

# Shifting How We View the Ageing Process

---

Dr Martina Zimmermann, Dr Joe Wood,  
Dr Harriet Boulding, Ross Pow

September 2023

## About this report

This Report summarises findings from a Policy Lab that explored the value, feasibility and acceptability of shifting how we view the ageing process. Its goal is to achieve attitudinal change to ageing, by moving away from a narrative of disease and decline towards the idea that ageing is a lifelong process of change.

This project was supported by a UK Research and Innovation Future Leaders Fellowship awarded to Martina Zimmermann (MR/T019794/1).

This report is illustrated using images created by Camille Aubry (camilleaubry.com) during live illustration sessions at events in May 2023 that were inspired by the findings of this Policy Lab.

## Open Access. Some rights reserved

Anyone can download, save, perform or distribute this work in any format, including translation, without written permission. This is subject to the terms of the Creative Commons By Share Alike licence. The main conditions are:

- ♦ The Policy Institute and the authors are credited including our web address: [kcl.ac.uk/policy-institute](https://kcl.ac.uk/policy-institute)
- ♦ If you use our work, you share the results under a similar licence

A full copy of the licence can be found at:  
<https://creativecommons.org/licenses/by-sa/3.0/legalcode>

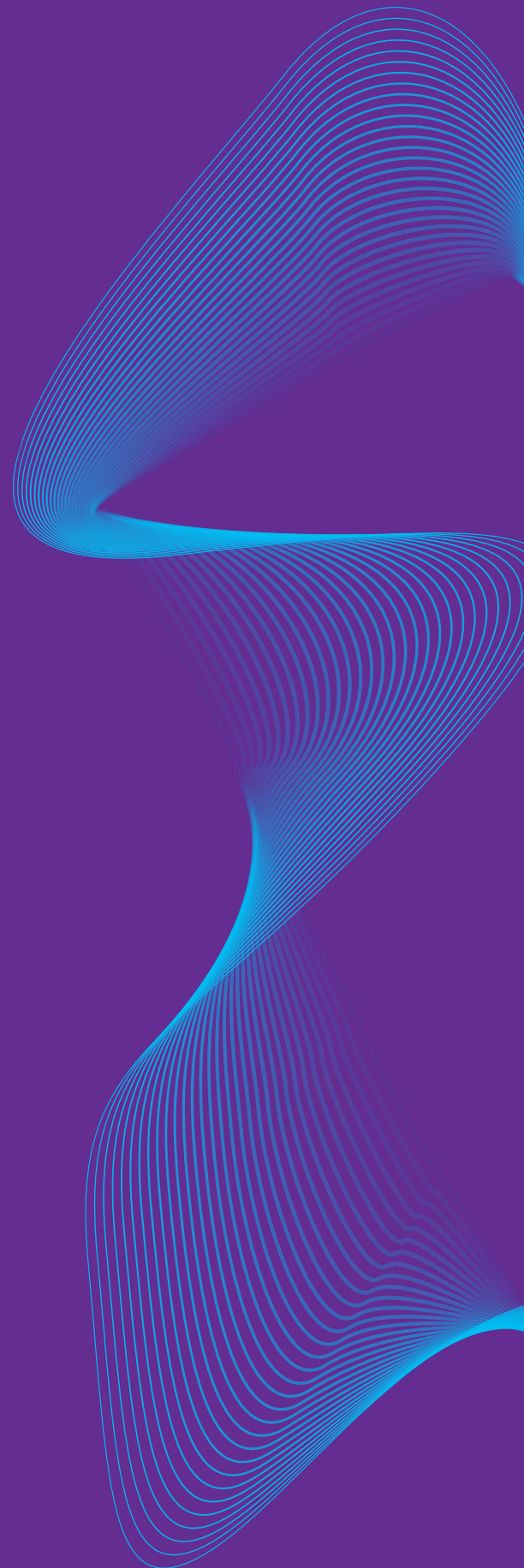
## About the authors

**Dr Martina Zimmermann** is a Reader in Health Humanities and Health Sciences in the Department of English, Centre for the Humanities and Health at King's College London

**Dr Joe Wood** is a Research Associate in the Department of English, Centre for the Humanities and Health at King's College London

**Dr Harriet Boulding** is a Senior Research Fellow at the Policy Institute, King's College London

**Ross Pow** is the Director of Power of Numbers Ltd



# Foreword



The Sciences of Ageing and the Culture of Youth (SAACY) is a research programme on ageing funded by a UK Research and Innovation Future Leaders Fellowship. It looks at how we talk and think about ageing in scientific research, medical practice and wider culture, and how the way we do so can affect our experiences of ageing, the meaning we assign to getting older, and the decisions we make about older people.

A core aim of SAACY is to tackle cultural pessimism about ageing. Such pessimism endangers intergenerational solidarity, shapes perceptions of the worth and value of individual human beings, and directs decisions about care, research and funding priorities. SAACY wants to inform practices and policy development in these areas.

As Principal Investigator of SAACY, hosting this Policy Lab about 'Shifting How We View the Ageing Process' together with the Policy Institute at King's was a real pleasure and privilege.

The Policy Lab brought together academic researchers from a range of disciplines, practicing clinicians, people with lived experience and representatives from the care sector, charities and the policy world, to answer one specific question in a one-day workshop: "How valuable, feasible and acceptable would it be to shift the way we view the ageing process?"

I would like to thank all the participants for the time, energy and enthusiasm they brought to this vivid debate, and the dedication with which everyone worked towards formulating the **Themes for Action** summarised in this Report. The Policy Lab indicated that we need policy changes to help normalise ageing as a lifelong process to create more positive attitudes to ageing. Shifts in attitude will drive changes in healthcare practice and encourage wider educational and economic actions to improve lifelong ageing for all.

Having articulated these pathways towards achieving attitudinal change to ageing, the challenge now is to involve the full range of stakeholders to improve lifelong ageing for all. As laid out in the **Next Steps** section, in the SAACY research programme we have already begun using the findings from this Policy Lab to direct our research and actions. We very much hope that the Report itself will act as a resource and inspiration for all those working towards shifting how we view the ageing process.

**Dr Martina Zimmermann**

Reader in Health Humanities and Health Sciences  
Department of English, Centre for the Humanities and Health  
King's College London

# How can I use this document?

The ideas and suggested actions in this document are intended to be of use to anyone who is interested in improving lifelong ageing for all by bringing about attitudinal change to ageing in the UK and beyond. It is intended in particular to assist those working in and with local and national charities and other third-sector organizations invested in achieving attitudinal change to ageing and to encourage policymakers to bring forward change that builds on the recent UK Government investment in the Ageing Grand Challenge (withdrawn in March this year) and the World Health Organization's Decade of Healthy Ageing.

Here are some examples of how this document might be used to shape and influence that change.

## **Inform**

The evidence and information required to address a complex policy issue often already exists. But we rarely have all the relevant data compiled in a way that helps appreciate the problem. The infographic on the back of this document and additional data provided within this Report is intended to be a resource for advocates to inform both themselves and other stakeholders.

## **Share and connect**

This Report details the ideas and concepts developed by the participants of our Policy Lab, which was made up of academic researchers from a range of disciplines, clinicians, people with lived experience and representatives from the care sector, charities and the policy world. It invites readers to invest their time, expertise and advocacy skills to share and connect with existing strategies aimed at achieving attitudinal change to ageing within the UK and beyond.

