AGEING
The best years of our lives?
Introduction

The British Academy Debates were launched at the start of 2014 to provide a contribution to the public understanding of some of the greatest challenges of our times. The Debates build on the argument set out in the Academy’s multimedia publication Prospering Wisely, that we need a new national conversation, with the humanities and social sciences at its centre (see www.britishacademy.ac.uk/prosperingwisely).

The Debates aim to show humanities and social sciences ‘at work’ – helping us understand the nature of the challenges we face as societies, as economies and as individuals. They demonstrate how new insights from research can challenge and question existing assumptions, illuminate dilemmas, help us make the complex intelligible, explore possible new directions, choices and possibilities – and so push forward political and public debate.

For our opening series of Debates, the Academy chose to look at the challenges and the opportunities that an ageing population is creating for us, both as individuals and also in wider social, cultural and economic terms.

When people think about ageing – about society’s and our own attitudes towards older people, about possible policy initiatives or about future research priorities – we want such thinking to be informed by what the humanities and social sciences can contribute. We neglect at our peril the perspectives, concepts and fresh ideas which these disciplines bring to the table, because they have a unique role in helping us travel beyond the simplicities, stereotypes and generalities that too often prevail. For example, the Debates have shown us that older people, mostly, have not stolen their children’s future. They have shown us that older people were not valued more highly in a past golden age. And they have shown that, often, it is not made easy for older people to contribute as they could.

I should like to pay warm thanks to all those who contributed to the Debates as planners, speakers, discussants and chairs. They are all listed on page 20, and you can watch the Debates and find out more...
Ageing: where are we now?

‘Older people’ have always been part of society. Evidence shows that ‘growing old’ is not a new phenomenon, as we are often led to believe. Even in ancient and medieval times the proportion of people over the age of 60 is estimated to have been 6 to 8%. However, life expectancy has been steadily increasing since the 1840s and with it the number of older people within the overall population.

In the 1930s people over the age of 65 made up around 7% of the UK population, the current proportion is around 17% (2011), and this is expected to increase to around 20% by 2025. The fastest growing section of this ageing population is, however, that of the so-called ‘oldest old’, aged 85 and over. There are currently around ten thousand centenarians in the UK and this figure is predicted to grow fivefold over the next twenty years. Half of all babies born in the UK in 2014 can expect to live to the age of one hundred.

Are we ready for an older population?

The Filkin Report (2013)¹ pointed out that UK society is not ready for these drastic changes. They will invariably lead

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¹ The Filkin Report (2013) states that UK society is not ready for these drastic changes.
to some restructuring of society, but also have enormous positive potential. The discrimination against and marginalisation of older people in society often prevents us from promoting creative ways of addressing the issues associated with these population changes. Collectively, we can often fail to see older people as individuals, like ourselves, with equally important, equally valid views to express. There is a ‘structural lag’ in relation to ageing and old age: public attitudes, media representations, public policy approaches and practices lag behind the social and demographic reality and experiences of older people by around twenty years. Even many older people themselves have internalised the stereotypes of their own marginalisation, believing that they are less deserving of healthcare and welfare support than younger people.

While age is a common way of categorising others around us, it has become so pervasive that it often seems to describe the essence of a person: ‘young’, ‘old’, ‘middle-aged’ have all become stereotypes with their own connotations which are used in everyday language. This categorisation is misleading because it presents ageing as static when in fact it is an ever-changing process. In contrast to other types of discrimination such as gender and race, discrimination against older people in society affects all citizens since all of us grow older every day and will one day be ‘old’.

Pathways to a more positive vision
As a starting point it is essential to recognise the factors that prevent us from developing a positive vision for ageing in general, or from thinking about our own future ageing. We might ask ourselves: What is fun about it, or what are the benefits of being older? How do we envision our own lives, and those of our children, when it will be commonplace to live to the age of 100? Will we still be considered ‘old’ at the age of 70? How do we finance our retirement? What about our housing and homes?

