Living life to the full

An evaluation of the Ageing Well masterclass series

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Living life to the full: An evaluation of the Ageing Well masterclass series

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PROJECT ACKNOWLEDGMENTS

This is the final report delivered to CatholicCare Sydney for a project conducted through Australian Catholic University's (ACU) Stakeholder Engaged Scholarship Unit (SESU). The author wishes to thank Kerryn Tutt and David Stefanoff of CatholicCare Sydney for their contribution to co-designing the project and recruiting participants, Bernadette Tobin from ACU's Plunkett Centre for Ethics for the advice provided during the design of the masterclasses, Vivien Cinque and Jillian Cox of the SESU for their support of the project, the participants in the masterclasses and focus groups who gave up their time to complete surveys and attend focus groups, masterclass presenters who provided participants with a quality experience, and the facilities and parishes that provided rooms for the masterclasses and focus groups.

ACKNOWLEDGMENT OF COUNTRY

In recognising Aboriginal and Torres Strait Islander peoples' spiritual and cultural connection to Country and in continuing ACU's commitment to Reconciliation, the authors acknowledge the First Peoples and the Traditional Owners and custodians of the Country where ACU campuses are located.

We respectfully acknowledge Elders past and present and remember that they have passed on their wisdom to us in various ways. Let us hold this in trust as we work and serve our communities.

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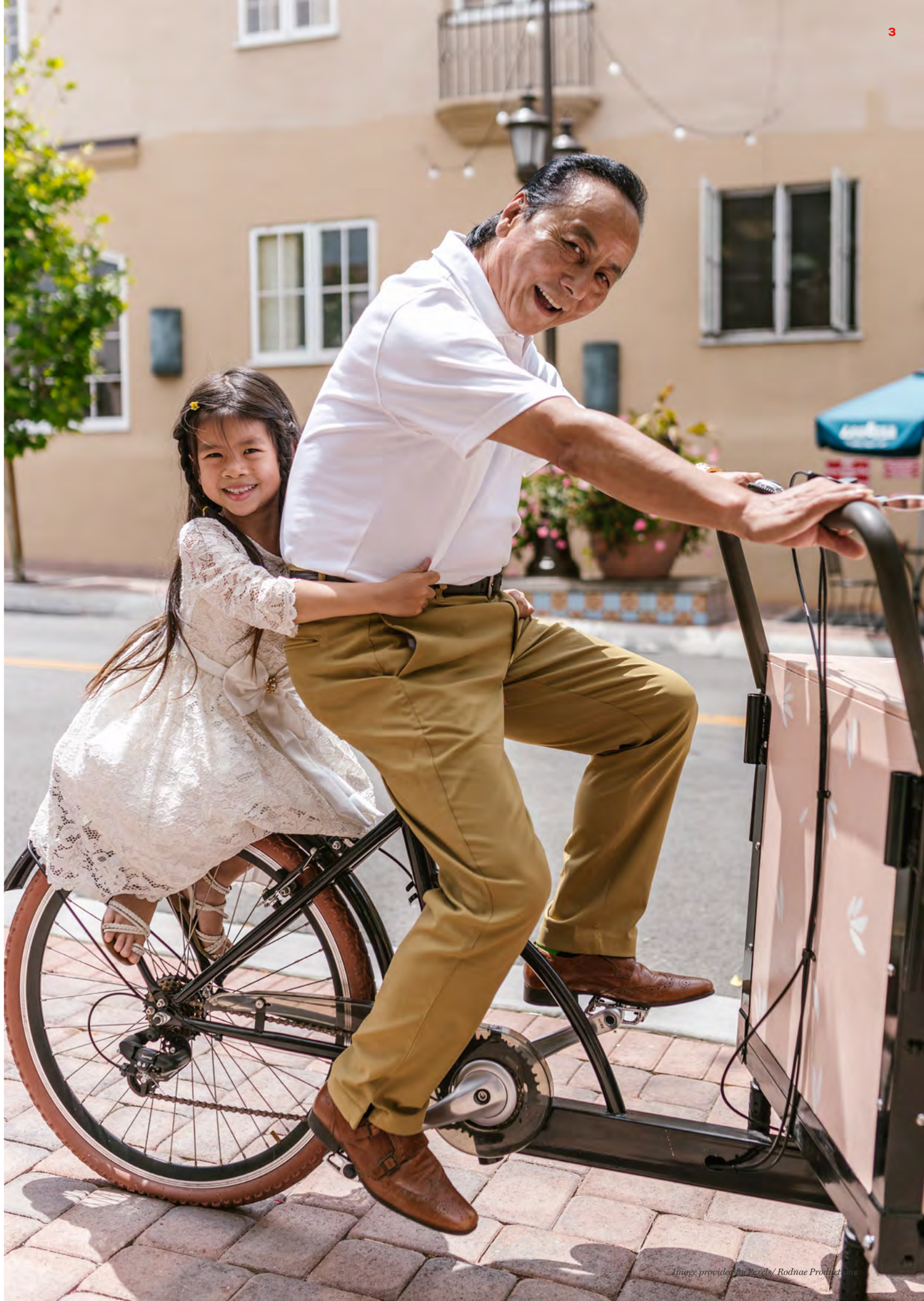

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Abstract

CatholicCare Sydney, in collaboration with ACU's Stakeholder Engaged Scholarship Unit (SESU) designed a project to explore the feasibility of using masterclasses to support the wellbeing of older adults on their ageing journey. The project sought to answer a set of questions around ageing and what it means to 'age well'.

PROJECT QUESTIONS

1. What were the views of adults aged between 65 and 75 on what ageing well means prior to their attendance in the masterclass series? Did their views change as a result of their attendance in the masterclass series, and if so, in what way?
2. Does being well-informed about the process of ageing improve wellbeing?
3. Do adults aged 65–75 put plans in place around their ageing? How many, and why? If not, when do they think they would like to do their planning for older old age? Do adults aged 65–75 think about where they want to die?
4. What do adults aged 65–75 think is the 'right amount' of information conducive to ageing well in one's own way? Do they want information about death and dying?

METHOD

A literature review was conducted to explore current knowledge on ageing and how older adults view ageing. This literature informed the planning of the masterclass content and style. Surveys were conducted to collect demographic data about participants and their thoughts on what ageing well means, before and after the masterclasses. Focus groups were conducted with participants after the masterclasses to obtain feedback on the content of the masterclasses.

RESULTS

Participants of the surveys were on average equally likely to be female or male, under the age of 75, born overseas but most likely speaking English and an Australian citizen, living alone in a house, educated, retired, income at pension level or below and regularly attend social events. Participants generally described themselves as ageing well and link it to being connected to family and friends, and having enough physical health to maintain connections. Focus group participants were from the same group but predominantly female.

Participants indicated they knew some of the presented information but wanted to know more, enjoyed the masterclasses and wanted future classes to last longer and to run over a longer period of time. Participants also indicated the social aspect of the masterclasses was important. Desired additional content related to internet safety and avoiding being scammed, identifying and managing abuse, and information and support for healthy lifestyles.

LIMITATIONS

The participant pool were mostly outgoing, socially connected older adults from a specific area. The results on wellbeing may be different for older adults who have care-giver responsibilities or physical limitations that might have prevented their participation.

CONCLUSION

Participants viewed themselves as ageing well and the masterclasses supported and expanded their views. Being well informed supported their wellbeing. They expressed a desire to age in place and wanted information and resources to help them achieve this. They thought about grief and loss and wanted information about it. They expressed a desire for more information and for it to be connected to social engagement.

RECOMMENDATIONS

Masterclasses meet a need for this population and should continue in an expanded format with additional information. Processes could be put in place to recruit a more diverse population.

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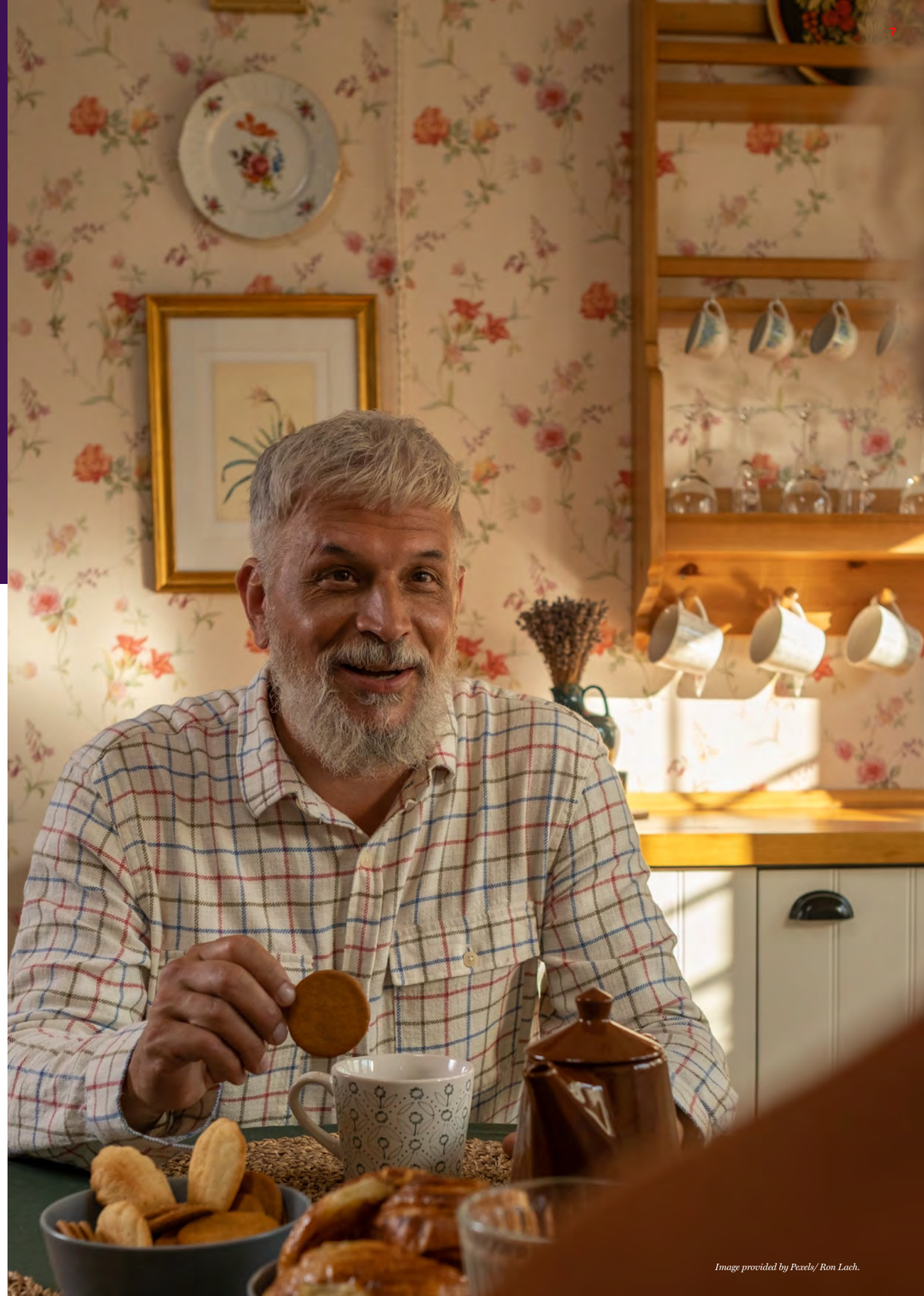
1. Introduction

CatholicCare Sydney identified a potential need in the community for education on ageing well aimed at older adults and approached ACU's Stakeholder Engaged Scholarship Unit (SESU) for funding and academic support to evaluate the program designed to meet that need. This document reports on that collaboration.
The impetus for the project was a recognition that thinking and talking about ageing, death and dying can be distressing and uncomfortable, leading to avoidance of the topic.
Providing older adults with education and an opportunity to talk about ageing well and supporting them with tools to make appropriate decisions about care and support needs may help to make the ageing journey easier.