## **Work together and act**

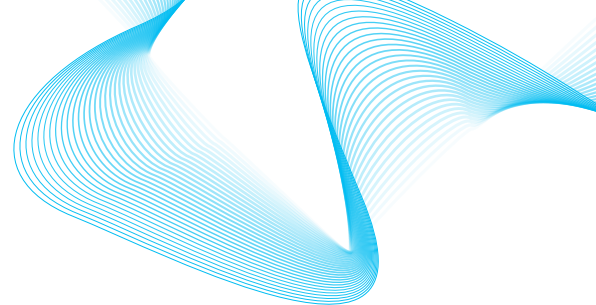
Working together with different stakeholders will be crucial in achieving attitudinal change to ageing. These stakeholders include: Government; National and local charities (and other third-sector organizations invested in quality of life in older age and across generations); Health and care practitioners; Researchers and research funders; Employers; Education and information providers; Creative industries; Older people; Local organizations and community bodies.

Action is needed on three levels to achieve attitudinal change to ageing:

- ♦ Policy changes can help normalise ageing as a lifelong process to create more positive attitudes
- ♦ Appreciating ageing as a lifelong process will drive changes in clinical practice and care priorities
- ♦ Wider educational and economic actions should tackle inequalities to improve lifelong ageing for all

A range of further ideas is available in the Next Steps section of this document.

# Contents



<b>1: THE SITUATION: PESSIMISM ABOUT AGEING SHAPES PERCEPTIONS OF THE WORTH AND VALUE OF HUMAN BEINGS AND DIRECTS DECISIONS ABOUT CARE, RESEARCH AND FUNDING PRIORITIES</b>	<b>06</b>
<b>2: THE OPPORTUNITY: BIOLOGICAL UNDERSTANDINGS OF GETTING OLDER EMPHASISE HOW AGEING IS A LIFELONG PROCESS</b>	<b>08</b>
<b>3: THE POLICY LAB: THREE IDEAS</b>	<b>10</b>
<b>4: THE THEMES FOR ACTION: ACHIEVING ATTITUDINAL CHANGE TO AGEING</b>	<b>12</b>
<b>5: THE NEXT STEPS</b>	<b>18</b>
<b>PARTICIPANTS</b>	<b>21</b>
<b>REFERENCES</b>	<b>22</b>
<b>SHIFTING HOW WE VIEW THE AGEING PROCESS – POLICY LAB OUTCOMES</b>	<b>24</b>
<b>INFOGRAPHIC</b>	<b>28</b>



# 1: The Situation: Pessimism about ageing shapes perceptions of the worth and value of human beings and directs decisions about care, research and funding priorities

## Our population is ageing

The UK's population is ageing, with the number of over-80s expected to double by 2035.<sup>1</sup> While this means fewer people are dying young, Disability Free Life Expectancy (DFLE) in the UK is now decreasing: people are living longer but spending more years in ill health.<sup>2</sup> Healthy ageing is therefore a priority for the UK government, as well as for international organizations like the United Nations and the World Health Organization.<sup>3</sup>



## There is a cultural pessimism towards the ageing process

Ageing is often associated with weakness, disease and death. Among other things, cultural pessimism towards getting older can be fuelled by:

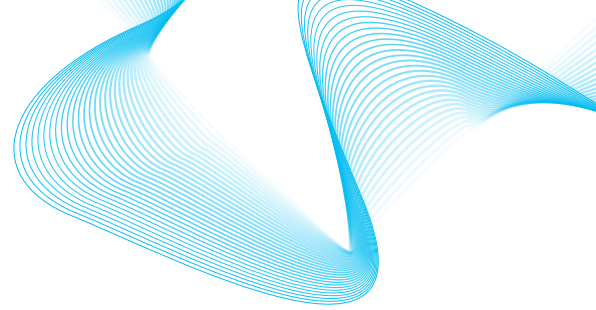
- expectations that negative stereotypes of ageing will happen to us
- fears surrounding death associated with getting older
- poor experiences of elder care
- consumer society's focus on younger demographics
- the assumption that science will ultimately find a 'fountain of youth' to combat the changes that come with age<sup>4</sup>

1 Office of National Statistics, 'National Population Projections: 2020-Based Interim' (London: Office of National Statistics, 2022), <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2020basedinterim>; Centre for Ageing Better, 'Summary: The State of Ageing 2022' (London: Centre for Ageing Better, 2022), <https://ageing-better.org.uk/summary-state-ageing-2022>.

2 Age UK, 'Later Life in the United Kingdom' (London: Age UK, 2019), [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/older\\_life\\_uk\\_factsheet.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/older_life_uk_factsheet.pdf).

3 See, for example, UK Government, 'The Grand Challenges' (London: UK Government, 2018), <https://www.gov.uk/government/publications/industrial-strategy-the-grand-challenges/industrial-strategy-the-grand-challenges>; World Health Organization, 'Decade of Healthy Ageing: Baseline Report' (World Health Organization, 2020), <https://www.who.int/publications/i/item/9789240017900>; World Health Organization, 'Global Report on Ageism' (World Health Organization, 2021), <https://www.who.int/publications/i/item/9789240016866>.

4 Becca Levy, 'Stereotype Embodiment: A Psychosocial Approach to Aging', *Current Directions in Psychological Science* 18 (2009): 332–336, <https://journals.sagepub.com/doi/10.1111/j.1467-8721.2009.01662.x>; Andy Martens et al., 'A Terror Management Perspective on Ageism', *Journal of Social Issues* 61 (2005): 223–239, <https://spssi.onlinelibrary.wiley.com/doi/abs/10.1111/j.1540-4560.2005.00403.x>; Helena Kisvetová et al., 'Dignity and Attitudes to Aging: A Cross-sectional Study of Older Adults', *Nursing Ethics* 29 (2022): 413–24, <https://journals.sagepub.com/doi/full/10.1177/09697330211057223>; Margaret Morganroth Gullette, *Declining to Decline: Cultural Combat and the Politics of Midlife* (Charlottesville: University of Virginia Press, 1997).



Scientific and medical understandings of the ageing process have contributed to this cultural pessimism by framing conditions, like dementia or arthritis, in terms of disease and decline, thereby segregating them from ‘normal’ life.<sup>5</sup> Pessimistic attitudes like this encourage people to see these age-related conditions as depressingly inevitable aspects of an undesirable old age and to look to science for a cure.

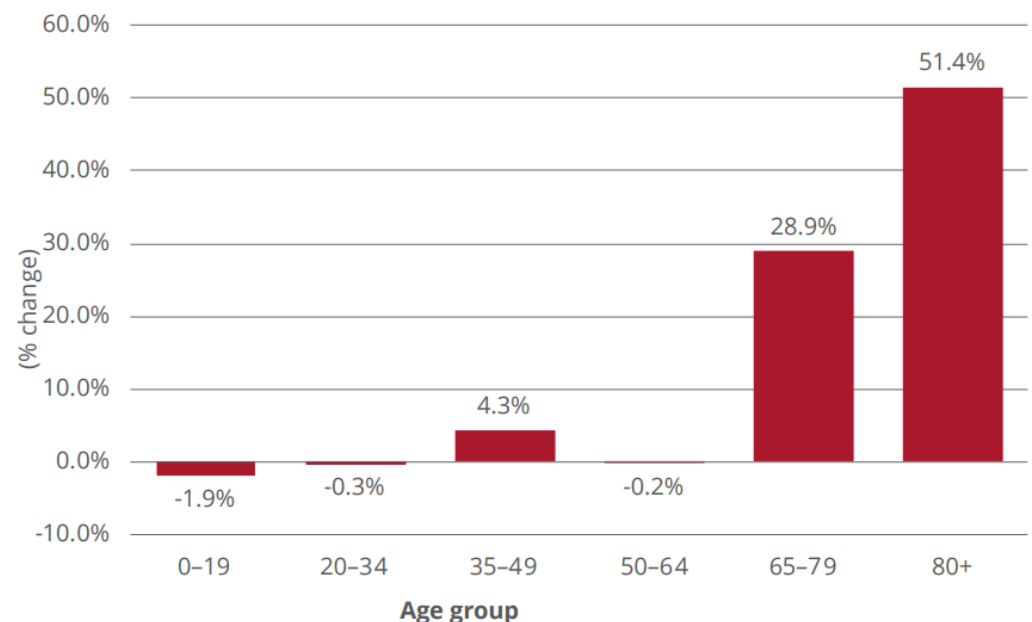
AGE & DISEASE SEEN AS  
PREVENTABLE & UNDESIRABLE STATE



## Ageing has become ‘biomedicalized’

Recent medical techniques and cures have allowed many of us to live longer. However, while infectious diseases like cholera or smallpox have been widely eradicated, we are now more likely to die of age-related diseases like dementia, cancer or cardiovascular problems. The increased likelihood of such diseases as we get older has led to ageing becoming ‘biomedicalized’: we see ageing as a process of decline defined by disease, and assume that the ageing process requires management through medical and cosmetic interventions.<sup>6</sup> Importantly, the biomedicalization of the ageing process has blurred the lines between what we see as normal aspects of the ageing process and what we see as unwanted disease. This can lead to unnecessary treatment or even overtreatment, particularly for the oldest old.