Research currently being carried out in the humanities and social sciences (including the major New Dynamics of Ageing programme) can help us think beyond the prevailing, often negative stereotypes associated with ageing. It provides a valuable starting point for shifting attitudes and starting to build a more positive vision. It provides a strong evidence base for a more accurate representation of age and ageing, which can support the efforts of older people themselves as they seek new and better ways of living and contributing to society. Drawing together evidence from across different disciplines, this new research shows firstly that the ageing process is individually hugely variable and malleable, and secondly that in order to make the most of our later years it is never too early to start thinking about it.

Images of ageing and old age
Was it better to be old in the past?
For millennia older people have been represented in highly opposing and contradictory ways as either active and wise, or as dependent and senile. Evidence shows that even in Classical Roman and Greek society similarly positive and negative representations of older people existed. Documents and other surviving artefacts portray older men and women either as wise, honourable, resilient, experienced, mature and active; or as decrepit, weak, ugly, foolish, stubborn, needy and lonely.

Ancient evidence also points to some of the more negative aspects of old age where an individual could be considered to have returned to childhood or become redundant with age: ‘He used to be somebody, but now he has grown old.’ The reverence, care and respect that we assume older people received in the past are not upheld by the evidence. These were reserved for those older people who had power or wealth and for those who were able to maintain control. As Shakespeare expressed it in As You Like It, the more common view of the final ‘age of man’ was:

‘Last scene of all,
That ends this strange eventful history,
Is second childishness, and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything.’
(2.7.139)
It is also often assumed that in the past older people would have been cared for within the close family. However, evidence suggests that in the 17th century for example, about one third of women at age 60 had no living children and therefore received no care from close family. Also for centuries children migrated away in search of work and did not live close to ageing parents. Nor should it be assumed, in Britain or elsewhere, past or present, that when older and younger generations share a home supportive care is guaranteed. Poorer older women could be regularly persecuted as witches, and as recently as the 1930s were made redundant from work because of a perception of their ‘uselessness’ and their failing looks. This perception has had lasting consequences, and (alongside the quite common pattern of women marrying men around five years older than themselves) is partly the basis for the earlier retirement age for women.

In short, there is no evidence that 21st century British families neglect older relatives more than in some mythical ‘past’ – or indeed in comparison with families in other, distant countries. On the contrary, our society today provides relatively high levels of support to those who need it, probably more than ever before.3

**Are our modern depictions any better?**

This dualistic representation of old age has persisted throughout the ages and is still visible in 21st century Britain in portrayals of old age as a time of dependency, loneliness and misery. However, data from the Office of National Statistics4 show that for the majority of older people the time between the ages of 60 and 80 is the happiest of their lives. Even the oldest old can maintain a good quality of life if the appropriate support is provided, such as opportunities for going out, and for engaging with and making a contribution to the community.5

In recent times there is some evidence of media portrayals of older people becoming more positive – for example in successful BBC drama series such as *New Tricks* and *Last Tango in Halifax*. Despite this, most media depictions of older people have tended to make use of the same extremes of imagery - with the post-war generation of stereotypical ‘baby boomers’ defiantly representing old age as a time of continued consumption and activity, and those with dementia representing the most negative aspects of old age as a time of dependency and burden to others.

The number of people living with dementia is expected to increase dramatically in the next decades. People with dementia are still one of the most excluded groups in society and subject to human rights violations, stereotyping and discrimination even by health and social care professionals. Far from immediately becoming frail and dependent, evidence suggests that people with dementia can benefit from early intervention and with the right kinds of support can continue to live independently in their own homes and communities for long periods.

At the other end of the spectrum, imagery surrounding the ‘baby boomers’ tells an equally stereotypical story of active older people, who are outspoken and engaged citizens, and whose lifestyle allows continued involvement in society as consumers of luxury goods and services based on a denial of the physical ageing process. More recently baby boomers have been blamed for a number of ‘crimes’ and social ills: they are often represented as living on a fat pension in large houses at the expense of a struggling younger generation.6 Attacking the seemingly advantages of these older people not only creates tensions between generations, but puts the younger among us in danger of undermining the foundations for their own old age.

