003)***

The DWP commissioned research to survey a sample of people aged 50–69. Self-employed people left the labour market at a slower rate than employees. Of those working after state pension age, 29% were self-employed. People with better qualifications were more likely to work. Among couples, working people were more likely to have a working partner. One in five women were working past their pension age, compared with one in eight men. Self-employed people had more flexibility in their working arrangements than employees. 56% of the self-employed had their own pension arrangements, compared with 72% of employees. Of the group under the pension age who were not looking for work, 50% gave health problems as a reason.

### ***The economic contribution of older people (Meadows, 2004)***

This report argues that the over 50s currently create a quarter of the UK's economic wealth and have the potential to produce even more if given the opportunity. It reveals that up to 1 million more older people who are not currently in paid work could be, adding up to £30 billion to the annual economic output. The report challenges the view of an ageing population as a burden. Its findings quantify for the first time how much older people do, and could add to the economy. The current contribution of older people from paid work has an annual value of £201 billion. Unpaid work by older people, including grandparenting, caring for partners and volunteering, is valued at £24 billion a year.

### ***The economy and older people (Age Concern, 2004)***

The report accompanies independent research commissioned by Age Concern. It outlines the unpaid and paid contributions to the economy made by older people, as well illustrating the underemployment of the 50–69 age group. The report outlines the potential future contributions of this group, and makes a number of recommendations.

## Education and learning

### ***Learning, continuity and change in adult life (Schuller et al., 2002)***

This report presents results from extensive fieldwork carried out by DfES researchers. It presents an original analytical framework developed specifically for this study, combined with empirical results from 140 in-depth biographical interviews in three different areas of England. The interviews explore how learning affects people's health and wellbeing; their family lives; and their engagement in civic activity. It addresses these effects at both individual and collective levels and concludes with a set of significant policy implications.

### ***Crossroads after fifty: improving choices in work and retirement (Hirsch, 2003)***

The Joseph Rowntree Foundation has almost completed a research programme focusing on the 50+ age group. This publication provides an overview of the programme, finding that the risk of poverty increases if people stop work in their 50s. High-income earners find more opportunities to work beyond retirement than do low-income groups.

The overall programme examined:

- Age discrimination legislation
- Work history and income in later life
- Early retirement and income in later life
- Experiences and expectations of people leaving paid work after 50
- Public policy initiatives for older workers
- Transitions from work to retirement
- The role of flexible employment for older workers
- Nurses over 50
- Informal care and work after 50
- The financial circumstances of early retirement.

There is a series of reports covering these themes.

### ***Health, wealth and lifestyle of the older people in England. The English Longitudinal Study of Ageing (ELSA) (Marmot et al., 2003)***

This study aims to complete the picture of what it means to grow older in the 21st century. It examines the interrelationships between different areas of life, including health and the adequacy of financial relationships; and how to develop an understanding of the different patterns of ageing with a view to influencing policy. The same individuals, now aged between 50 and 80+, will be

interviewed every two years, building up a picture of changes over time. The ELSA sample has been drawn from the Health Survey for England respondent sample.

The ELSA initial results show how social inequalities affect ageing. There are differences in income and, consequently, wealth. Holdings of housing, pensions and financial assets (considered the three main forms of wealth) are correlated. Those without housing or pension wealth also have the lowest levels of financial assets. People's likelihood of staying in the workforce seems related not just to age and ability to function, but also to whether pension arrangements are adequate.

There is a social gradient in relation to education, higher-status jobs and health and ability to function. Those with lower social status have more ill health and greater loss of function. Ill health affects those on low incomes more rapidly. 'The disability gap between social classes is equivalent to the gap between age groups 10 or more years apart.'

### ***Towards a 50+ enterprise culture (Prime, 2004)***

This report was commissioned by The Prime Initiative, whose aim is to 'ensure that everyone aged 50+ has the opportunity for self-fulfilment through sustainable self-employment and enterprise'. In England there are estimated to be 3 million people aged 50–64 who are not in employment or self-employment. As the size of the 50–65 age group is expected to increase nationally and regionally, unless there are changes in the labour market, then the number of people aged 50+ who are not economically active will also increase. The 50–59 age group makes a considerable contribution to self-employment in England. The report asks whether enough is being done to help those in this group enter self-employment.

### ***Older people count. The Help the Aged income index for older people in England and Wales (Social Disadvantage Research Centre, Oxford University, 2003)***

This report provides the best and most up-to-date data available relating to low income and reveals a unique picture of disadvantage among older people in England and Wales. The report, which includes a CD-ROM, examines the numbers and rate of older people on income-related benefits; shows how these populations are distributed by region, district and ward; and compares the Help the Aged index with other measures of income disadvantage.