**Figure 1: Expected percentage change in population by age group (2018 to 2035)**



Source: Office for National Statistics (2019) *Principal projection—UK population in age groups*: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablea21principalprojectionukpopulationinagegroups> [accessed 28 September 2020]

<sup>5</sup> Martina Zimmermann, *The Diseased Brain and the Failing Mind: Dementia in Science, Medicine and Literature of the Long Twentieth Century* (London: Bloomsbury, 2020), <https://www.bloomsburycollections.com/book/the-diseased-brain-and-the-failing-mind-dementia-in-science-medicine-and-literature-of-the-long-twentieth-century/>.

<sup>6</sup> Carroll Estes and Elizabeth Binney, ‘The Biomedicalization of Aging: Dangers and Dilemmas’, *Gerontologist* 29 (1989): 587–596, <https://academic.oup.com/gerontologist/article/29/5/587/660324>.

## 2: The Opportunity: Biological understandings of getting older emphasise how ageing is a lifelong process

### The word 'ageing' can mean different things

Ageing can relate to how many years you've lived, how old you feel, or how old you seem to others in social situations or medical appointments. Among these definitions, **biological ageing, or senescence** is the comparative age of the body, based on biomarkers at a cellular level, which are influenced by both genetic and external factors.<sup>7</sup> These factors affect your biological age, as well as your likelihood of developing a certain disease or disability, in a ratio of around 30:70.<sup>8</sup> How old you are biologically, i.e. at a cellular level, is therefore less related to how many years you've lived than to the genetic and environmental factors affecting your body. This includes social, cultural and economic factors, which are often outside an individual's control. In other words, there is considerable evidence to show that the diversity of the population increases with age to the extent that people can often be said to have different 'biological' ages.<sup>9</sup> Much of the existing scientific research concerning senescence actually shows that ageing, and the increase in the risks of disease and disability that it brings, occur at a cellular level across the whole of a person's life.

AGEING IS A  
LIFELONG PROCESS



### Ageing is a normal lifelong biological process

Barring accidents and external factors, our current scientific understanding suggests cell senescence is the ultimate limiting factor in how long any human can live. However, the cellular ageing process that ends in death begins at birth and continues throughout life based on normal biological processes.<sup>10</sup> At a cellular level, you are ageing all the time from the moment you're born right up until you die, a process that includes 'growing up' as well as 'growing old'. There is therefore no scientific basis for polarising young and old by way of segregating old age from the rest of life because biological changes associated with ageing can be viewed as part of a natural trajectory. Existing research into senescence helps understand ageing in this way on a biological continuum as a process of lifelong change.

7 Jean M. Adams and Martin White, 'Biological Ageing: A Fundamental, Biological Link between Socio-economic Status and Health?', *European Journal of Public Health* 14 (2004): 331–334, <https://academic.oup.com/eurpub/article/14/3/331/528224>.

8 For further details of the relationship between environmental and genetic factors in contributing towards how each of us ages see, for example, Bernard Swynghedauw, *The Biology of Senescence: A Translational Approach* (Cham: Springer, 2019), pp. 25–36, [https://link.springer.com/chapter/10.1007/978-3-030-15111-9\\_3](https://link.springer.com/chapter/10.1007/978-3-030-15111-9_3); Rose Anne Kenny, *Age Proof: The New Science of Living a Longer and Healthier Life* (London: Lagom, 2022), pp. 42–45, <https://tilda.tcd.ie/news-events/2022/2201-AgeProof-bookrelease-extracts/>.

9 Centre for Ageing Better, 'Tackling Inequalities a Priority as Older Population Becomes More Diverse' (London: Centre for Ageing Better, 2023), <https://ageing-better.org.uk/blogs/tackling-inequality-priority-older-population-becomes-more-diverse>.

10 Carlos López-Otín et al., 'The Hallmarks of Aging', *Cell* 153 (2013): 1194–1217, <https://www.sciencedirect.com/science/article/pii/S0092867413006454>.



## Understanding ageing as a lifelong process has wide implications

Scientific approaches that emphasise ageing as a lifelong process challenge the way our culture focuses on youth. Rather than understanding ageing as something inevitably bad that happens towards the end of our lives, they suggest that it is possible to start understanding ageing as a lifelong process of change and development so that old age can be just as fulfilling as other ages, with opportunities for growth and progress. If we can tackle cultural pessimism about ageing by shifting how we understand the ageing process, it should have huge implications for:

- how we talk about ageing, including how we understand terms like ‘healthy ageing’ or ‘successful ageing’<sup>11</sup>
- how we retire
- how we understand and experience intergenerational relations
- how we understand what counts as ‘normal’ ageing and what counts as disease
- how we treat and care for older people
- how we fund research and medical care for older people, which currently tends to focus on specific diseases rather than the underlying causes of senescence.



11 Ann Bowling and Paul Dieppe, ‘What Is Successful Ageing and Who Should Define It?’, *Biomedical Journal* 331 (2005): 1548–1551, <https://www.bmj.com/content/331/7531/1548>; for a recent summary on factors influencing what we consider ‘successful ageing’, see Laura Hughes and Martina Zimmermann, ‘Older Adults’ Perspective, Experiences, and Expectations of Ageing in England: A Grounded Theory Study Protocol’, *Social Science Protocols* 6 (2023): 1-3, <http://journals.ed.ac.uk/social-science-protocols/article/view/7751/11852>.

# 3: The Policy Lab: Three Ideas

In September 2022, we ran a Policy Lab which brought together a range of experts to consider the implications for understanding ageing as a lifelong biological process of change. The question we asked was:

**‘How valuable, feasible and acceptable would it be to shift the way we view the ageing process?’**

The aim was to think as broadly as possible about the issues, the various factors that contribute to how we research and make policy in relation to ageing, and the actions that can be taken to combat the pessimism that surrounds getting older by shifting how we understand the ageing process.

Our conversations reflected how ageing is an emotive and wide-ranging issue that affects all of us in different ways. Notably, although our focus was senescence, suggested interventions were more often related to various cultural, social and economic domains. This included many aspects of the prejudices and inequalities that result from the current dominant idea that ageing is a process of decline at the end of life. We found that there is a strong rationale for shifting perceptions in society so that people are better able to understand and accept aspects of the ageing process.