While there is much information available in a generic sense, there may be gaps in understanding what ageing well may mean at individual levels and how older adults apply that knowledge. CatholicCare Sydney, Catholic Healthcare and Grief Care, each aged care service providers, explored the potential of offering a series of masterclasses to address this gap. The program, Ageing Well, was developed to provide the masterclasses with an education focus for older adults.



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BACKGROUND

A review of current literature indicates that the topic of what it means to age well has been researched and discussed for many years, with little consensus on what it means. Many studies refer to the work by Rowe and Kahn (1987, 1998), albeit with wide-ranging criticism of their work as being too much focused on a medical or biological model and linking successful ageing to an almost unattainable ideal. In addition, the models derived from Rowe and Kahn's model or those using it as a starting point often neglect to take into account the viewpoint of the older adults themselves, who may have a very different idea of what they consider ageing well to be. Rowe and Kahn's model could also be viewed as Western-centric, with most of the research not including a highly diverse population. This literature review will provide an overview of the research and endeavour to elucidate what older adults value as ageing well and will discuss some of the enablers to ageing well.

In the seminal work by Rowe and Kahn (1997) successful ageing was defined as 'low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life' (p. 433). Criticism of this model is not new (Calasanti, 2015), and as Tesch-Romer and Wahl (2016) point out, there is a lack of inclusion of persons with disabilities and other care needs in this model. In addition, population health research (World Health Organisation, 2022 demonstrates many older adults live longer with more years of good health but also years of poor health. Tesch-Romer and Wahl (2016) discuss four groups of critical arguments against this model: too few dimensions and therefore missing variants; ignoring the views of older adults themselves; a lack of identification of essential features of ageing; and models of successful ageing risking stigma and discrimination (and therefore should be abandoned altogether). Tesch-Romer and Wahl argue abandonment is not necessary, but models need to be developed that include a wider variety of concepts, including disability and care needs and environmental factors. They, and authors building on the work of Joan Ericson who suggested a ninth stage (Brown & Lowis, 2003), identified a further stage of ageing becoming more prominent now as more people live beyond their eighties, a stage of adapting to very old age with its concomitant increase in disability (or loss of abilities) and needing to come to terms with the prospect of imminent death. Other definitions include resilience and adaptation to ageing, limiting morbidities to late age, or are based on self-rating of ageing (Kamat, Martin, & Jeste, 2017). Findings from their studies indicate older adults view themselves as ageing well despite less than optimal physical and cognitive health, demonstrating the need to include the perspective of older adults themselves on what constitutes ageing well or successfully.

The increase in longevity has led to a group of elite older adults who are now leading the way in demonstrating how to live in very old age. Until recently only the healthiest survived into very old age, but with the increasing ability of modern medicine to cure disease and correct health problems such as coronary artery disease, many adults live on into very old age with significant co-morbidities. Ageing well would look very different for this cohort than the younger age groups of seventy-year-olds and eighty-year-olds; Araújo et al. (2016) found that subjectively centenarians see themselves as ageing successfully, while objectively they do not meet Rowe and Kahn's definition. An Australian study conducted with a very large number of participants identified successful ageing as being related to physical and mental health, social contact and support, and health behaviours (Parslow, Lewis, & Nay, 2011). A key (and unexpected) finding was that participants with chronic disease did not necessarily rate their physical health or life satisfaction as poor, suggesting that if chronic disease is managed well, participants can still age well. Of importance in this study were the findings that health behaviours, and in particular exercising and not smoking, had a direct and independent effect, in addition to its effect on physical health. The authors speculated this may be related to the role of exercise in reducing risk of falls, its effect on ameliorating depression and in potentially delaying onset of neurodegenerative disease.

Kamat, Martin, & Jeste (2017) in discussing components of successful ageing commented on the interchangeable use of the terms ageing successfully or healthily or well. Identified components in their discussion included a range of biopsychosocial elements, most notably physical functioning, particularly in relation to activities of daily living, cognitive health, and mental health as biological markers. Psychosocial markers identified related to satisfaction with life, active participation in community and friendships, and environmental and financial factors. The authors indicated the necessity to include self-rated successful ageing to have a more comprehensive understanding of successful ageing. Work by Reichstadt et al. (2007) indicated older adults identified ageing well as related to attitude/adaptation, security/stability, health/wellness, and engagement/stimulation, with a need for a positive attitude, realistic perspective and the ability to adapt to change.

Longitudinal lifespan research led to the development of the theory of selective optimisation and compensation as the basis of ageing well (Baltes & Carstensen, 2003). This theory posits that older adults select the goals they want to achieve, optimise functionality to achieve this and compensate for limitations with adaptive strategies. In addition, Carstensen and colleagues addressed the question of the decision-making process in selection and compensation. They found older adults make choices based on emotional value as they age, from the perspective of time left in life (Carstensen, Fung, & Charles, 2003). Goal-setting changes over time, with older adults reducing the number and breadth of goals, adjusting and re-evaluating them, and solving issues of difficulty to stabilise functioning (Joly-Burra et al., 2020). The implications of these theories are that older adults will make decisions about ageing well based on what they can manage and whether it has emotional value for them. This would mean that any program aiming at supporting older adults to age well will need to determine what the particular group of older adults value and then plan their activity based on what accommodations are possible to meet those needs. According to Haber (2013) health-promoting activities for older adults need to consider the significant differences between younger-old and oldest-old adults, ensure effective communication and collaboration with older adults to foster cooperation and

empowerment, work with the older adult to determine goals for behaviour change, provide age- and culturally appropriate education, accommodate diversity, be aware and utilise existing community health programs in the neighbourhood, and act as advocates to assist in making their needs known, including by being politically active.

Certain elements of ageing well are related to biological factors, including genetics, and are not easily modifiable, if at all. Other elements, such as childhood experiences and early environmental factors, are modifiable but not in older age. Many elements contributing to ageing well, however, are modifiable, and some elements remain influential until very old age, including the ability to engage in, and benefit from, lifelong informal learning (Narushima, Liu, & Diestelkamp, 2018). Recent research indicated that high levels of stress are detrimental to health and ageing, but mild stress, such as is found with exercise, cognitive activity and socialisation could be protective (Kamat, Martin, & Jeste., 2017). Social engagement and social environments exert an independent and positive influence on ageing well and are modifiable or able to be manipulated to benefit the older adult. Factors that influence ageing well that are modifiable but not necessarily under individual control tend to relate to the environment at large and include elements that control factors such as the creation of safe exercising environments, the management of air quality and availability of and access to public transport. In this regard, Cooney and Curl (2019) indicated caution is needed in suggesting that older adults can modify their behaviour to ensure better ageing outcomes, with their findings that 'social structural influences and childhood experiences had a persistent influence on transitioning from successful ageing' (p. 528).

There is a risk with discussing ageing well or successfully, that older adults who do not meet the norms may feel they are failing. When there is so much emphasis on individual responsibility and on choices the older adult makes, it is easy to lose sight of the possibility that either the older adult does not have the resources to make those good choices (Cooney & Curl, 2019); or the consequences of ageing for them are less positive in spite of their best efforts. Calasanti's (2015) participants described a tension between their perceptions of what it means to age successfully and their ability to achieve it, leading to a conclusion that successful ageing frameworks could support and potentially increase ageism. Other research identified the difficulties faced by older migrants ageing in a country different to their country of origin and the risks of social isolation as a consequence of the processes of adapting to a new country (Jetten et al., 2018). Work with Indigenous urban Australians commented on the poor health status in this population leading to earlier ageing from age 45 and the potential for poorer health outcomes as they age. The study indicated the need for culturally appropriate services that are sensitive to the needs of Indigenous Australians. Ageing well in this population was also related to engagement with their community and maintaining participation in family and community roles (Waugh & Mackenzie, 2011). Perceived resilience and the absence of a range of chronic age-related conditions predicted self-rated health and wellbeing in older Indigenous Australians (Lavrencic et al., 2020).

Fullen, Richardson & Granello (2018) suggested the concept of ageing well should be broadened to include holistic wellness concepts and resilience to allow for a better ability to predict life satisfaction in older adults. Wellness in this context is viewed as a holistic concept comprising physical, mental, social, emotional, spiritual, occupational, and contextual factors. Resilience is viewed as the individual's response to adversity, including the person–environment interaction that supports, or otherwise, the person's ability to cope with adversity (Wagnild, 2003; Wiles et al., 2012). Spirituality is identified as an important component of ageing well but has different meanings for different people. It appears connectedness with the transcendent and connectedness with others are significant components. Interestingly, a connection with nature did not predict wellbeing (Thauvoye et al., 2018). Wisdom, defined as an integration of cognitive, reflective, and compassionate dimensions, may also play a role in subjective wellbeing, particularly at the very end of life (Ardelt & Edwards, 2016).

Researchers who questioned the objective measures for ageing well found in their studies that older adults often rate themselves as ageing well while having chronic conditions or functional limitations (Montross et al., 2006; Strawbridge, Wallhagen, & Cohen, 2002). A more recent and very large, multicultural study (Stewart et al., 2019) found subjective successful ageing related to fewer (but not no) chronic diseases, absence of depression and fewer difficulties with activities of daily living, as well as a positive correlation with social connectedness and resilience (measured with Wagnild's Resilience Scale (Wagnild, 2009).

Research on perceptions of wellness in older adults determined that older adults value physical, mental and cognitive health but only insofar as it enables them to stay socially connected (Foottit, 2009). Older adults will select their goals, optimise their functionality, and compensate for their limitations to meet their goals, based on the emotional value it holds for them, taking into consideration that these emotional goals will have a strong social connection component. When these factors are taken into consideration, it is possible to successfully design programs to support older adults in ageing well.

It appears from the reviewed literature that ageing well is a complex concept. Older adults have views different from health professionals and researchers on what constitutes ageing well, but they also differ from each other, with some older adults with minimal dysfunction thinking they are not ageing well, while others declare themselves ageing well in the face of significant health issues. The common denominator seems to be that older adults view themselves as ageing well when there is meaning and connectedness in their lives, where they feel they are still seen as belonging and as significant to others. Consequently, they rate their physical, mental, and cognitive health in terms of how it enables or prevents them from staying connected to their families, friends, and communities. It stands to reason then, that measures which support this would help older adults to age well.