**Do women age better than men?**

While women were historically considered the ‘weaker’ sex, records show that on average they have outlived men for at least the last 150 years. This difference in life expectancy has persisted between the sexes at least since civil registration began in England and Wales in 1837, and for much longer according to good estimates based on parish registers. In spite of their longer life expectancy, older women have been subject to discrimination and misrepresentation for a long time. For example, evidence shows that they have been disadvantaged by pension legislation for decades and forced to retire early from public roles.

Currently older women increasingly experience double standards in society’s attitudes towards them. They are expected to follow the ideals of Hollywood and fight or erase all signs of the ageing body, following an impossible ideal of sexualised beauty and youth. The rapidly expanding anti-ageing industry has grown vastly as a result. Women who do not make efforts to conform to this ideal become automatically invisible, can be denied active roles in society and are often subjected to abuse. As Professor Mary Beard, who has herself suffered from social media abuse, asked, ‘Why is it that women in particular are supposed to feel pleased if they are complimented on looking younger than they are?’7

With the rise of a media culture which equates physical attractiveness with a youthful and sexualised ideal of beauty, the physical signs of ageing for women may be negatively stereotyped, the butt of humour, or simply hidden from view. Older women are also discriminated against in the media itself: in the UK less than one fifth of all media presenters over fifty are women. Recent examples, such as the case of Miriam O’Reilly, have shown women attempting to fight against dismissal from television programmes because they were considered too old.

Media images convey particularly powerful messages about women, but persistently ignore the experiences and realities of most older women; rather they often feature ageing bodies that have been digitally enhanced, or media abuse, asked, ‘Why is it that women in particular are supposed to feel pleased if they are complimented on looking younger than they are?’8

Older people were generally not respected or valued more in some past ‘golden age’. While many historical stereotypes of older people persist, our society today provides higher levels of support than ever before.
For example, it is calculated that social care spending in the UK would have to increase by 1% every year to provide the present levels of support for older people; and the number of people with chronic conditions such as dementia is also predicted to increase. In addition it is often feared that an ageing population would have significant impact on spending in the NHS. However, recent research has shown that population ageing only accounts for a very small percentage of the rising cost of the NHS. According to this, ‘in the 1980s and 90s NHS outlays grew by over 3 per cent per annum, yet the direct effects of population ageing may only have accounted for a cost rise of 0.2% per annum.’ Current data indicate a health spending rise of around 1.5% per year attributable to ageing, but this may be lowered as more people stay fit to later ages. A further problem arises from the often dissonant approaches, priorities and working practices between social care and healthcare services; the ageing population demographics means there is a growing need to explore ways in which they could and can be better integrated.

**The economics of an ageing society**

**Calculating the costs of rising longevity**

In talking about ageing societies, politicians, economists and the media often represent older people as a burden to the economy, the welfare state and thus the rest of society. Two-thirds of all public spending is now on the welfare state, broadly defined. Increasingly, this spending is concentrated on the older population, so ageing over the next three decades will increase the demands on the core parts of what government does (especially pensions and health care, but also social care), and which people value.

Supporting them to take ownership of their own ageing bodies and life experiences. They show life beyond the usual categorisation of older women.

Indeed, research can go beyond the creation of new and positive images for older women. The Sheffield project had an impact on policy and practice in supporting the development of a ‘Charter against Ageism and Sexism in the Media’ (CHASM), which calls for a better representation of the complexity of women’s experiences and realities in the media. In addition, the project has worked with school-age children to challenge stereotyping of older women at an early age and to raise age awareness. As a result of the interactions the children changed some of their attitudes and for example described the older women as ‘funky’, ‘jazzy’ and ‘cool’. The combination of a new cultural gerontology and intergenerational learning on age awareness can help shift negative perceptions shaping the social value, opportunities and resources assigned to women as they age.

Older women suffer from more negative typecasting than men. Participatory visual methods can be a powerful way of impacting positively on older women’s wellbeing, solidarity and feeling of public validation.

The media reinforce negative attitudes towards older people and should be challenged, and should challenge themselves, to question their prevailing ageism.