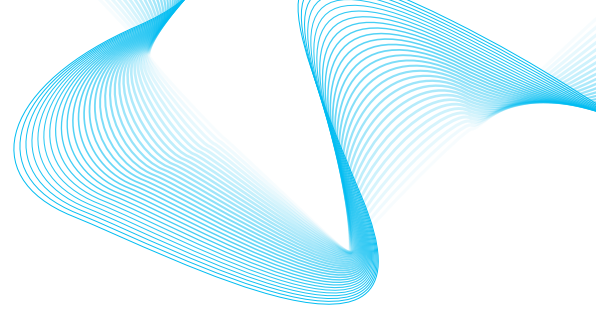
We identified a range of possible interventions to help shift the way we view the ageing process from something bad that happens at the end of your life to a lifelong process of change. These interventions can be grouped under three core ideas and span the full ‘policy spectrum’ depicted below.



Some of these ideas are conceptual, identifying the need to realign how we approach certain policy topics, beginning with establishing a shared common language to help rethink ageing. Others have more straightforward policy application as changes to laws or regulations. And some give suggestions for practical on-the-ground changes that might make a small but significant difference to how ageing is understood or experienced.



The Policy Lab indicated that we need policy changes to help normalise ageing as a lifelong process to create more positive attitudes to ageing. Shifts in attitude will drive changes in healthcare practice and encourage wider educational and economic actions to improve lifelong ageing for all.



#### ADAPT & PROGRESS WITH AGE



The following table summarises the proposed actions generated from the Policy Lab.

<b>Policy changes can help normalise ageing as a lifelong process to create more positive attitudes</b>	<b>Appreciating ageing as a lifelong process will drive changes in clinical practice and care priorities</b>	<b>Wider educational and economic actions should tackle inequalities to improve lifelong ageing for all</b>
<ul style="list-style-type: none"><li>• Help people to see ageing as a normal part of life</li><li>• Create a culture of optimistic realism</li></ul>	<ul style="list-style-type: none"><li>• Change clinical practice towards ageing</li><li>• Reprioritise care</li></ul>	<ul style="list-style-type: none"><li>• Change the curriculum</li><li>• Challenge inequalities</li></ul>





# 4: The Themes for Action: Achieving attitudinal change to ageing



## 4.1. Policy changes can help normalise ageing as a lifelong process to create more positive attitudes

The Policy Lab indicated that we need to normalise ageing as a lifelong process. As part of this, legislation should not portray ageing as a separate part of life. At the delivery end of policy, encouraging a sense of optimistic realism about ageing will create more positive attitudes that will impact on how older people are accommodated in the workplace.

### Help people to see ageing as a normal part of life

We need to legislate for ageing to be understood as a normal part of life. This includes using the law to demonstrate how employers and policymakers can recognize and accommodate the biological changes that affect us as we age.

We need labour market policy changes that **extend working lives in ways that work for older people**, for example by legislating for phased retirement and flexible working in later life and at other stages such as perimenopause. Similarly, we should **disincentivise harmful corporate behaviours**, such as penalising ageist advertising or regulating actions by technology companies that discriminate against older age groups. A first step could be to **establish Older People's Commissioners** for England, Scotland and Northern Ireland following the model of Heléna Herklots's role in Wales.



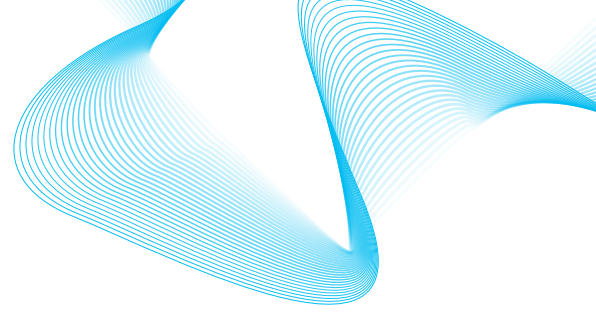
We also support endeavours to improve the evidence base for a biological approach to lifelong ageing, such as the foundation of an **independent policy research institution** to follow the impact of events and policies on people as they age throughout the lifecourse and the initiation of a series of national or regional **intergenerational citizens' juries or conventions** to build common understanding around key issues like climate change or antibiotic resistance.

### Create a culture of optimistic realism

At the delivery end of policy, we think that in workplaces and the media we need to begin to address ageing with an 'optimistic realism' that acknowledges that **getting older should not set you apart from other people but does still come with biological changes**, instilling a level of acceptance of bodily changes across the lifecourse.

As part of this we need to begin to develop a culture of **adaptations to keep people within the workplace**. Alongside legislative changes, this could include redefining job descriptions, permitting flexible working, allowing older people to return to work in a consulting capacity, or encouraging phased retirement. We realise that it would be hard to overhaul the whole media industry, but it would be potentially valuable to **promote content that shows a diverse range of later life possibilities** with this same sense that ageing comes with change but can be fulfilling and involve development.

At the same time, advocating for an understanding of ageing as lifelong change is related to the death literacy movement. If dying and illness are part of life, we should not feel embarrassed or afraid to address them. **Initiating earlier end-of-life conversations**, including improving understanding of and access to Advanced Care Plans (ACPs) and Treatment Escalation Plans (TEPs), costs very little but could help



people realise their wishes and give them and their loved ones time to come to terms with the possibility of physical changes.

Part of this requires finding more nuanced language to help people engage in more rounded ways with the possibilities and challenges of ageing. For example, while ‘older people’ can be a useful demographic designator for statistical studies and might be used as a cohort descriptor for securing funding for interventions, it is different from ‘ageing’. Similarly, ‘old’ is an entirely relative term and, as it was pointed out, can in different contexts be used in reference to ‘anyone over 45’, ‘people who have retired’ or ‘those living in care homes’. Such attitudinal change also informs the healthcare sphere. Rather than viewing particular age cohorts as homogenous groups, which comes with a focus on disease, the clinical encounter would focus on the **best possible potential for each individual**.

## 4.2. Appreciating ageing as a lifelong process will drive changes in clinical practice and care priorities

Extending to areas of healthcare, attitudinal change to ageing as a lifelong process will drive legislative and regulatory changes in clinical practice. It will also inform a reconceptualization of what care means in an ageing society.

### Change clinical practice towards ageing

Clinical research and practice are important contexts for challenging ageism and acknowledging how physical changes occur across the lifecourse.

Understanding ageing as lifelong promotes **more research into the biology of ageing** in general, rather than into specific diseases, which may be a more fruitful direction in terms of addressing age-related conditions.

Regarding research practice, clinical trials tend to ignore older people because their health situations are often too complex, yet they are the people most likely to receive medical treatment. We suggest regulatory changes to ensure that **general clinical trials are widened to involve over-65s in phase II and phase III trials** so that older people are less likely to receive interventions mostly trialled on younger fitter participants.<sup>12</sup> Similarly, more funding and better regulations are needed to support more **multimodality clinical trials**, which account for complex and/or multiple underlying factors and conditions in people of varying ages.

More broadly, we need to improve communication channels between primary and secondary care by **investing in the emerging field of nursing home medicine**. Nursing home medicine helps improve continuity of care, particularly for older patients living with more complex needs in residential settings, as well as improving the level of respect held within medicine for this kind of treatment and care. One simple related action is to **change the recording of care home deaths**, which currently count as deaths ‘at home’, to improve the visibility of this scenario.

---

<sup>12</sup> Premnath Shenoy and Anand Harugeri, ‘Elderly Patients’ Participation in Clinical Trials’, *Perspectives in Clinical Research* 6 (2015): 184–189, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4640010/>.





## Reprioritise care

At a conceptual level, understanding ageing as a lifelong process, rather than a set of medical conditions that affect us in later life, comes with a need to prioritise care in an ageing society.

Currently, the dominant medical model aspires to cure all aspects of the ageing process. Yet senescence research currently suggests that ageing is at some stage inevitable. We therefore have to prepare for an ageing population by rethinking both health and social care along the lines that **not all ageing can be treated as disease**.