Enablers of ageing well would support those elements that help the older adult to stay socially connected. These measures would include supporting physical health, mental health and

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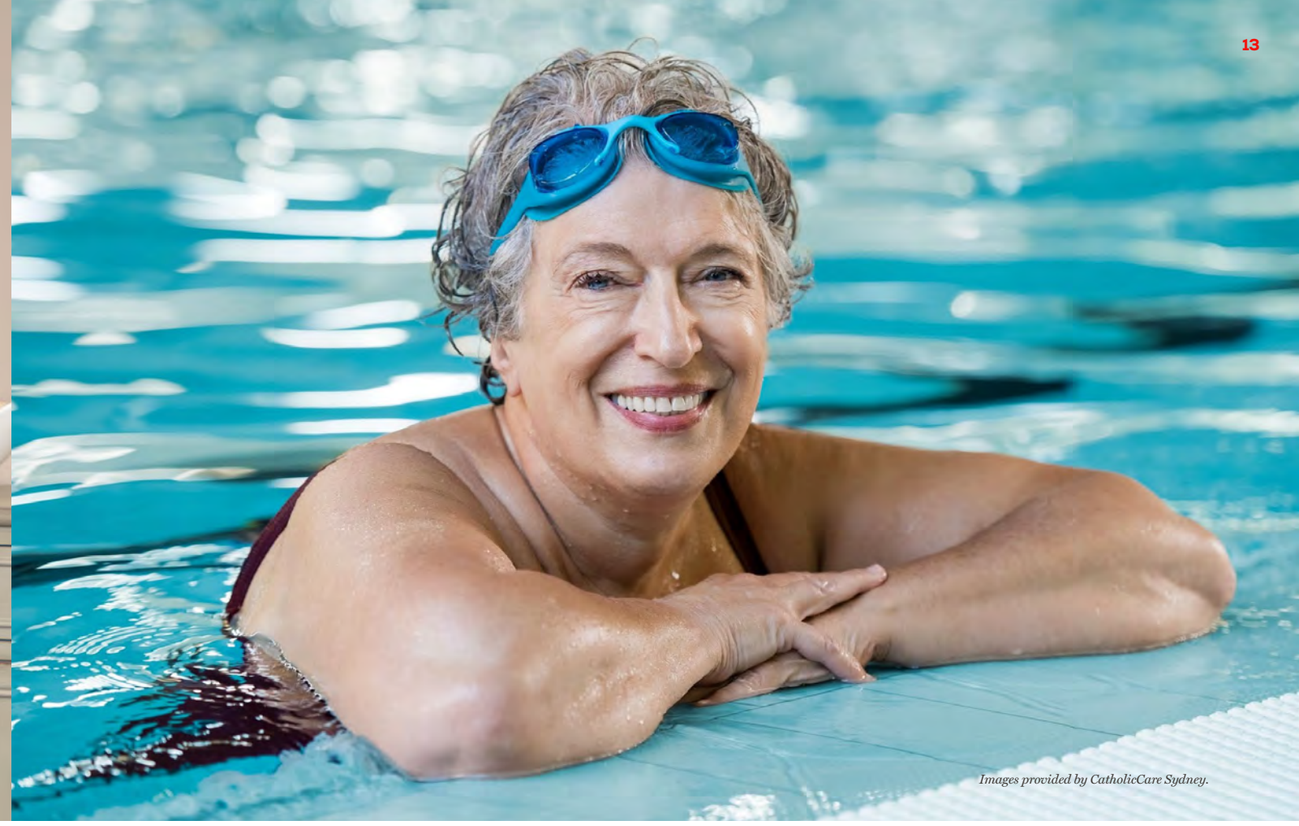

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cognitive preservation or support, as well as environmental and cultural factors, and would have measures that facilitate social connectedness, including activities that provide meaning to life, such as spiritual practices.

Seniors centres have been identified as important in supporting physical and mental health in participants and enabling them to age well (Aday, Wallace, & Krabill, 2019). The variety of services they offer makes it easier for the older adult to stay connected, acquire crucial information and participate in, among other programs, health promoting programs. The senior centre concept supports the ability of the older adult to select, adapt and compensate. Findings that social connections, including to services, also support the mental health of ageing caregivers .Tang et al., (2019) emphasise the important role services such as these can play in supporting older adults to age well.

Maintaining connection with community may not always be easy or intuitive. Research, albeit in the United States, has applicability in Australia in terms of its main findings. The work by Black, Dobbs, & Young (2015) identified six themes that can be implemented in communities to enable older adults to age well and with dignity and independence: meaningful involvement and choosing what they would like to offer, whether through volunteering, helping others older than themselves or sharing their own life skills; ageing in place; respect and inclusion, including not being subject to ageism that equates looking older with being useless; communication and information that includes recognising not all older adults are competent with modern technology; transportation and mobility, including a recognition that more needs to be done to support older adults as they age into needing to stop driving; and health and wellbeing, identified by the participants as staying active and healthy to enable living independently. These conclusions are supported in part by work from Australia and New Zealand (Rai et. al, 2019; Waterworth et al., 2019) that found older adults have strategies to stay engaged and positive but need support to maintain that wellbeing as they age. While older adults at times indicate that they find technology challenging, there may be value in supporting older adults to learn how to use technology to enhance social engagement, in view of research pointing to the value of it in processes of selective optimisation with compensation (Nimrod, 2020). A sense of purpose has consistently been identified in bigger studies that ask older adults how they view ageing well. A systematic review of contemporary research by Irving, Davis and Collier (2017) identified that sense of purpose tends to decline with age, but the potential remains and responds to opportunities to continue in contributing roles, meaningful activity and social value and relevance. Similarly, Huijg et al. (2017) found that older adults who have plans and wishes age well.

Individual activities that have enhanced social connection or wellbeing in older adults include the practice of a gratitude activity to ameliorate loneliness (Bartlett & Arpin, 2019), community choirs (Joseph & Southcott, 2018) and an intergenerational engagement using the concept of a Socrates café to facilitate conversation between older adults and younger generations (Dinkins, 2019).

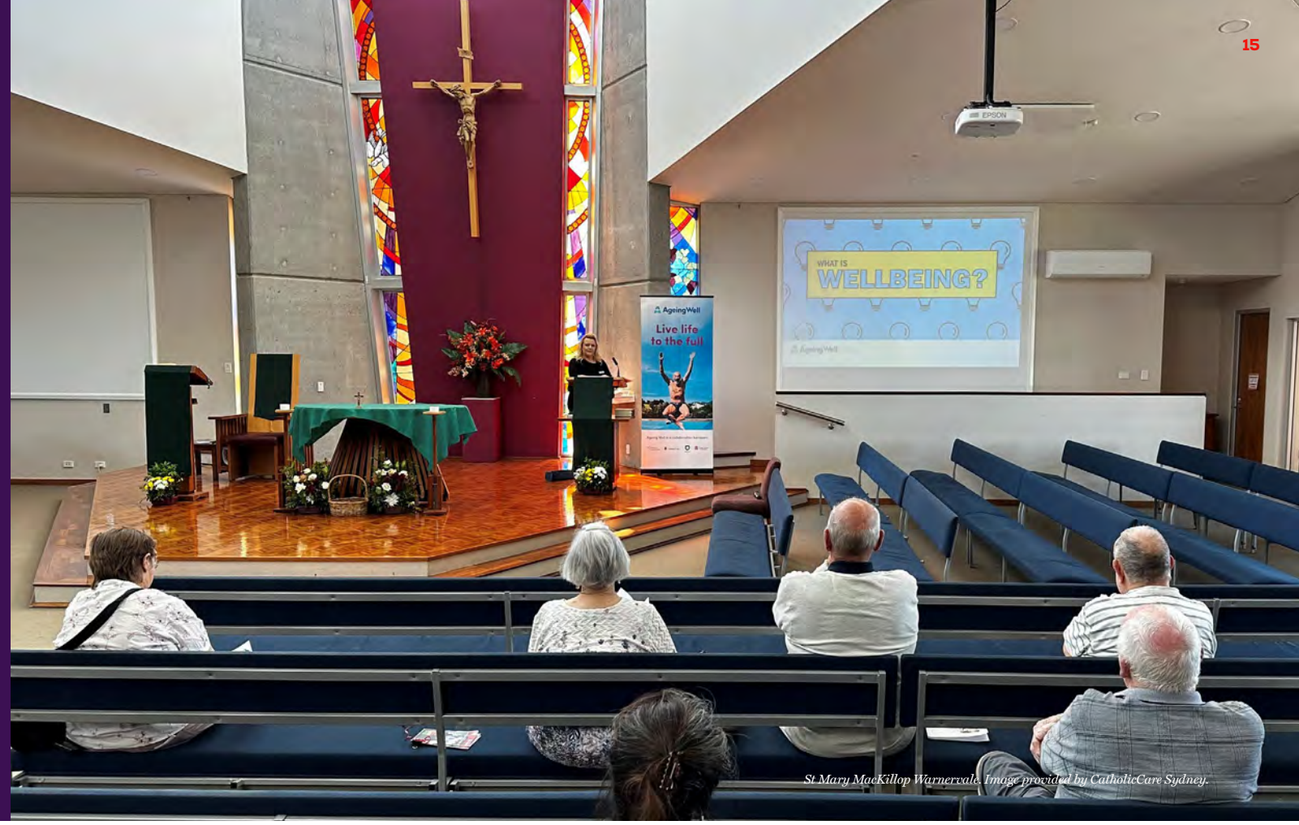
Physical health has consistently been identified as a predictor of ageing well, as determined in a large, multicentre, longitudinal study (Moreno-Agostino et al., 2020), indicating a strong positive role for physical activity in preventing disability and a fast decline in health. Given the importance of physical health in maintaining mental health, cognition and social connectedness, programs to enable ageing well would need to pay attention to this aspect. Physical activity and exercise, as mentioned earlier, support ageing well independently, and would be a key component of any program supporting older adults to age well.

Years of research into ageing well has determined there is much variety in how ageing well is viewed, including among older adults themselves. However, there appears to be consensus that older adults want to stay socially connected in a meaningful way to their families, friends and communities, and in order to achieve this, they need to sustain physical, mental and cognitive health. Older adults need to maintain physical exercise and engage in informal learning to support their desire and ability to stay connected. Ageing well needs to be considered within broader contexts of culture, environment, and personal experiences over the lifespan. Communities and organisations interested in or tasked with supporting older adults to age well need to consult with older adults, plan programs that maintain physical, psychological, and cognitive health in a physically and psychologically supportive environment, keeping in mind an ever-ageing population with increasing need for support to stay connected and feel valued.

OBJECTIVES

The objective of this project was to understand the views of the participants on the question of what it means to age well, and whether gaining knowledge on related topics would improve participants' views on ageing well and at the same time giving them a sense of control over their ageing journey. In addition, the aim was to determine whether masterclasses are the best format by which to address positive education on ageing well. The project was designed to evaluate the pilot of the masterclass series, in particular providing feedback and advice on content, provide a literature review to contextualise data collection, conduct pre- and post-assessment with the participants via focus groups and provide a final report on the findings.

2. Methodology



St Mary MacKillop Warnervale. Image provided by CatholicCare Sydney.

RESEARCH QUESTIONS

Specifically, the project sought to answer the following questions:

1. What were the views of adults aged between 65 and 75 on what ageing well means prior to their attendance in the masterclass series? Did their views change as a result of their attendance in the masterclass series, and if so, in what way?
2. Does being well informed about the process of ageing improve wellbeing?
3. Do adults aged 65–75 put plans in place around their ageing? How many, and why? If not, when do they think they would like to do their planning for older old age? Do adults aged 65–75 think about where they want to die?
4. What do adults aged 65–75 think is the 'right amount' of information conducive to ageing well in one's own way? Do they want information about death and dying?