Further exploration is needed into how the media could more effectively be challenged over their representation of older people.

**Big hair and designer sunglasses: mocking before/after images. Eleanor and Kathleen from the “before and after” series by Monica Fernandez**
The assumption that an ageing population drains public resource fails to factor in the corresponding extension in the ‘healthy life years’ that most people can expect to enjoy.

Given the frequent dissonance between social care and healthcare services, the ageing population demography means there is a growing need to explore ways in which they could and can be better integrated.

What drives up pension costs?
The burden scenario also speaks of the cost of pensions which, it is assumed, cannot be supported by a declining working population. However, evidence shows that pensions in the UK are relatively low as a proportion of GDP compared to other European countries.

France, for example, spends twice as much on its pensions than the UK. Political choices have to be made and are made differently in different countries. In fact, Britain provides some of the lowest state pensions in the industrialised world, and it has always had to be supplemented by other benefits since it was introduced in 1908 in order to provide a more adequate income for very poor older people. The relatively low level of UK pensions is not based on economic necessities but on political will, yet they carry implicit judgements and affect societal attitudes towards the value of older people. And while income inequalities between age groups have narrowed over the period 1997–2010, older people’s incomes are still 8–18% lower than the median.

The predicted rise in pension costs will also be partially offset by the rise in retirement age, in proportion with longevity. Currently around one million people work beyond retirement age. There is no reason why more and more people should not work well into their 70s if they have the capacity and the wish to do so. However, this will require more flexibility around the types of jobs people might continue to do, as well as continued professional development, training and life-long learning opportunities, so that older people have the required skills to contribute appropriately.

Older people also make significant contributions above and beyond formal employment. Calculations by the Royal Voluntary Society show that the net contribution of people aged over 65 to the British economy outside work is currently valued at around £40 billion per annum. This includes taxes and consumption, as well as charitable giving and voluntary contributions to families, neighbourhoods and communities. A 2011 citizenship survey also found that 49% of over 65s regularly care for children and grandchildren, and that 65% regularly help older neighbours.

Calculations of the increasing cost to the social and health care system are often based on the assumption that the support and care requirements of a 75 year old will be the same in twenty years’ time as they are today. But these assumptions and predictions are not inevitable. Evidence is increasingly demonstrating that, through early intervention, ‘healthy life years’ can be extended in line with overall life expectancy, which would mean that the health and care requirements of an older population might remain the same and require no additional financial resources.

As people retire later, the cost of their pensions will fall and tax revenues rise, thereby partially offsetting their pension costs. More flexible options enabling people to work beyond retirement therefore need to be explored.

Is it all the fault of the baby boomers?
A more recent ‘greedy’ stereotype has developed around the so-called ‘baby boomers’ generation who are said to have benefited disproportionately from the welfare state, accumulating wealth, excellent professional pensions, and other benefits. However, contributions to the welfare state have to be considered across the lifetime of a whole generation, not calculated across short periods of time. The welfare system is set up to function across generations on the principle of intergenerational solidarity, because most people contribute more to the welfare state in their early years of life while they are working, and receive benefits in their later years after they have retired. Using this longitudinal approach, research by economists shows that across their lifetime baby boomers will have contributed approximately the same amount that they will receive (around 20% of GDP per capita per annum).

The cliché misrepresentations of this generation as wealthy, selfish, active and independent (‘living the golden Saga dream’) are in fact hiding huge inequalities. It is
highly diverse, in common with all recent generations. Evidence shows that only a minority of privileged older people fit the baby boomer stereotype, while one third have to supplement their state pension through means-tested benefits. While the wealthiest 10% of 55-64 year olds have an average £1.45 million worth of assets each, the poorest 10% in this age category own fewer than £29,000 worth of assets (including personal possession and pension rights). Most poor older people are in fact women who may not have qualified for a full state pension or for an occupational pension.