We need to refocus medicine away from hospitals towards primary care and public health. As well as taking pressure off over-stretched hospitals, this would put the focus on continuity of care, particularly important when people increasingly live with multiple or complex conditions as they age. For example, evidence suggests 2,500 extra GPs would reduce the same number of hospital deaths per year as 9,000 hospital doctors.<sup>13</sup>

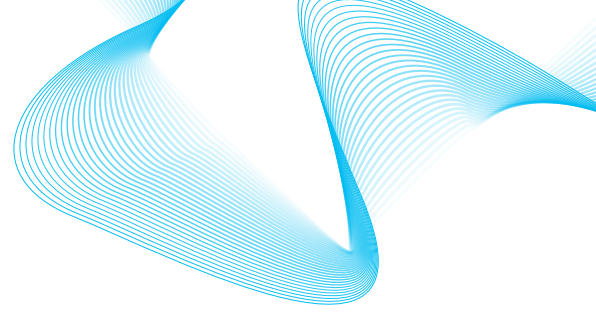
In terms of public health, the Policy Lab noted that, currently, the NHS functions as ‘a disease service, not a health service’: healthcare provision focuses on the treatment of disease rather than providing the conditions for healthier lives. Understanding ageing as lifelong encourages long-term health promotion in ways that have downstream effects on people’s experience in later life. We suggest long-term plans for **more tailored and effective public health advice** that promotes two aspects of lifelong ageing:

- ♦ Targeted campaigns that identify and enable action on modifiable risk factors, particularly upstream health inequalities that affect health in older age
- ♦ General campaigns for older people that prioritise nutrition, fitness and social contact, mostly through social and cultural interventions

There is also huge value in **educating people about the way the body ages from a much earlier age**, as it at least offers the potential of better health and wellbeing for more people for longer. Starting this early, for example in schools and parenting classes, will improve downstream effects.

Additionally, we need to **invest more in care for older people**, from better support for families and carers, such as a named support contact, to innovations in the care sector, including better pay for care staff and intergenerational and communal living across the lifecourse.

<sup>13</sup> Brian Jarman et al., ‘Explaining Differences in English Hospital Death Rates Using Routinely Collected Data’, *Biomedical Journal* 318 (1999): 1515–1520, <https://www.bmj.com/content/bmj/318/7197/1515.full.pdf>.



### 4.3. Wider educational and economic actions should tackle inequalities to improve lifelong ageing for all

Appreciating ageing as a lifelong process must also inform educational and economic actions that have the potential to improve lifelong ageing for all. At the delivery end of policy, a long-lasting shift in attitudes to ageing can be achieved through changes in how we teach and learn about what ageing means. At the conceptual level, we need to acknowledge the significant role of inequalities in how different people age.

#### Change the curriculum

In the Policy Lab, several suggestions recognized how changing the attitude towards ageing requires realigning how we talk about the ageing process in education settings.

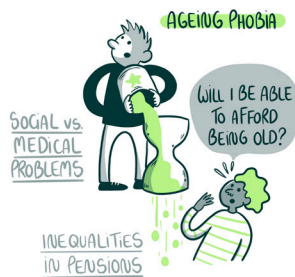


We suggest **more positive education in schools about ageing**. In science and biology, exploration of natural developments in the body (like puberty, menopause, hair loss or hearing loss) should be explored as natural phenomena that can occur alongside the continued potential for growth and development throughout the lifecourse. This could be achieved through **expanding the number of older people going into schools** as volunteers or to share experiences, for example through mentoring, testimony or entrepreneurship schemes. Such strategies have the potential to establish a **richer vocabulary for discussing ageing and the ageing process**. Since the ageing process is something we are all going through, it can act as a point of connection instead of difference, allowing important intergenerational debates about pressing issues like housing or the climate emergency.

At the same time, **encouraging older people into further and higher education within mainstream institutions** through government programmes would normalise lifelong learning as well as increase intergenerational cohesion through mutual exposure to fresh ideas and ways of learning or working.



We also advocate a wider emphasis on **intergenerational projects** which bring people of all ages together to learn from one another. Intergenerational activities can reduce ageism by exposing us to people of other ages and improve community cohesion and the longevity of individual projects. For example, schemes where childcare is offered in care homes aim for health, social and educational benefits for all participants, and there are many other forms that intergenerational projects can take, from entrepreneurship hubs or school visits, to dance classes and community gardening.



### Challenge inequalities

At the conceptual level, the Policy Lab found that we need to recognize the significant role of inequalities in how different people age.

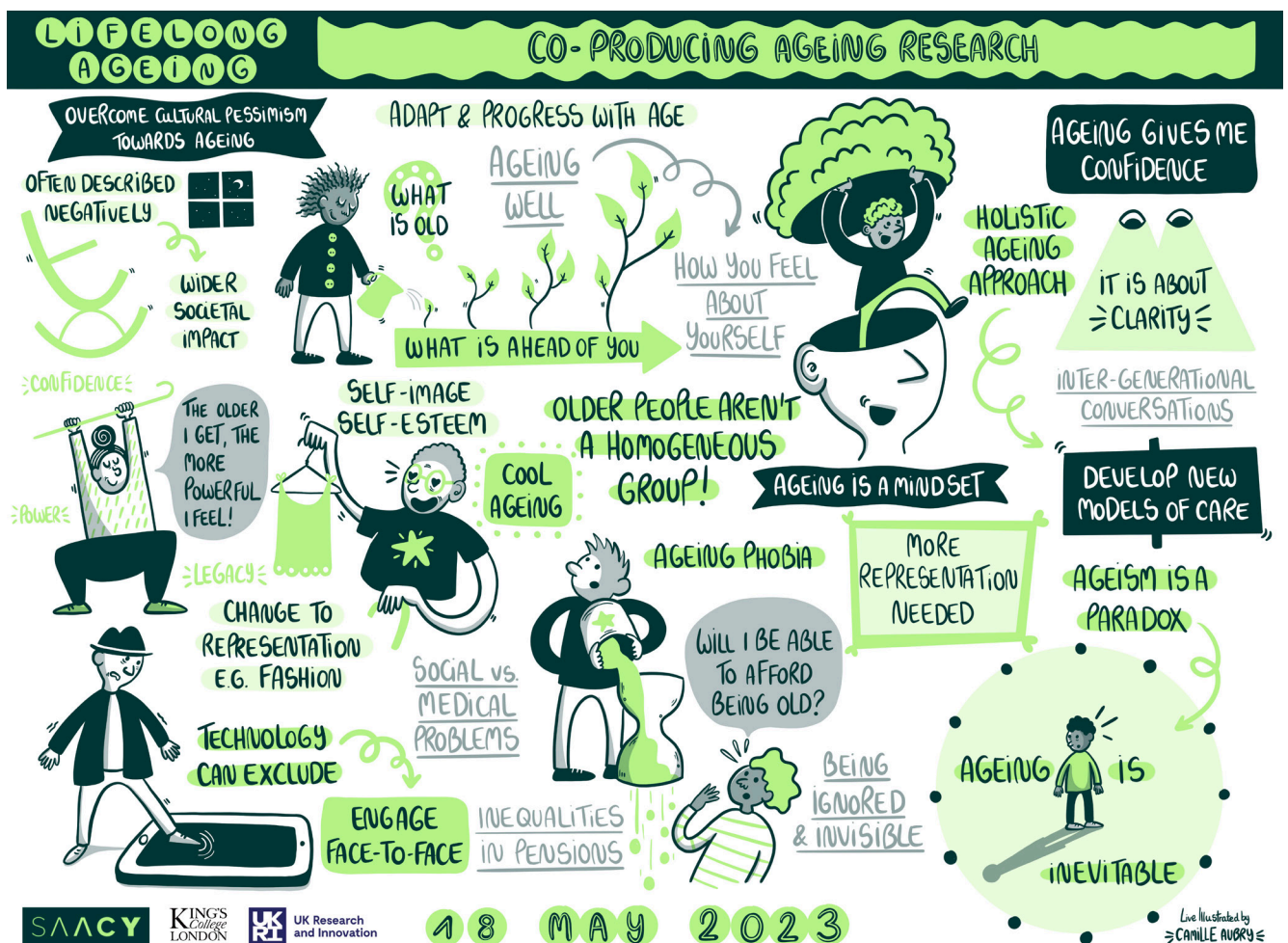
Lifecourse approaches to ageing demonstrate how much the way we age is defined by our earlier experiences and environments. Social and economic factors contribute a huge amount to defining aspects like diet, exercise and lifestyle that contribute to how our body ages. As part of understanding ageing as a lifelong process, we need to challenge health inequalities throughout life that currently mean some are at a higher risk of suffering from ill health or disability in older age than others. More to the point, there are many people in later life (e.g. aged 80) whose quality of life is not particularly affected by disease or chronic conditions, while there are also younger people (e.g. aged 35) living with conditions associated with older age such as dementia, osteoarthritis, or diabetes. Acknowledging this variation would **help avoid the idea that ageing is an inevitable and unwelcome process of disease and decline**. Concurrently, it would underwrite framing ageing as a process of lifelong change, heavily influenced by inequalities: access to, for example, nutrition, higher levels of education, or places to exercise safely will have long-term effects on how healthy you are as you get older and whether you're able to continue working into older age. Such factors are less likely to be personal and more likely to be structural and so conditioned by policy decisions.