RESEARCH DESIGN

In order to identify the views of older adults attending the masterclasses, a mixed methodology was employed: a survey to gather demographic data and information regarding participant lifestyles and views, and focus groups to gather data about participant views after completion of the masterclass series. The conceptual framework for the study was based on research related to successful ageing which identified that older adults view social connectedness as a key component of successful ageing, and physical and mental health as key components of enabling this.

INSTRUMENTS

From existing validated tools a survey tool was developed for the quantitative component to collect demographic data and data on lifestyle and attitudes to healthy ageing.

The qualitative data was collected via free responses to questions in the survey and via focus groups using predetermined questions as prompts for the discussion.

SAMPLE

The project leaders from CatholicCare Sydney recruited adults 65 years of age and over to attend the masterclasses. Masterclasses were advertised via parishes connected to the Archdiocese of Sydney and were open to parishioners and people from surrounding areas. Recruitment was managed by CatholicCare Sydney who utilised a number of strategies to increase participation rates.

The recruitment of participants was heavily impacted by the Covid-19 pandemic and consequently participant numbers were low. One area that was impacted in particular was in recruiting enough participants in the 65–74 age range as planned. It was initially envisaged that all people aged 65 and over could participate with the project plan, but limiting analysis of responses to the 65–74-year-old age group. Given the small numbers but also the richness of data gathered from older adults, all responses were analysed.

DATA COLLECTION

Older adults who signed up for the masterclasses were contacted for consent to participate in evaluation of the value of the masterclasses. Quantitative data for the pre-class surveys was collected via surveys emailed to those participants who consented. Post-class surveys were sent to participants who attended the masterclasses and consented to be contacted. All participants of the masterclasses consented to participate in the surveys. The response rate for the pre-class surveys was 100% (N=15) and for the post-class surveys 80% (N=12).

DATA ANALYSIS

Survey data was entered into IBM SPSS Statistics 27 for analysis. Frequencies were calculated and evaluated for the demographic data. The number of cases was too low for statistical analysis to reach statistical significance but were reviewed for detection of trends and potentially useful information.

Thematic analysis as described by Boyatsis (1998) was used for qualitative data obtained in the surveys and in the focus groups.

LIMITATIONS

The main limitation of the project was the low numbers of participants, making it difficult to draw conclusions from the quantitative data. It appeared saturation was achieved in the focus groups as the themes were the same, but having had only two focus groups, this may not be accurate.

The participant pool may not be representative of the broader community from which they were drawn as it was a convenience sample of self-selection and may have favoured people who are already ageing well and who were able to attend masterclasses in person.

It is unknown how much the pandemic affected potential participants' willingness to attend face-to-face meetings, but given the emphasis during the pandemic on avoiding close contact and an older demographic as the target group, it would be prudent to assume an influence.

3. Results

The number of participants in the project was too low to draw significant data from only the 65–74 age group, and initial reviewing of the data suggested there was no clear demarcation between the participants in terms of how they viewed ageing well, except for the few that identified as older than 75 years of age (N=4 out of N=15). Therefore, the data was aggregated across the entire group.

1. Demographics

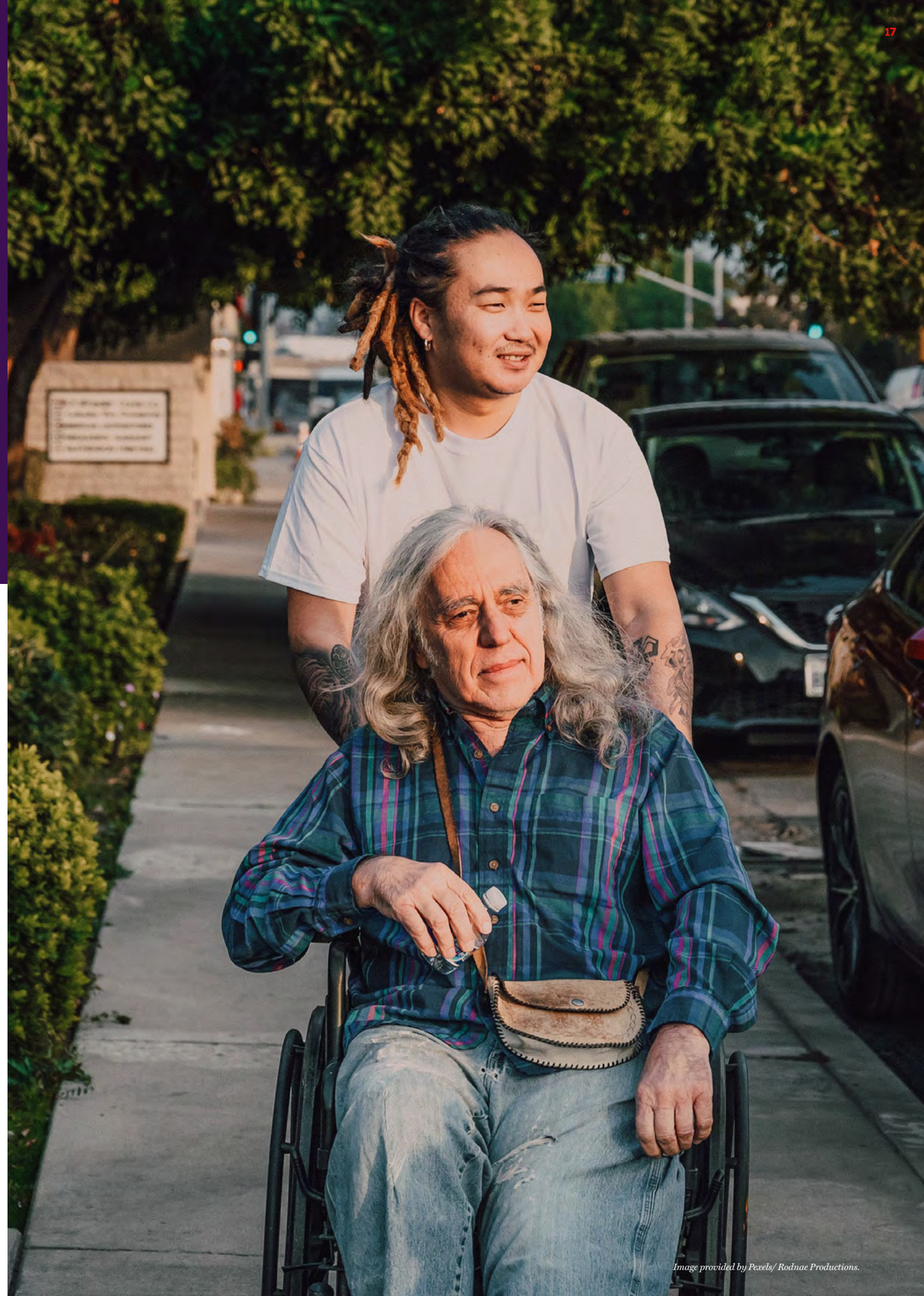
The participants in the pre-survey ranged in age from 65 to 81+ years old with one participant identifying as 99 years old. Nearly half (47%) were in the 65–74 age bracket and a further 27% aged 75–84, making most participants younger than 80 years of age. In demographic terms this places the cohort predominantly in the young-old and first half of middle-old (75–85). The participants were predominantly female (73%). Approximately half of the participants were born overseas, predominantly in Europe, and 40% spoke a language other than English at home. Ninety-three per cent of the participants were Australian citizens and the remaining 7% were permanent residents.

Half of the participants lived alone, with 33% living in a two-person household and the remainder with family in multiple-member households. The majority lived in a house (80%), a further 13% in a unit and 7% lived in accommodation such as a granny flat. Forty-seven per cent of participants were divorced, 20% married, 20% widowed and 13% ever-single.

The participants were well educated, with 53% having a university qualification and a further 13% having a trade; 27% have finished secondary school and only 7% primary or other education. The cohort was generally retired, with 13% still working part time and 7% doing occasional casual work. Overall, the participants were not wealthy, with 47% living on an aged pension level of income, and 13% below that. Twenty-seven per cent live in the income bracket just above pension level, with only one person living well above, and one person not stating an income.

Participants are generally socially active, with 53% attending a weekly social group and a further 33% at least monthly, but 13% indicated never attending a social group. Attending a place of worship was not a particularly strong point, with only 53% attending regularly.

In summary, the ‘average’ participant is either male or female under the age of 75, potentially born overseas but most likely speaking English and an Australian citizen, living alone in a house, divorced or widowed, educated, retired, living on an income equivalent to the aged pension and attends social events regularly, most likely weekly.



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2. Results of the qualitative data, survey group one (pre masterclass)

QUESTION 1: WHAT DO YOU THINK IT MEANS TO AGE WELL?

The responses to question one varied from single comments to more detailed expressions of what the respondents thought ageing well meant. The most frequent comment related to contact with family and friends. The second most common response related to having good health. The remaining responses related to some extent to the same two concepts – being engaged and active and needing to have the resources, both physical and mental, to do so. Comments related to being independent, staying active, having resources, maintaining health through exercise and good diet, financial independence, maintaining good grooming, cleanliness and housekeeping, and being able to stay in own home. One comment referred to sharing acquired wisdom and being accepting of ageing.

QUESTION 2: DO YOU THINK YOU ARE AGEING WELL? WHY OR WHY NOT?

Most respondents indicated they thought they were ageing well, at least most of the time. The one respondent who stated they were not ageing well attributed that to being lonely with no close friends or family. The most common reason given for ageing well was related to having the physical health to maintain current situations. Respondents commented on being able to walk, travel, not needing medications or very little, not having chronic illnesses and eating and sleeping well. The next most common reason given was being connected with family and friends or groups such as a church. One respondent nominated an intellectually active life of study and reading, and one respondent included a comment about being happy with past accomplishments as well as being connected to family and friends.

QUESTION 3: WHAT DO YOU THINK IS THE HARDEST THING ABOUT GETTING OLDER (IF ANYTHING)?

The answers to this question appear to be very linked to the answers for question two. One respondent nominated the limitations of ageing on income, energy, health, and friends who die or develop dementia, and many of the other responses relate to this. Respondents nominated decline in health most frequently, followed by increasing difficulties with doing things by themselves and mobility. Losing physical or mental capacity was a concern for a number of respondents. Interestingly a number of the responses referred to walking alone, and one respondent added to that not having someone to talk to. A respondent also nominated lack of shelter, food and money, and loss of contact with family, being lonely and feeling useless. This respondent commented on being jealous of those who are better off. Another respondent nominated problems with language for migrants as they get older.

QUESTION 4: WHAT DO YOU THINK IS NEEDED TO HELP OLDER ADULTS AGE WELL?

In this section the responses related very much to resourcing. The most common recommendation was for activity groups of some form, and this being related to feeling needed and wanted. The second most common comments related to physical resources such as affordable housing and services, transport availability and affordability, and good information regarding services. Other comments related to wanting to be respected and valued, positive attitudes in general to ageing, and individual activities such as cooking classes for older adults and for men, gym membership availability through health funds and broader availability of activities in more suburbs. One respondent commented on the need for acceptance of the truths of ageing, and another commented on needing to prepare for death. One respondent commented that the masterclass initiative is what is needed and added a thank you to the comments.