While the gap between the median wealth of the soon-to retire and recently retired population outpaces what younger generations can be expected to save from their predicted incomes, it is a mistake to see this in terms of a simple conflict between baby boomers and the ‘jilted’ younger generation. There are huge income inequalities within each generation, and these are often perpetuated across generations through the very unequal and random process of generational transfers through inheritance. Shakespeare’s King Lear provides a powerful lesson in the consequences of intergenerational fall out. Yet in today’s UK evidence of intergenerational solidarity remains strong: 31% of over 65s save money to help support younger members of their families financially and many provide care for grandchildren and for sick and disabled relatives.

Given the affluence of some of the older population, a logical and equitable way of meeting part of the pressures on the welfare state would be for wealthy older people to contribute more to society through taxation. However, middle-aged and older people receive disproportionate attention from politicians as they are more likely to vote than younger generations, and recent policy decisions go the other way; demonstrating that the politics of this are very hard indeed.

The ‘baby boomers’ have not stolen their children’s future. Across their lifetime they will have contributed at least what they will receive in pensions, healthcare and other services. And like all generations, baby boomers range from the very rich to the very poor.

Most people past age 65 are not ‘burdens’ on public expenditure, but make active, important contributions to the economy through paid work, spending and paying taxes, to the community through voluntary work and to their families, both financially and through providing care for other older and disabled relatives and for grandchildren.

With the increase in life expectancy we can now expect to live longer in better health: evidence shows that on average ‘healthy life expectancy’ at the age of 60 is currently around thirteen years for men and fourteen and a half years for women. While many people in the UK will thus remain healthy and active well into their 70s, there are sharp differences between individuals’ expectations for healthy ageing based on factors such as income, lifestyle, class and prior mental abilities. Research shows that health inequalities begin at birth – or even before that – and accumulate throughout an individual’s life, in many cases leading to disability and poor quality of life. Around 20% of the population are unable to work to retirement age because of disability. The Marmot Review13 showed that whereas a man in Kensington can on average expect to live to the age of 88, in Tottenham this figure is 71: the gap in healthy life expectancy between these poorest and wealthiest areas of London, less than ten miles apart, is seventeen years.
Many stereotypes consider ageing as a process of inevitable and comprehensive physical and mental decline. That’s not correct; for example, not all mental capabilities show the same effects of ageing. We know from psychology that some important domains of cognitive function decline, on average, with old age. However, whereas this average decline is observed particularly in relation to some domains of thinking—such as the acquisition of new knowledge, speed of thinking and spatial ability—other types of thinking skill can still be expanded in later years, such as vocabulary and general knowledge.

Research evidence shows that, as we age, the process of cognitive change is variable between individuals and can be influenced by factors throughout the life course: a better old age might be possible for those who have been able to look after their minds and bodies since they were young. For example, people with healthier cognition in old age tend to not have smoked, to be physically fitter and more active, and are less likely to suffer from chronic conditions such as cardiovascular disease or diabetes. A healthy childhood, early and lifelong learning opportunities, and the continuing ability to learn and practise skills, might be some of the factors that contribute toward a healthy old age.

As in many other aspects of health, people’s cognitive ageing differences are due to a mix of environmental and genetic factors. Research findings suggest that, for example, only about one quarter of the cognitive changes we experience from youth to older age are due to genetic factors; three quarters of the differences might therefore be due to healthy lifestyle factors practised throughout one’s life. Longitudinal research based on the unusually valuable Lothian Birth Cohorts of 1921 and 1936 have shown, respectively, that those who are fitter and report having been more physically active tend to have less decline in cognitive ability between childhood and older age.14

The process of what causes what over our life course can catch researchers unawares. Many studies choose lifestyle factors which they think might contribute to better cognitive ageing and simply study the relations. However, the Lothian Birth Cohorts have taught us to look for possible reversal of the causal direction. That is, some factors which appear to be associated with healthy cognitive ageing may in fact be associated with an individual’s original level of cognitive ability and thinking skills. Sometimes, therefore, the story is that people who were brighter to begin with tend to adopt certain lifestyles, not that these lifestyle factors are preserving or boosting cognition in older age.

Maintaining healthy cognitive ageing is due to a mixture of environmental, lifestyle and genetic factors. While we don’t know yet know what all of these are, research shows that maintaining active minds and bodies generally produces better cognition and health in old age.