Clearly, this is a large-scale issue that intersects with existing priorities concerning inequity and social justice. In part we need **fiscal policies that tackle the factors that drive inequalities in the experience and outcomes of ageing**. For instance, this could include taxes on wealth and unearned income or measures to tackle property inequalities such as those affecting older renters.

At the other end of the scale, we could promote techniques to **improve patient entitlement** so that people from less privileged backgrounds can make themselves better heard in medical environments. A model developed in Tower Hamlets with patients from the Bangladeshi community, who have historically struggled to communicate well with doctors, provided simple steps to empower patients in their clinical conversations. This included asking 'How are you doctor?' to establish rapport as well as stopping talking to the doctor whenever they look away to type their notes, which forces the doctor to turn back to the patient and maintain attention.





Live illustration by Camille Aubry (camilleaubry.com) based on conversations at our Co-producing Ageing Research workshop, held at Science Gallery London in May 2023, and inspired by the findings of the Policy Lab. The event invited older people and representatives from the third sector to discuss gaps in ageing research and policy attention.

# 5: The Next Steps

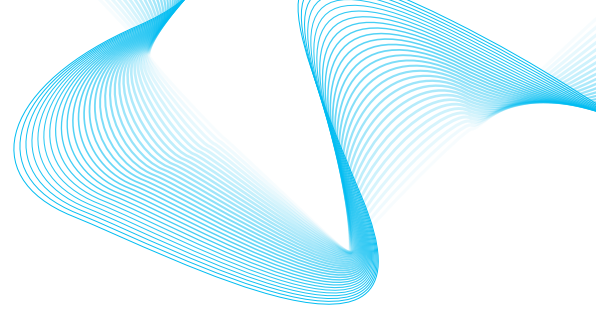
This Report details the ideas and concepts developed by the participants of our Policy Lab, which was made up of academic researchers from a range of disciplines, clinicians, people with lived experience and representatives from the care sector, charities and the policy world. Bringing together these perspectives was highly rewarding and productive, and feedback arising from this Policy Lab has been very positive, highlighting the value of working across disciplines and sectors to tackle cultural pessimism about ageing.

Involving the full range of stakeholders will be vital in achieving attitudinal change to ageing that envisions ageing as a lifelong process with the goal to improve lifelong ageing for all. These stakeholders include:

- ♦ Government
- ♦ National and local charities (and other thirds-sector organizations invested in quality of life in older age and across generations)
- ♦ Health and care practitioners
- ♦ Researchers and research funders
- ♦ Employers
- ♦ Education and information providers
- ♦ Creative industries
- ♦ Older people
- ♦ Local organizations and community bodies

Policy changes can help normalise ageing as a lifelong process to create more positive attitudes	Appreciating ageing as a lifelong process will drive changes in clinical practice and care priorities	Wider educational and economic actions should tackle inequalities to improve lifelong ageing for all
<ul style="list-style-type: none"> <li>• Help people to see ageing as a normal part of life</li> <li>• Create a culture of optimistic realism</li> </ul>	<ul style="list-style-type: none"> <li>• Change clinical practice towards ageing</li> <li>• Reprioritise care</li> </ul>	<ul style="list-style-type: none"> <li>• Change the curriculum</li> <li>• Challenge inequalities</li> </ul>
Stakeholder suggestions for initial engagement around the Policy Lab themes for action		
<ul style="list-style-type: none"> <li>• Government</li> <li>• National and local charities</li> <li>• Employers</li> <li>• Researchers and research funders</li> <li>• Health and care practitioners</li> <li>• Creative industries</li> </ul>	<ul style="list-style-type: none"> <li>• Researchers and research funders</li> <li>• Government</li> <li>• National and local charities</li> <li>• Health and care practitioners</li> <li>• Education and information providers</li> <li>• Local organizations and community bodies</li> </ul>	<ul style="list-style-type: none"> <li>• Government</li> <li>• Education and information providers</li> <li>• National and local charities</li> <li>• Older people</li> <li>• Local organizations and community bodies</li> <li>• Creative industries</li> <li>• Employers</li> </ul>





In the SAACY research programme, from which this Policy Lab arose, we have already begun using the findings from this Policy Lab to direct our research and actions. Below we describe three activities in the hope they may serve as models of working across stakeholder groups to mobilise knowledge and resources to achieve attitudinal change to ageing.

Together with a third-sector SAACY project partner, The Pam Britton Trust for Dementia in Warwickshire, Dr Zimmermann has published on the continued economic neglect of informal dementia care – work grounded on her academic research.<sup>14</sup> This publication opened the door for invitation by the commissioner for Adult Health and Social Care to join a meeting with health experts. As SAACY progresses, we will continue the conversation with policymakers, commissioners, NHS staff and representatives from the voluntary sector to share evidence from our research.

Applying and amplifying the visions of this Policy Lab, we ran a discipline- and sector-crossing ‘Lifelong Ageing’ conference in May 2023 at Science Gallery London, which brought together up-and-coming researchers invested in ageing as a lifelong process and representatives from local and national charities. As part of this, we have taken on two new third-sector project partners from among the participants at the Policy Lab. To maximise cross-sectoral efforts, we worked with Science Gallery London, an institution invested in sharing health-related academic research with public audiences.

In a ‘Co-producing Ageing Research’ workshop on the following day we assembled older people and representatives from local and national charities to share results of the qualitative study undertaken in the SAACY research programme. We sought feedback on our findings and facilitated discussions on aspects of ageing that need more research and policy attention.

We will use the networks emerging from these and similar activities to champion the Policy Lab proposals and build further momentum towards achieving attitudinal change to improve lifelong ageing for all.

As academic researchers, we are also experimenting with ways in which we can disseminate and co-produce our work. For example:

- We have established a lived experience panel, giving older people a voice in shaping our research and informing the policy making process
- We work alongside community groups to take advantage of local opportunities to share evidence and learn from local charities and health and care workers as a means of developing new research aligned to local need

We continue to welcome collaborations and suggestions. Please contact us on: [saacy@kcl.ac.uk](mailto:saacy@kcl.ac.uk) or [Martina.Zimmermann@kcl.ac.uk](mailto:Martina.Zimmermann@kcl.ac.uk).