3. Analysis of the qualitative data, survey group two (post masterclass)

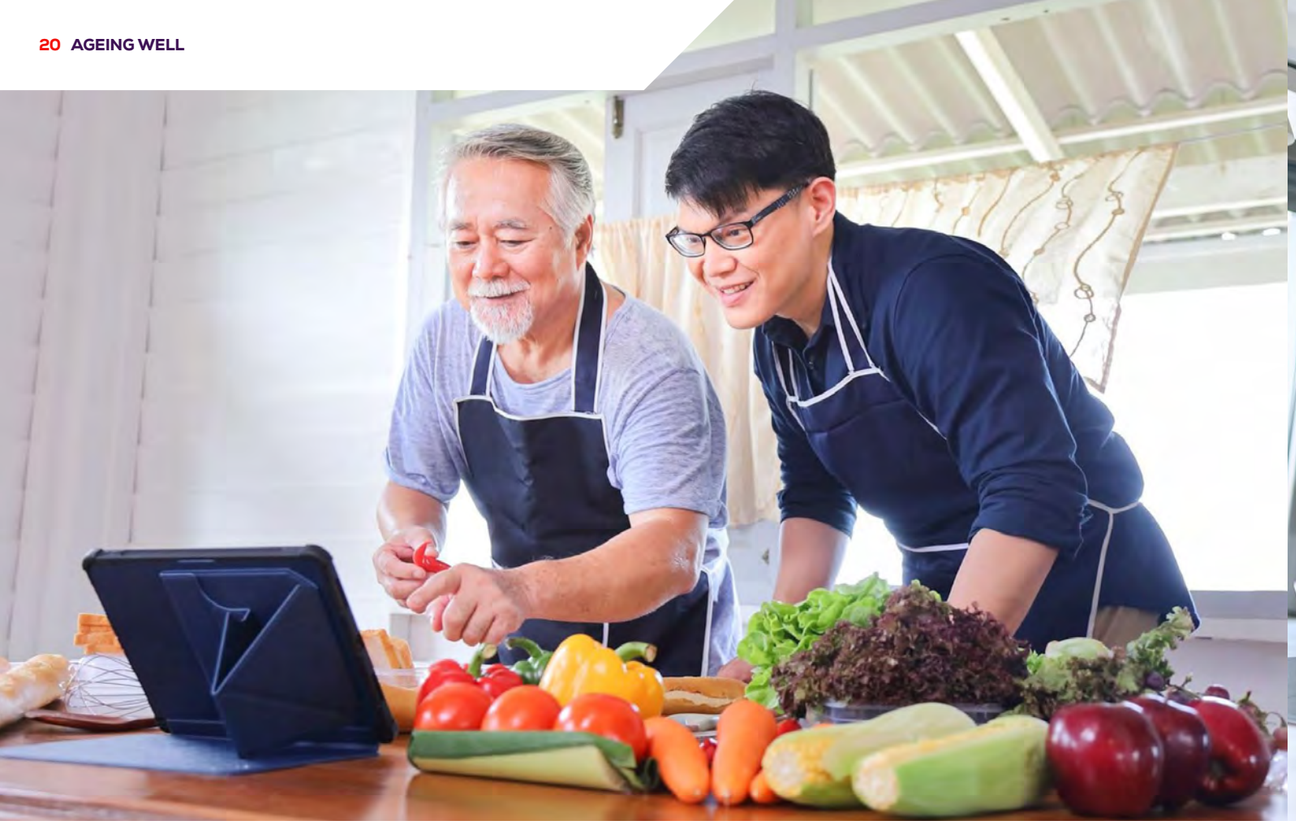
QUESTION 1: WHAT DO YOU THINK IT MEANS TO AGE WELL?

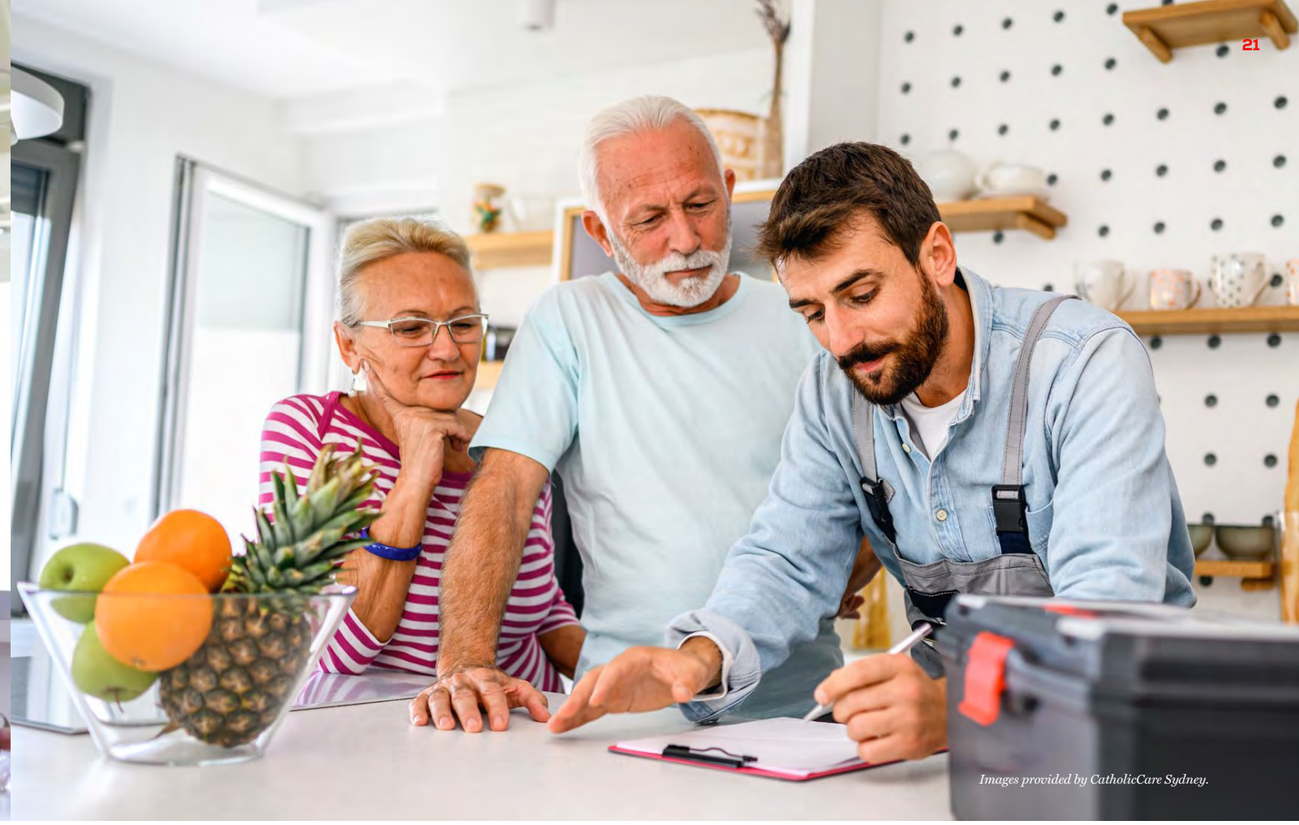
The responses to question one varied significantly and the only repeated comments were about staying active and engaging with friends. Other comments were about staying independent, being physically capable, having few health problems, living life to the full, travel, eating and sleeping well and exercising, having peace and harmony, having fewer responsibilities, having more time for activity such as going to church or on outings, having grandchildren, being with family, being able to do what you want, and being able to continue with casual employment.

QUESTION 2: DO YOU THINK YOU ARE AGEING WELL? WHY OR WHY NOT?

Almost all respondents answered yes to this question, and the one exception was a participant who said she was lonely, scared and unable to ‘carry her shopping’. One participant stated ‘yes and no’ because she was 99 years old, having memory problems but being cared for by family. One participant stated sometimes she thinks she ages well, because she is still independent, but she worries as she is a carer for an adult son.

The reasons given for ageing well varied widely. One participant stated she had a husband who cared for her, and one participant stated still being able to work part time and being able to care for a grandchild while having a busy social calendar. The most common reasons were being able to be active, engage in social activity and being in touch with family and friends.





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QUESTION 3: WHAT DO YOU THINK IS THE HARDEST THING ABOUT GETTING OLDER (IF ANYTHING)?

The most common concern raised was about getting memory loss (confusion) and having mobility problems. Other issues raised were isolation and loneliness, being abandoned, becoming dependent, having poor health, poor eyesight and hearing, and slowing down. One participant commented on an empty nest. One participant raised the issue of ageism from other people, but specifically people being scared of the older adult.

QUESTION 4: WHAT DO YOU THINK IS NEEDED TO HELP OLDER ADULTS AGE WELL?

The responses to this question cover four main areas: resources and support in the local area, including ageing in place, information on what is available, particularly in-home support and transport services to get to social activity; respect from society and dignity of not needing to struggle for food or medicine; groups for socialising, friends and conversation, people interaction; and support and encouragement for a healthy lifestyle.

4. Themes from the survey qualitative data

The data from the qualitative comments in the surveys clustered around three main themes: describing ageing well as physical health and engagement with family and friends; rating themselves as ageing well because they are engaged with family and friends; fearing cognitive problems, physical dependence and loneliness.

These results are confirmed by findings of research into ageing, that older adults want to stay connected and engaged with family and friends, and view those elements that interfere with this as being a threat to ageing well. It was clear from the comments that this cohort view physical and mental health as important to support social connectedness. The suggestions they made on what would support their ageing journey related to elements that support independence and social connectedness: ageing in place, support services to maintain independence, support for continued engagement with family and friends such as independence (physical and financial), public transport, maintaining mobility. These suggestions indicate that the masterclasses would provide a valuable service by providing good education and information regarding services and support for older adults in an environment that builds or maintains social connectedness and friendship groups.

5. Results of the focus groups

PROMPT ONE: WERE THE MASTERCLASSES USEFUL?

Participants in the two focus groups indicated they found the classes very useful and beneficial. The comments indicated they found the classes changed perspectives on aspects such as needing to stay exercising and eating well, the importance of staying engaged with others and the benefits of cognitive activity ('keeping my brain active'). The participants indicated they found the up-to-date information about care options very good, appreciated having handouts of care options and commented about the wide range of topics covered. They indicated an understanding that using available services would support keeping fit and healthy, with one participant commenting it would keep them out of hospital and another commenting they could see it helping them avoid becoming sad.

As a group, the participants all indicated they found the information about physical and spiritual wellbeing helpful. Many participants commented on benefiting from the social aspect of the classes and emphasised an appreciation of the positivity of the classes. They indicated an appreciation of accepting ageing as good, with one participant commenting on the alternative being worse – leading to laughter and much agreement. Participants commented that the classes encouraged them to demonstrate a positive attitude to ageing, will help them to stay positive and support them in seeing themselves as ageing well.

Participants commented on the beneficial social aspects, including helping them reconnect socially after Covid lockdowns when social isolation impacted on their physical and mental health and removed all their support systems, agreeing that Zoom did not work the same as seeing people in person.

When asked to comment on how to reach those who have not yet attended, the participants suggested a number of strategies, including contacting newly retired people (potentially via Centrelink), having meetings in locations that group people from neighbourhoods together, meet in a variety of ways such as having talks during travel to excursions (on buses, etc.), and using a variety of speakers and lecturers.