Building on this research, how can we most effectively promote messages to help people understand what they need to do to enjoy a healthier life; that in order to make the most of their later years, it is vital to start young?

How the environment can support healthier habits

As growing evidence suggests that a healthy old age depends significantly on an individual’s lifestyle and personal habits, it is important to consider the contribution that the environment makes in enabling and promoting healthy lifestyles. The design of urban outdoor environments, and their regular maintenance, are crucial elements that can support or hinder individuals’ ability to undertake and enjoy healthy physical activity at any age. Many older people want to remain engaged with their neighbourhoods and participate in local activities despite increasing frailty or impairments.

The quality and availability of appropriate local facilities for older people are vital, but so too is being able to get out of the house and walk in the local environment. These factors influence not only general physical fitness and health but also social engagement, mood and mental health, as well as circadian rhythms which promote good sleep. However, as physical or cognitive functions decline, barriers in the environment can exacerbate difficulties, leading to an inability to go out, and consequent social isolation and loneliness, as well as poor health.

Research has shown that pleasant and safe pedestrian environments contribute to individuals’ continued ability to access local facilities for shopping and local green spaces for walking and enjoyment. The quality of the open space, and the physical and sensory experience in accessing it, are equally important. Evidence shows that those living within an attractive ten minute walk of a green space are much more likely to say they are satisfied with life and more likely to achieve recommended levels of physical activity (by walking for at least 2.5 hours per week).15 Thus the pedestrian experience is vitally important to older people – indeed we all use this environment at some point in a journey outside — yet poor quality design and maintenance continues to be a problem for older people.

Designs that enable older people to get out and about include: smooth, level and generous paving; well-maintained unreflective walking surfaces and easy road crossings; lack of obstructions on pavements; separation of pavements from traffic; seating along the way; accessible toilets; and good signage and landmarks for orientation.16 However, the provision of suitably designed streets and public open spaces alone does not necessarily lead to older people using these spaces. There is evidence that the perception of these spaces (e.g., whether they are safe) plays an important role in motivating older people to go out. These perceptions are in turn partly shaped by childhood experiences: those who have had frequent access to green outdoor spaces as children are more likely to have a positive perception of them in later life.17 Building a positive relationship with outdoor spaces therefore needs to be promoted for everyone from early childhood onwards if people are to make best use of them for outdoor activities and general well being in later life. This includes teenagers who ‘hang out’ in public spaces but are at times perceived as a threat particularly by older people. The challenge is to design restorative outdoor spaces in such a way that everyone can feel safe and enjoy them.

Access outdoors, to the local neighbourhood environment, and especially to parks and green places, are vital elements in older people’s physical, mental and social life quality and will help us all to live independently for longer while remaining happy, healthy, mobile, mentally sharp and socially engaged.
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Implications for society, policy and research

Social behaviour and attitudes

- Older people were generally not respected or valued more in some past ‘golden age’. While many historical stereotypes of older people persist, our society today provides higher levels of support than ever before.

- Older women suffer from more negative typecasting than men. Participatory visual methods can be a powerful way of impacting positively on older women’s wellbeing, solidarity and feeling of public validation.

- The media reinforce negative attitudes towards older people, and should be challenged, and should challenge themselves, to question their prevailing ageism.

- The ‘baby boomers’ have not stolen their children’s future. Across their lifetime they will have contributed at least what they will receive in pensions, healthcare and other services. And like all generations, baby boomers range from the very rich to the very poor.

Pointers for future policy and practice

- It is not just demography or the economy that determine policy responses to ageing, but politics. A new positive vision of later life could be based on the idea of ‘active ageing’.

- The assumption that an ageing population drains public resource fails to factor in the corresponding extension in the ‘healthy life years’ that most people can expect to enjoy.

- As people retire later, the cost of their pensions will fall and tax revenues rise, thereby partially offsetting their pension costs. More flexible options enabling people to work beyond retirement therefore need to be explored.