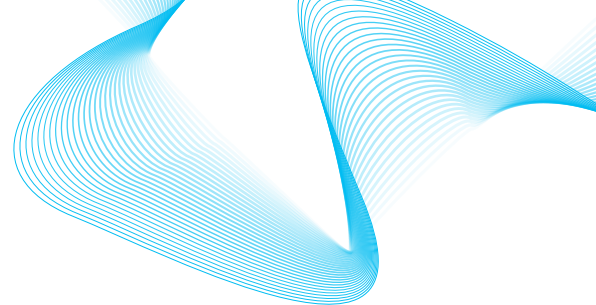
---

<sup>14</sup> Anthony Britton and Martina Zimmermann, ‘Informal Dementia Care: The Carer’s Lived Experience at the Divides between Policy and Practice’, *Dementia: the international journal of social research and practice* 21 (2022): 2117–2127, <https://journals.sagepub.com/doi/10.1177/14713012221112234>; Martina Zimmermann, *The Poetics and Politics of Alzheimer’s Disease Life-Writing* (Basingstoke: Palgrave, 2017), <https://www.palgrave.com/gb/book/9783319443874>; Martina Zimmermann, *The Diseased Brain and the Failing Mind: Dementia in Science, Medicine and Literature of the Long Twentieth Century* (London: Bloomsbury, 2020), <https://www.bloomsbury.com/uk/the-diseased-brain-and-the-failing-mind-9781350121805/>.



Live illustration by Camille Aubry (camilleaubry.com) based on conversations at our discipline and sector-crossing event, Lifelong Ageing, held at Science Gallery London in May 2023, and inspired by the findings of the Policy Lab.

# Participants



**Helen Barnard** Joseph Rowntree Foundation/ProBonoEconomics

**Carol Brayne** Public Health, University of Cambridge

**Stephen Burke** United for All Ages/Hallmark Foundation

**Brian Hurwitz** Medical Humanities, King's College London

**Seamus O'Mahony** Lancet Commission on the Value of Death/King's College London

**Heather Richardson** St. Christopher's Hospice

**Gabriele Schweikert** Life Sciences, University of Dundee

**Richard Smith** Lancet Commission on the Value of Death/formerly British Medical Journal

**Maxine Thomas** Impact Initiatives/Ageing Well Brighton and Hove

**Sridhar Venkatapuram** Global Health, King's College London

**Fiona Watt** Medicine, Imperial College London

**Libby Webb** Age UK

**Aideen Young** Centre for Ageing Better

**Harriet Boulding** Policy Institute, King's College London

**Laura Hughes** SAACY, King's College London

**Ross Pow** Power of Numbers Ltd

**Joe Wood** SAACY, King's College London

**James Wright** Policy Institute, King's College London

**Martina Zimmermann** SAACY, King's College London

# References

Adams, Jean M., and Martin White. 'Biological Ageing: A Fundamental, Biological Link between Socio-economic Status and Health?' *European Journal of Public Health* 14 (2004): 331–334. <https://academic.oup.com/eurpub/article/14/3/331/528224>.

Age UK. 'Later Life in the United Kingdom.' London: Age UK, 2019. [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later\\_life\\_uk\\_factsheet.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf).

Bowling, Ann, and Paul Dieppe. 'What Is Successful Ageing and Who Should Define It?' *Biomedical Journal* 331 (2005): 1548–1551. <https://www.bmj.com/content/331/7531/1548>.

Britton, Anthony, and Martina Zimmermann. 'Informal Dementia Care: The Carer's Lived Experience at the Divides between Policy and Practice.' *Dementia: the international journal of social research and practice* 21 (2022): 2117–2127. <https://journals.sagepub.com/doi/10.1177/14713012221112234>.

Centre for Ageing Better. 'Summary: The State of Ageing 2022.' London: Centre for Ageing Better, 2022. <https://ageing-better.org.uk/summary-state-ageing-2022>.

Centre for Ageing Better. 'Tackling Inequalities a Priority as Older Population Becomes More Diverse.' London: Centre for Ageing Better, 2023. <https://ageing-better.org.uk/blogs/tackling-inequality-priority-older-population-becomes-more-diverse>.

Estes, Carroll, and Elizabeth Binney. 'The Biomedicalization of Aging: Dangers and Dilemmas.' *Gerontologist* 29 (1989): 587–596. <https://academic.oup.com/gerontologist/article/29/5/587/660324>.

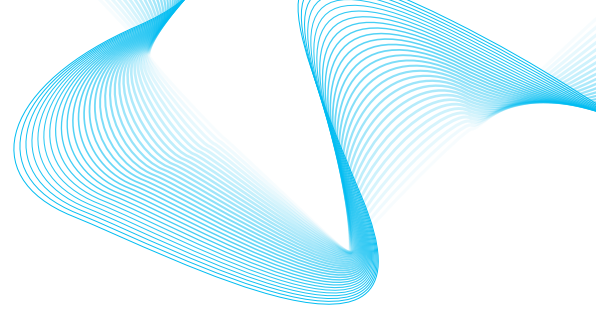
Gullette, Margaret Morganroth. *Declining to Decline: Cultural Combat and the Politics of Midlife*. Charlottesville: University of Virginia Press, 1997.

Hughes, Laura, and Martina Zimmermann. 'Older Adults' Perspective, Experiences, and Expectations of Ageing in England: A Grounded Theory Study Protocol.' *Social Science Protocols* 6 (2023): 1–9. <http://journals.ed.ac.uk/social-science-protocols/article/view/7751/11852>.

Jarman, Brian, Simon Gault, Bernadette Alves, Amy Hider, Susan Dolan, Adrian Cook, Brian Hurwitz and Lisa I. Iezzoni. 'Explaining Differences in English Hospital Death Rates Using Routinely Collected Data.' *Biomedical Journal* 318 (1999): 1515–1520. <https://www.bmj.com/content/bmj/318/7197/1515.full.pdf>.

Kenny, Rose Anne. *Age Proof: The New Science of Living a Longer and Healthier Life*. London, Lagom: 2022. <https://tilda.tcd.ie/news-events/2022/2201-AgeProof-bookrelease-extracts/>.

Kisvetrová, Helena, Petra Mandysová, Jitka Tomanová and Alison Steven. 'Dignity and Attitudes to Aging: A Cross-sectional Study of Older Adults.'



*Nursing Ethics* 29 (2022): 413–24. <https://journals.sagepub.com/doi/full/10.1177/09697330211057223>.

Levy, Becca. 'Stereotype Embodiment: A Psychosocial Approach to Aging.' *Current Directions in Psychological Science* 18 (2009): 332–336. <https://journals.sagepub.com/doi/10.1111/j.1467-8721.2009.01662.x>.

López-Otín, Carlos, Maria A. Blasco, Linda Partridge, Manuel Serrano and Guido Kroemer. 'The Hallmarks of Aging.' *Cell* 153 (2013): 1194–1217. <https://www.sciencedirect.com/science/article/pii/S0092867413006454>.

Martens, Andy, Jamie L. Goldenberg and Jeff Greenberg. 'A Terror Management Perspective on Ageism.' *Journal of Social Issues* 61 (2005): 223–239. <https://spssi.onlinelibrary.wiley.com/doi/abs/10.1111/j.1540-4560.2005.00403.x>.

Office of National Statistics. 'National Population Projections: 2020-Based Interim.' London: Office of National Statistics, 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2020basedinterim>.

Shenoy, Premnath, and Anand Harugeri. 'Elderly Patients' Participation in Clinical Trials.' *Perspectives in Clinical Research* 6 (2015): 184–189. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4640010/>.

Swynghedauw, Bernard. *The Biology of Senescence: A Translational Approach*. Cham: Springer, 2019. [https://link.springer.com/chapter/10.1007/978-3-030-15111-9\\_3](https://link.springer.com/chapter/10.1007/978-3-030-15111-9_3).