PROMPT TWO: WHAT INFORMATION WAS MISSING?

When asked what kind of information the participants thought was missing, the strongest discussion was in relation to information technology, internet safety and scamming. Participants stated they would like to improve their skills in using electronic technology and how to keep themselves safe on the internet, particularly avoiding being scammed. This discussion then broadened to a discussion on avoiding financial issues, including financial abuse and other forms of elder abuse, protection from the banks against scammers for older adults, and managing financial demands from family or extended family. The participants suggested this could be managed by providing masterclasses as well as information on where they could get further training, e.g., via public libraries. They also indicated they would like to have education on banking and on safe online banking.

“To be happy and sense of ‘belonging’ would be my ‘age well’ meaning.”

Additional topics suggested included information on how to manage post-hospital return to home. This was suggested by one participant but there was a general ‘yes’ from the group. Participants indicated a need for more information on physical fitness as they found the occupational therapy session very good but want more of the same, wanted to have a combination of taught exercises and information about suitable venues for more exercise and wanted recommendations or information on gyms that offer a chronic disease management model with exercise and diet information. They indicated an interest in classes on healthy eating and healthy cooking. Participants indicated they wanted information on medication and on interactions with other medications and alcohol. They also expressed an interest in more information about grief and loss and how to manage it.

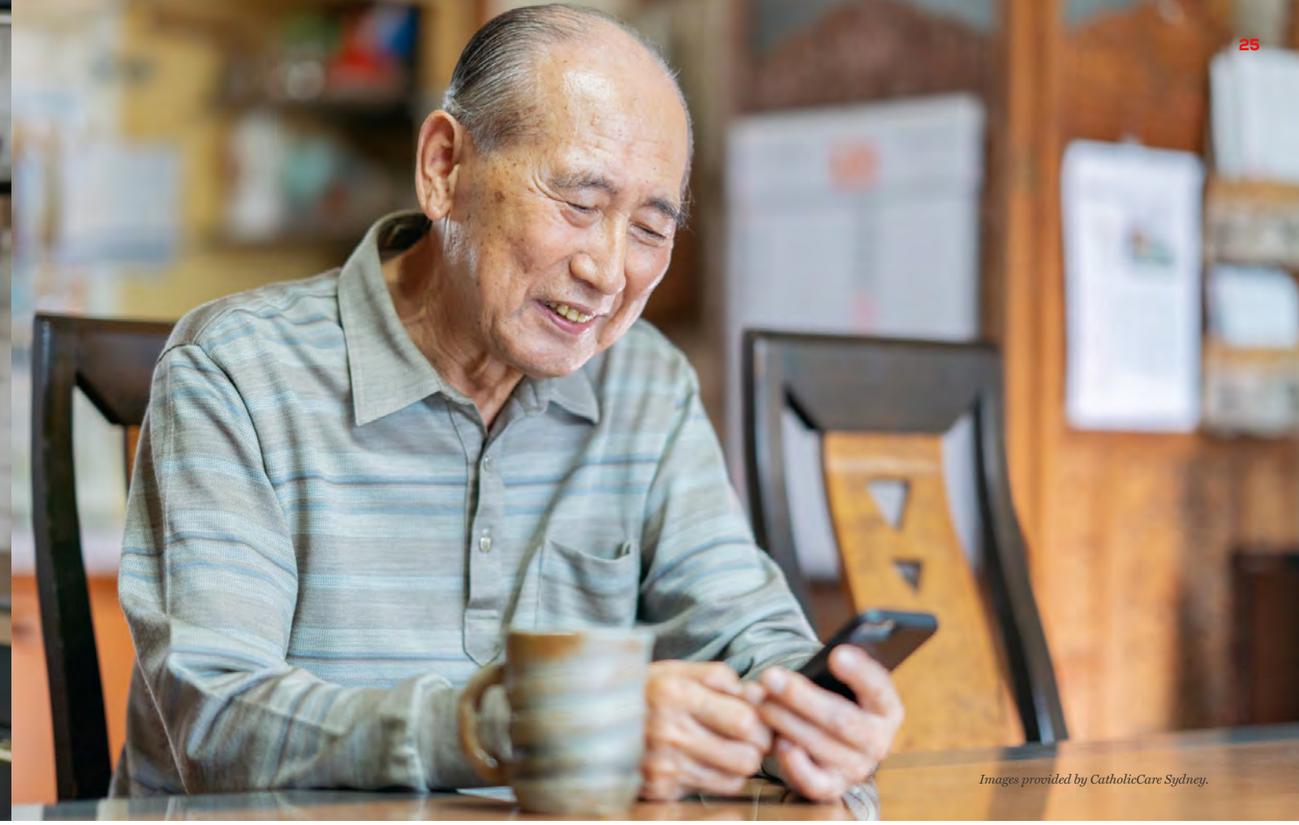
Participants indicated they do not think any of the presented information should be deleted from future classes and this stimulated a discussion on how the masterclasses would potentially be managed. The suggestions were that classes should be longer, but not more than 90 minutes, and with a break in the middle for refreshments and socialising. One group suggested having name tags, using U-shaped seating styles and encouraging people to change tables to encourage meeting more people. Participants in both groups suggested the masterclasses should run for a longer timeframe. Most of the participants suggested weekly or fortnightly so it remains part of their routines, and for it to be planned with the school terms, with no classes during school holidays. Participants in one session indicated they prefer morning classes, and 10:00am seems the preferred time. They also indicated a preference for venues to be close to public transport options. A second group indicated afternoon classes between 2:00 and 4:00pm would also be acceptable.

Additional information on how the masterclasses could be run better included having a take-home summary of content and even some additional reading or tasks (one participant said ‘homework’), a reminder email, advertising more broadly and providing physical reminders such as a flyer to take away.

PROMPT THREE: WHAT WERE THE HIGHLIGHTS OF THE MASTERCLASSES?

The participants indicated the following categories of highlights: knowing they are on the right track, the benefits of exercises for body and mind, increased confidence, the high quality of the masterclass content, the financial advice, the social connections and making new friends, and the inclusion of a spiritual component. Participants in all focus groups stated the sessions were really helpful, and while they knew some of the content, they appreciated the confirmation of their current knowledge and learning new content. They found the presenters very professional and that was appreciated. They appreciated the spiritual aspect and thought it was not religious as such, and feel non-Catholic participants would be welcome and should feel welcome. One participant was Muslim (self-identified at the end of the focus group) and he stated he felt very welcome and included.

Image provided by Pexels/ Matt Barnard.



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6. Thematic analysis

Thematic analysis of the qualitative data clustered around four dominant themes: Independence is important, I want to know, I need to learn, and I need to stay socially connected.

THEME 1: INDEPENDENCE IS IMPORTANT

Participants described themselves as generally ageing well and indicated they understood the ageing process affects their capabilities, both physical and mental, but they need to maintain health as best they can in order to support their continued independence. They mentioned needing to exercise and eat well, and stay actively engaged with family, friends and community:

> *"Health is good. I can still travel to friends in the country. I can walk to do the shopping." (Survey participant 10)*

THEME 2: I WANT TO KNOW

Participants indicated they knew some of the content presented but they wanted to know more. They appreciated the confirmation of their knowledge but valued the opportunity to expand their knowledge base:

> *"I kind of came because a friend of ours that's the same age, similar age a s I am, went into care because he's got advanced Parkinson's. And I kind of thought, look, we're all getting older. I want to do this as well as possible, and I want some information so I make the right choices. Because most of us haven't been through this before. We might have been through it with our parents, but that was X number of years ago and things have changed. So, I wanted some up-to-date information of what I could do." (Speaker 3)*

Participants indicated strongly they desired to learn more about presented topics as well as nominating a number of topics they wanted to learn about. Two topics that generated much discussion were electronic technology and the risk to themselves of scamming, and elder abuse, in particular financial abuse. Another topic of interest was the occupational therapy session and the need for a good exercise program to maintain balance.

THEME 3: I NEED TO LEARN

Participants indicated not only that they want information, they indicated a strong desire to learn how to use electronic technology and learn how to protect themselves from scammers and from financial abuse. They indicated, as well, a desire to learn how to exercise appropriately, how to plan and cook nutritionally suitable meals:

> *"I'll tell you what was missing in my life, and that is information that us older people need. Because I'm talking now about the new technology that we did not grow up with it and we don't understand, because the young people have grown up with it and they think it's normal. But we don't understand the dangers of the internet, of all the thieves and the crooks out there who are taking advantage of us and stealing money off us, out of our bank account.*
>
> *We need defence against that. And we need information of people to help us, because you hear these stories of old people sort of transferring money from bank to bank and being intercepted. And we want to know how we can protect ourselves from that." (Speaker 5)*

THEME 4: I NEED TO STAY SOCIALLY CONNECTED

A recurring theme during the focus groups was the effects of isolation during Covid lockdown on their mental health, the effect loneliness has on them and the sadness that accompanies loss being made more bearable by social interaction. Participants indicated wanting to bring along other friends to masterclasses so they too could benefit from the social interaction. They strongly indicated that they fear loneliness and isolation and need to be socially connected:

> *"To be happy and sense of 'belonging' would be my 'age well' meaning. Being alone and lonely is not a nice way to grow old. It is so empty feeling. I can get emotion when I hear this topic." (Survey Participant 2)*

Participants indicated they understood they needed to stay active and healthy by exercising and eating well so that they can stay socially connected.

> *"Be active. Exercise. Eat nutritious food. Sleep well. Socialise. No smoke, drink moderate. No gambling. Seek medical help – take medicine." (Survey Participant 5)*

4. Discussion

CatholicCare Sydney identified a desire to understand what older adults knew about ageing well and how they applied that knowledge, with a view of providing knowledge to community-dwelling older adults via a series of masterclasses.

A project was undertaken to evaluate the benefit of such masterclasses for older adults living in the community to support them in their ageing journey. Specifically, the project was designed to evaluate the pilot of the masterclasses, to provide feedback and advice on content, based on the findings of surveys of participants and feedback in focus groups. The main questions related to determining older adults' views on whether they thought they were ageing well, whether increased knowledge improved their wellbeing, and how much information they would want.

Overall, the participants in the masterclasses indicated they were ageing well. They identified ageing well with having the physical and mental health to maintain their current lifestyle, with an emphasis on the connections with family and friends. The very few participants that indicated they were not ageing well nominated social isolation and loneliness, and poor physical health as the reasons why. There was no difference between the pre- and post-masterclass group regarding whether they thought they were ageing well, but they nominated slightly different reasons with the pre group indicating they linked ageing well with social connectedness and the post group linking it with physical and mental health to maintain social connections.