- Most people past age 65 are not ‘burdens’ on public expenditure, but make active, important contributions to the economy through paid work, spending and paying taxes, to the community through voluntary work and to their families, both financially and through providing care for other older and disabled relatives and for grandchildren.

- Access outdoors, to the local neighbourhood environment, and especially to parks and green places, are vital elements in older people’s physical, mental and social life quality and will help us all to live independently for longer while remaining happy, healthy, mobile, mentally sharp and socially engaged.

Areas for further research and activity

- Maintaining healthy cognitive ageing is due to a mixture of environmental, lifestyle and genetic factors. While we don’t know yet what all of these are, research shows that maintaining active minds and bodies generally produces better cognition and health in old age.

- Building on this research, how can we most effectively promote messages to help people understand what they need to do to enjoy a healthier life; that in order to make the most of their later years, it is vital to start young?

- Given the frequent dissonance between social care and healthcare services, the ageing population demography means there is a growing need to explore ways in which they could and can be better integrated.

- Further exploration is needed into how the media could more effectively be challenged over their representation of older people.
Benefit or Burden? Coming to Terms with Ageing Britain
Wednesday 26 February 2014 at the Royal Society, London
Chair: Evan Davis (BBC Today programme)
Speakers: Professor Alan Walker FBA (University of Sheffield) and Professor Sir John Hills FBA (LSE)
Discussants: Bronwen Maddox (Editor and Chief Executive of Prospect Magazine) and Professor Julia Twigg (University of Kent)

Too Old and Ugly to be Useful? Challenging Negative Representations of Older People
Tuesday 25 March 2014 at the University of Sheffield
Chair: Professor Diarmaid MacCulloch Kt FBA (University of Oxford)
Speakers: Professor Pat Thane FBA (King’s College, London) and Dr Lorna Warren (University of Sheffield)
Discussants: Professor Tim Parkin (University of Manchester) and Dr Ilona Haslewood (Joseph Rowntree Foundation)

The Best Years of our Lives?
Body, Brain and Wellbeing
Tuesday 29 April 2014 at the Assembly Hall, The Mound, Edinburgh
Chair: Sally Magnusson (BBC Scotland)
Speakers: Professor Ian Deary FBA (University of Edinburgh) and Professor Catharine Ward Thompson (University of Edinburgh)
Discussants: Professor James Goodwin (Head of Research, Age UK) and Henry Simmons (Chief Executive, Alzheimer Scotland)

You can watch the Debates and find out more online at www.britishacademy.ac.uk/ageing

Content for this booklet was compiled from the three Debates and other relevant research by Dr Friederike Ziegler, University of Sheffield

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2 The New Dynamics of Ageing website: www.newdynamics.group.shef.ac.uk/
5 Illustrated for example by research carried out by the Joseph Rowntree Foundation; www.jrf.org.uk/work/workarea/better-life
7 Professor Beard’s short video discussing this issue can be found on The British Academy Debates website: www.britishacademy.ac.uk/ageing
8 The ‘Look At Me’ project’s website can be found at www.newdynamics.group.shef.ac.uk/look-at-me.html
9 Charter against Ageism and Sexism in the Media (CHASM); www.newdynamics.group.shef.ac.uk/petition.html
11 Gill, J. and Taylor, D., Active Ageing: Live Longer and Prosper. Realizing the benefits of extending healthy life expectancy and ‘disability compression’ in Europe (UCL School of Pharmacy, 2012)
16 Inclusive Design for Getting Outdoors; see website at www.idgo.ac.uk

Image credits:
Page 7: Left: Marble bust of an old Roman man, 1st century BC Palazzo del Municipo, Osimo Italy Right: Mosaic of the comic mask of an old Roman woman, third century AD from Seville Barcelona, Archaeological Museum.
Credits: Barbara McManus, 2006
Page 10: Copyright for the images ‘Mocking before/after images’ belongs to the Representing Self–Representing Ageing project, funded by the New Dynamics of Ageing cross-council research programme (grant number: RES-356-25-0040)
Further reading and resources

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2. Images of ageing, women and the media
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3. Economics

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5. Cognitive ageing and health

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www.openspace.eca.ac.uk