UK Government. 'The Grand Challenges.' London: UK Government, 2018. <https://www.gov.uk/government/publications/industrial-strategy-the-grand-challenges/industrial-strategy-the-grand-challenges>.

World Health Organization. 'Decade of Healthy Ageing: Baseline Report.' World Health Organization, 2020. <https://www.who.int/publications/i/item/9789240017900>.

World Health Organization. 'Global Report on Ageism.' World Health Organization, 2021. <https://www.who.int/publications/i/item/9789240016866>.

Zimmermann, Martina. *The Diseased Brain and the Failing Mind: Dementia in Science, Medicine and Literature of the Long Twentieth Century*. London: Bloomsbury, 2020. <https://www.bloomsbury.com/uk/the-diseased-brain-and-the-failing-mind-9781350121805/>.

Zimmermann, Martina. *The Poetics and Politics of Alzheimer's Disease Life-Writing*. Basingstoke: Palgrave, 2017. <https://www.palgrave.com/gb/book/9783319443874>.



# Shifting How We View the Ageing Process

## – Policy Lab Outcomes

### **1: The Situation: Pessimism about ageing shapes perceptions of the worth and value of human beings and directs decisions about care, research and funding priorities**

- Our population is ageing, but although people are living longer, they spend more years in ill health.
- There is a cultural pessimism towards the ageing process, in that ageing is often seen as a separate stage in life, associated with weakness, disease and death.
- Ageing has become ‘biomedicalized’, which has blurred the lines between what we see as normal aspects of the ageing process and what we see as unwanted disease.

### **2: The Opportunity: Biological understandings of getting older emphasise how ageing is a lifelong process**

- Biological ageing denotes the comparative age of the body, based on biomarkers at a cellular level, which are influenced by both external and genetic factors.
- There is no scientific basis for segregating old age from the rest of life because the cellular ageing process that ends in death begins at birth and continues throughout life based on normal biological processes.
- Understanding ageing as a lifelong process has wide implications for how we understand what is ‘normal’ ageing, how we treat older people, how we understand intergenerational relations, and how we fund research and care.

### **3: The Policy Lab: Three ideas**

A Policy Lab is a collaborative workshop that brings together diverse stakeholders to discuss and make a breakthrough on a particular problem. This Policy Lab focused on how to achieve attitudinal change to ageing, and the topics discussed can be grouped around three ideas:

- Ageing is a lifelong process of change and development.
- We shouldn’t be entirely pessimistic about getting older.
- A lifecourse approach makes us focus on inequalities.



## **4: The Themes for Action: Achieving attitudinal change to ageing**

### **4.1. Policy changes can help normalise ageing as a lifelong process to create more positive attitudes.**

- ♦ Help people to see ageing as a normal part of life using the law to demonstrate how employers and policymakers can recognize and accommodate the biological changes that affect us as we age.
- ♦ Create a culture of optimistic realism that acknowledges that getting older should not set you apart from other people but does still come with biological changes.

### **4.2. Appreciating ageing as a lifelong process will drive changes in clinical practice and care priorities.**

- ♦ Change clinical practice towards ageing by widening clinical trials and investing in nursing home medicine.
- ♦ Reprioritise care, based on rethinking both health and social care along the lines that not all ageing can be treated as disease.

### **4.3. Wider educational and economic actions should tackle inequalities to improve lifelong ageing for all.**

- ♦ Change the curriculum to ensure more positive education about ageing.
- ♦ Challenge inequalities because social and economic factors contribute a huge amount to defining aspects like diet, exercise and lifestyle that contribute to how our body ages.

## **5: The Next Steps**

- ♦ Work with the full range of stakeholders to achieve attitudinal change to ageing.
- ♦ Run workshops where different stakeholders are invited to share their perspective and discuss the Policy Lab proposals, including devising pathways to action.
- ♦ Several models for taking these steps forward have been suggested in this document.

**Based on the advice and policy recommendations from the Shifting How We View the Ageing Process Policy Lab in London, September 2022.**

EVOLVING STORY  
ABOUT WHO WE ARE



NARRATIVE CO-CREATION  
WITH CARE PROFESSIONALS



EXERCISE, RATHER THAN AGE,  
AFFECTS NUCLEI SHAPE



AGEING IS A  
LIFELONG PROCESS



SELF-IMAGE  
SELF-ESTEEM



CHANGE TO  
REPRESENTATION  
E.G. FASHION

AGEING PHOBIA

SOCIAL vs.  
MEDICAL  
PROBLEMS



INEQUALITIES  
IN PENSIONS

FEMINIST & ANTI-RACIST  
AGEING POLICIES



ARTS LIFTS YOU!



IMPORTANCE  
OF CONNECTION

TECHNOLOGY  
CAN EXCLUDE



SUFFERING  
COMES FROM



AGE & DISEASE SEEN AS  
PREVENTABLE & UNDESIRABLE STATE



AGEISM IS A  
PARADOX



ADAPT & PROGRESS WITH AGE



# The SAACY Research Programme

The Sciences of Ageing and the Culture of Youth (SAACY) is a research programme funded by a UK Research and Innovation Future Leaders Fellowship awarded to Dr Martina Zimmermann. Focusing on the period between 1880 and the present day, SAACY looks at how we talk and think about ageing and how the way we do so can affect our experiences of ageing, the meaning we assign to getting older and the decisions we make about older people.

For more information, please visit <https://www.kcl.ac.uk/research/saacy>.

## Power of Numbers Ltd

Power of Numbers facilitates complex, multi-stakeholder workshops that help make a breakthrough on big strategy and policy challenges. In designing and running such events, we identify the critical questions that need to be answered and deliver reliable ways of arriving at answers to these by blending well-proven facilitation methods with fresh and creative approaches that are unique to each situation.

For more information, please visit [www.powerofnumbers.co.uk](http://www.powerofnumbers.co.uk).

## The Policy Institute

The Policy Institute at King's College London works to solve society's challenges with evidence and expertise.

We combine the rigour of academia with the agility of a consultancy and the connectedness of a think tank.

Our research draws on many disciplines and methods, making use of the skills, expertise and resources of not only the institute, but the university and its wider network too.

# Shifting how we view the ageing process

## The Situation



Our population is ageing and living longer, but also spends more years in ill health.



There is a cultural pessimism towards ageing; seeing it as a separate stage in life, associated with weakness, disease and death.



Ageing has become 'biomedicalized', which has blurred the lines between what we see as normal aspects of the ageing process and what we see as unwanted disease.



Number of over-80s expected to **DOUBLE** by 2035



## The Opportunity

There is no scientific basis for segregating old age from the rest of life.

Cellular ageing – which ends in death – begins at birth and continues throughout life based on normal biological processes.

Seeing ageing as a lifelong process has wide implications for:



How we fund research and care



How we understand intergenerational relations



How we treat older people



Understanding what counts as 'normal' ageing

## The Policy Lab

### Concepts

Philosophy

### Law and regulation

Principles

Policies

### Delivery

Planning

Practicalities

### The aims:



Think broadly about the issues



Think about how we research and make ageing policy



Think how to combat the pessimism of getting older

## Themes for Action

Normalise ageing as a lifelong process to create more positive attitudes through policy changes



Help people to see ageing as a normal part of life



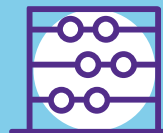
Create a culture of optimistic realism



Change clinical practice towards ageing



Reprioritise care



Change the curriculum



Challenge inequalities

Connect  
with us:

Dr Martina Zimmermann  
Martina.Zimmermann@kcl.ac.uk  
Department of English, Centre for the Humanities and Health, King's College London



UK Research  
and Innovation