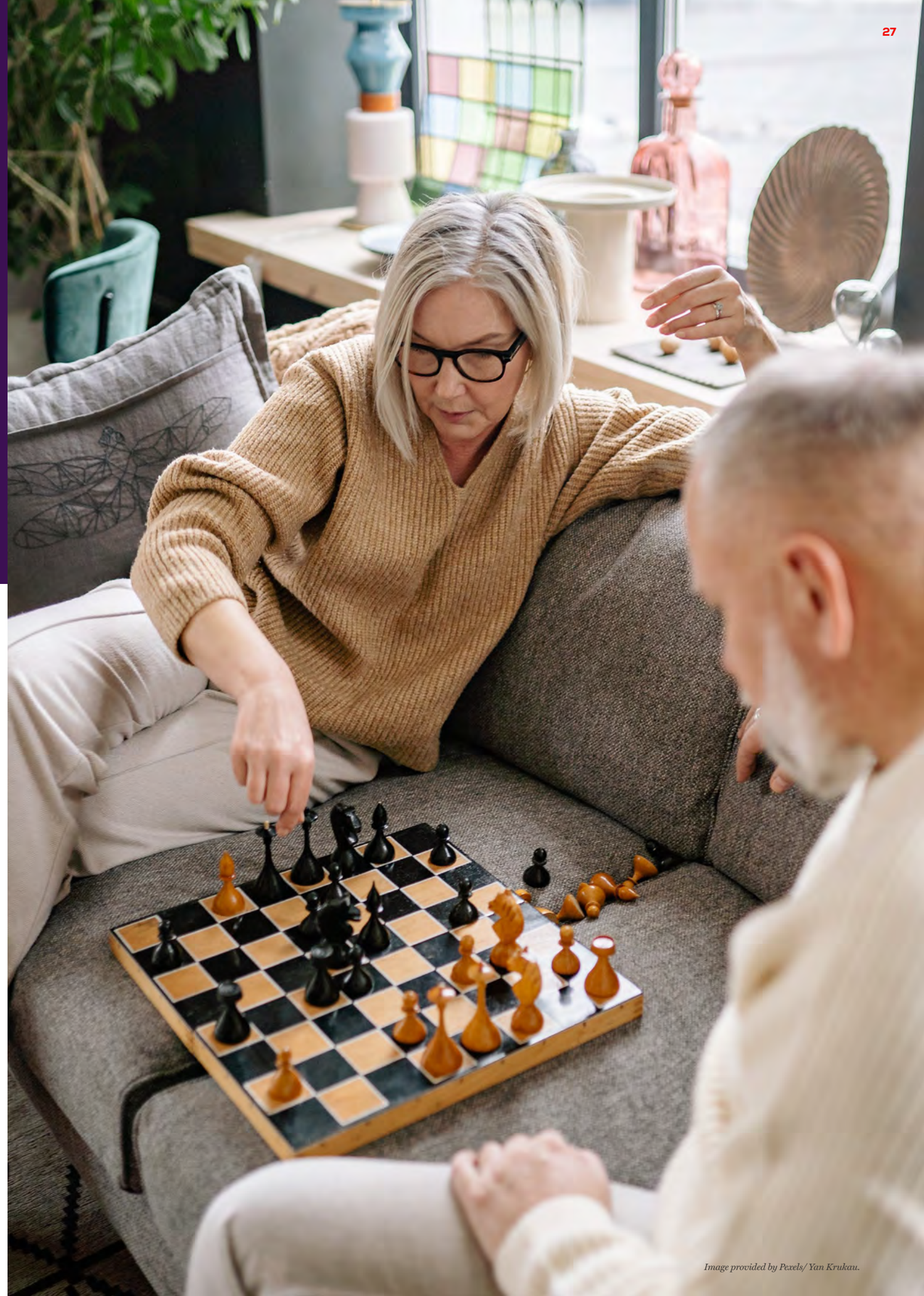

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Image provided by Pexels/ Vlada Karpovich.

Participants in the masterclasses identified ageing well with having the physical and mental health to maintain their current lifestyle, with an emphasis on the connections with family and friends.

The discussions in the focus groups indicated the participants valued independence and saw this as fundamental to ageing well. They indicated they thought being well-informed was necessary to maintain their ability to stay as independent as possible and important to their wellbeing. There was a significant emphasis on wanting to know more and learn more, including building skills in exercise, particularly for balance, and in learning how to cook nutritious meals for themselves.

Planning for ageing was not a prominent feature in discussions but was implied in comments such as desiring to age in place, wanting more information about care options and care planning, and wanting to learn about elder abuse and financial safety. The driver for most of these elements was a desire to maintain independence for as long as possible.

Participants in the focus groups indicated they wanted more information about current topics as well as nominating a range of topics they would like to see covered. These included learning about online safety and protection from scammers; elder abuse, particularly financial abuse; more information about healthy lifestyle, including an expansion of the work on exercise and balance; and learning how to plan and cook nutritious meals. The participants indicated they appreciated the session on grief and loss but wanted much more information on the topic.

It became clear from the surveys and the focus groups that the masterclasses fulfilled a number of needs, some of which were not identified beforehand. Participants clearly indicated an appreciation of the content and expressed a desire for more content. The participants also expressed very clearly that the social nature of the masterclasses was very important to them. They commented about enjoying meeting new people and the opportunity to spend time with others. They made a point of emphasising that they appreciated attending the masterclasses in person and did not think that online classes would meet their needs. The masterclasses contributed significantly to breaking the sense of isolation created by the prolonged lockdowns during the Covid pandemic and the participants were very appreciative of that.

5. Recommendations

CatholicCare Sydney, through its masterclasses and other services, are in a good position to support older adults in their desire to stay independent and connected to their families, friends, and communities.

Participants indicated the masterclasses were successful and wish to see them continued, with some recommendations on how they could be strengthened.

1. MASTERCLASSES TO CONTINUE BUT IN AN EXPANDED FORMAT

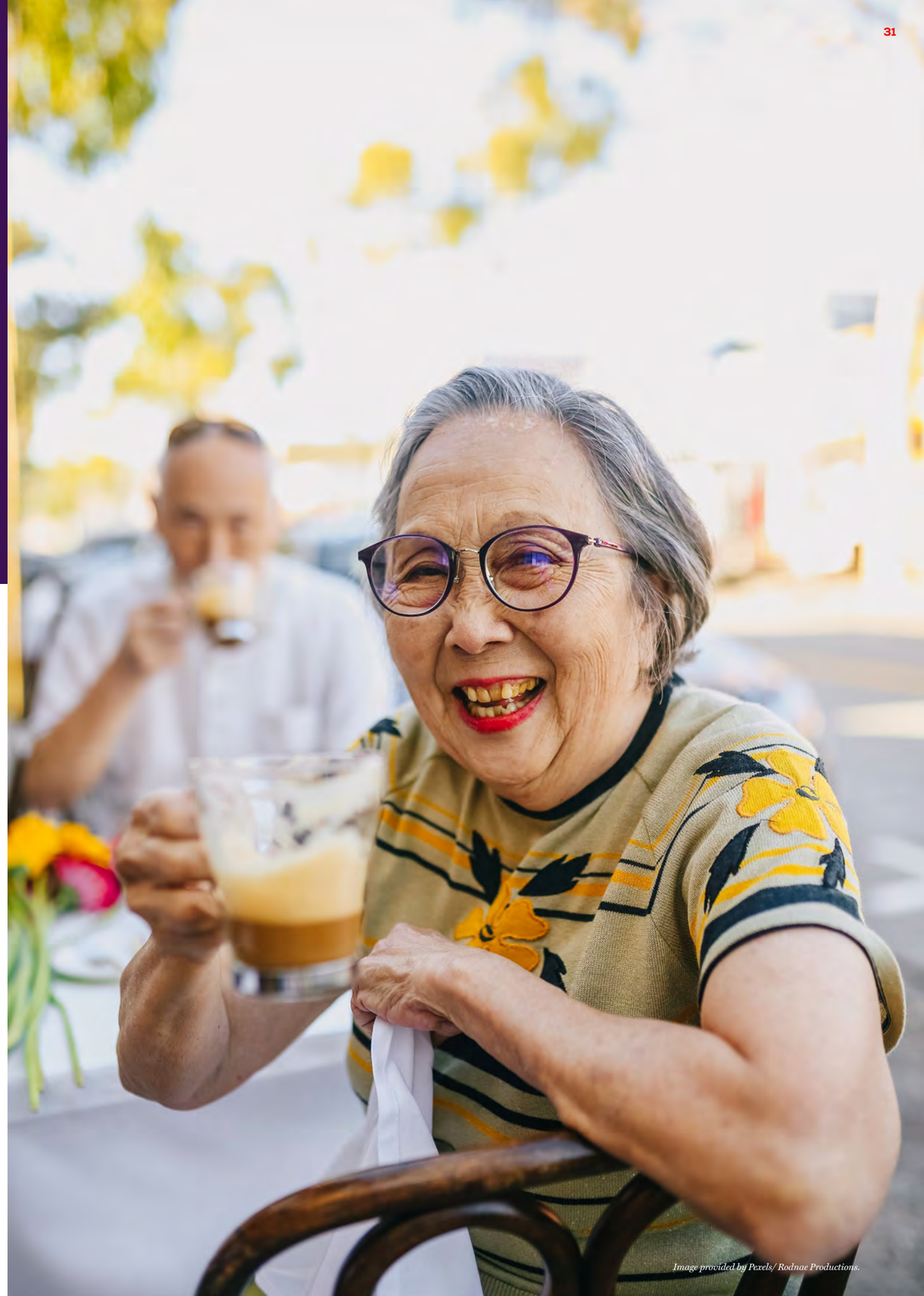
Participants indicated they would like more content on each topic and identified a number of topics they would like included.

2. MASTERCLASSES BE PLANNED FOR A LONGER PERIOD OF TIME

Participants suggested consideration be given to school terms. Other suggestions by participants include weekly or fortnightly gatherings, mornings between 10:00am and 12:00pm or afternoons between 2:00 and 4:00pm, with a break of at least 30 minutes in the middle, to allow for free socialisation. Participants indicated a preference for venues close to public transport. They requested reminder emails and/or a physical flyer to help them remember.

3. PARTICIPANTS INDICATED THEY PREFERRED INFORMAL SETTINGS

Particpants suggested a preference for either banquet style or U-shaped settings, where they could see each other and the PowerPoint slides, but in small groups. It may be beneficial to incorporate some of the principles of small group management in the planning of the masterclasses to support social connections and to manage the effects on social interaction of diminishing hearing and/or vision in older adults.



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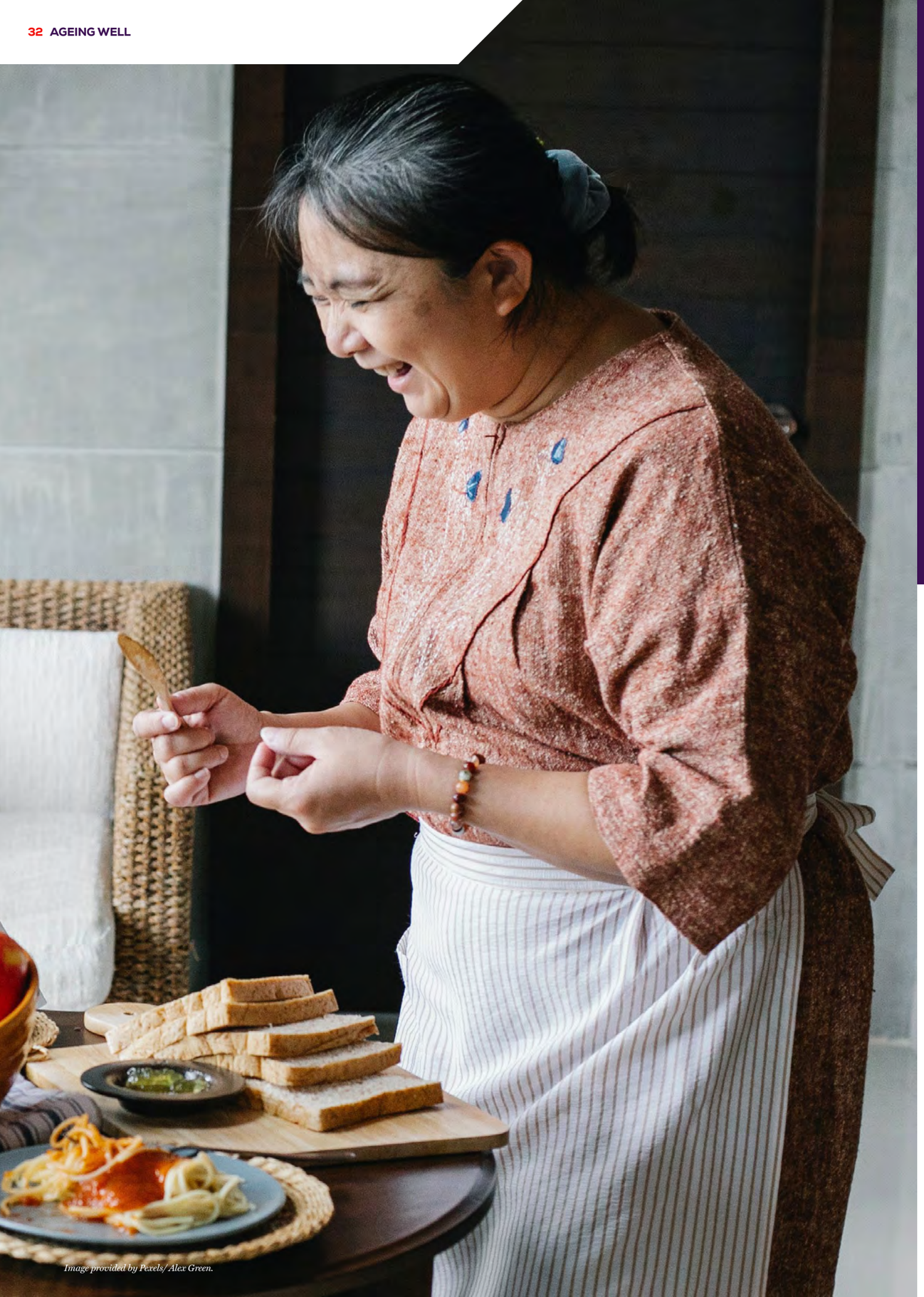

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Understanding how they can maintain connections to communities is a key factor for older adults who wish to age well.

4. PARTICIPANTS RECOMMENDED PRINTED MATTER TO ASSIST WITH POST- MASTERCLASS REFLECTION

Printed matter might include name tags, handouts of content to reflect on afterwards and up-to-date contact details for various organisations mentioned in presentations.

5. TOPICS PARTICIPANTS WANTED INCLUDED ARE:

- Online safety and how to protect themselves against scammers. Participants indicated they have smart phones and computers and want to know how to protect themselves in an online environment.
- Elder abuse and financial abuse and how to avoid it. Participants commented on adult children asking for money continuously. Education on online banking and how to do it safely.
- Expanded session by the occupational therapist with more exercises on balance and strength training, with an implied desire to reduce the risk of falls and injury. Staying mobile had a high priority for participants. Participants indicated an interest in information on gyms that offer a chronic disease management model with exercise and dietary advice.
- Separate session on nutrition with cooking demonstration/ lesson on how to plan and prepare nutritious meals that meet their dietary requirements. This session would be of significant benefit if it is targeted at older adults with an income based on the aged pension.
- Expanded/stand-alone session on loss and grief. Participants indicated they would like more information on how to deal with ongoing losses, not only death, but loss of capacity, etc. As well, they would like to know more about managing grief and where to find support for grief issues. The participants commented on the relentless nature of losses in older old age.
- Information on post-hospital care at home to reduce the risk of needing residential care.
- Information on medication management and interactions with drugs/medications and alcohol.

6. IMPLEMENT STRATEGIES TO INCLUDE A GREATER DIVERSITY OF PARTICIPANTS

The pilot masterclasses were attended by a group of socially connected, relatively well, and outgoing older adults. Strategies to target older adults who may struggle with ageing well could include exploring options such as connecting with organisations that provide group-based activity with transport to their venues and partnering with them (such as RSLs and some sporting clubs), exploring options for carers of persons with dementia who utilise in-home or out-of-home respite care (timing the classes to coincide with respite), exploring the options of offering classes where older adults already meet for other purposes – participants suggested libraries, for example.

7. MAINTAIN A FOCUS ON SOCIAL CONNECTEDNESS

Participants indicated the social side of the masterclasses was very important to them and they identified social isolation and loneliness as key factors in not ageing well.

References

Aday, R. H., Wallace, B., & Krabill, J. J. (2019). Linkages between the senior center as a public place and successful aging. *Activities, Adaptation & Aging, 43*(3), 211–231. doi:10.1080/01924788.2018.1507584

Araújo, L., Ribeiro, O., Teixeira, L., & Paúl, C. (2016). Successful aging at 100 years: the relevance of subjectivity and psychological resources. *International Psychogeriatrics, 28*(2), 179–188. doi:10.1017/S1041610215001167

Ardelt, M., & Edwards, C. A. (2016). Wisdom at the end of life: an analysis of mediating and moderating relations between wisdom and subjective well-being. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences, 71*(3), 502–513. doi:10.1093/geronb/gbv051

Baltes, M. M., & Carstensen, L. L. (2003). The process of successful aging: selection, optimization, and compensation. In U. M. Staudinger & U. Lindenberger (Eds.), *Understanding Human Development* (pp. 81–104). Springer. Boston, MA.

Bartlett, M. Y., & Arpin, S. N. (2019). Gratitude and loneliness: enhancing health and well-being in older adults. *Research on Aging, 41*(8), 772–793. doi:10.1177/0164027519845354

Black, K., Dobbs, D., & Young, T. L. (2015). Aging in community: mobilizing a new paradigm of older adults as a core social resource. *Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society, 34*(2), 219–243. doi:10.1177/0733464812463984Boyatzis, R. E. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development*. Sage Publications. Thousand Oaks, CA.

Brown, C., & Lowis, M. J. (2003). Psychosocial development in the elderly: An investigation into Erikson's ninth stage. *Journal of Aging Studies, 17*(4), 415–426. doi:10.1016/s0890-4065(03)00061-6

Calasanti, T. (2015). Combating ageism: how successful is successful aging? *The Gerontologist, 56*(6), 1093–1101. doi:10.1093/geront/gnv076

Carstensen, L. L., Fung, H. H., & Charles, S. T. (2003). Socioemotional selectivity theory and the regulation of emotion in the second half of life. *Motivation and Emotion, 27*(2), 103–123. doi:10.1023/A:1024569803230

Cooney, T. M., & Curl, A. L. (2019). Transitioning from successful aging: a life course approach. *Journal of Aging Health, 31*(3), 528–551. doi:10.1177/0898264317737892

Dinkins, C. S. (2019). Socrates Café for older adults: Intergenerational connectedness through facilitated conversation. *Journal of Psychosocial Nursing and Mental Health Services, 57*(1), 11–15. doi:10.3928/02793695-20181212-04

Foottit, J. A. (2009). *Wellness in older adults.* PhD thesis, Queensland University of Technology.

Fullen, M. C., Richardson, V. E., & Granello, D. H. (2018). Comparing successful aging, resilience, and holistic wellness as predictors of the good life. *Educational Gerontology, 44*(7), 459–468. doi:10.1080/03601277.2018.1501230

Haber, D. (2013). Health promotion and aging: practical applications for health professionals. *Journal of Gerontological Social Work, 56*, 569–571.

Huijg, J. M., van Delden, A. L. E. Q., van der Ouderaa, F. J. G., Westendorp, R. G. J., Slaets, J. P. J., & Lindenberg, J. (2017). Being active, engaged, and healthy: older persons' plans and wishes to age successfully. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences, 72*(2), 228–236. doi:10.1093/geronb/gbw107

Irving, J., Davis, S., & Collier, A. (2017). Aging with purpose: Systematic search and review of literature pertaining to older adults and purpose. *The International Journal of Aging & Human Development, 85*(4), 403–437. doi:10.1177/0091415017702908

Jetten, J., Dane, S., Williams, E., Liu, S., Haslam, C., Gallois, C., & McDonald, V. (2018). Ageing well in a foreign land as a process of successful social identity change. *International Journal of Qualitative Studies on Health and Well-Being, 13*(1), 1508198. doi:10.1080/17482631.2018.1508198

Joly-Burra, E., Gallerne, E., Van der Linden, M., & Ghisletta, P. (2020). Goals do not buy well-being, but they help: Qualitative illustrations of goals prioritization and stabilization when facing age-related challenges. *Swiss Journal of Psychology, 79*(3-4), 137–148. doi:10.1024/1421-0185/a000243

Joseph, D., & Southcott, J. (2018). Music participation for older people: Five choirs in Victoria, Australia. *Research Studies in Music Education, 40*(2), 176–190. doi:10.1177/1321103X18773096

Kamat, R., Martin, A. S., & Jeste, D. V. (2017). Successful Aging. In H. Chiu & K. Shulman (Eds.), *Mental Health and Illness of the Elderly* (pp. 7–28). Springer Singapore. Singapore.

Lavrencic, L. M., Mack, H. A., Daylight, G., Wall, S., Anderson, M., Hoskins, S., Hindman, E., Broe, G. A., & Radford, K. (2020). Staying in touch with the community: Understanding self-reported health and research priorities in older Aboriginal Australians. *International Psychogeriatrics, 32*(11), 1303–1315. doi:10.1017/S1041610219001753

Montross, L. P., Depp, C., Daly, J., Reichstadt, J., Golshan, S., Moore, D., Sitzer, D., & Jeste, D. V. (2006). Correlates of self-rated successful aging among community-dwelling older adults. The American Journal of Geriatric Psychiatry, 14(1), 43–51. doi:10.1097/01.JGP.0000192489.43179.31

Moreno-Agostino, D., Daskalopoulou, C., Wu, Y.-T., Koukounari, A., Haro, J. M., Tyrovolas, S., Panagiotakos, D. B., Prince, M., & Prina, A. M. (2020). The impact of physical activity on healthy ageing trajectories: Evidence from eight cohort studies. The International Journal of Behavioral Nutrition and Physical Activity, 17. doi:10.1186/s12966-020-00995-8

Narushima, M., Liu, J., & Diestelkamp, N. (2018). Lifelong learning in active ageing discourse: its conserving effect on wellbeing, health and vulnerability. *Ageing and Society, 38*(4), 651–675. doi:10.1017/s0144686x16001136

Nimrod, G. (2020). Aging well in the digital age: Technology in processes of selective optimization with compensation. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences, 75*(9), 2008–2017. doi:10.1093/geronb/gbz111

Parslow, R. A., Lewis, V. J., & Nay, R. (2011). Successful aging: development and testing of a multidimensional model using data from a large sample of older Australians. *Journal of the American Geriatrics Society, 59*(11), 2077–2083. doi:10.1111/j.1532-5415.2011.03665.x

Rai, R., Jongenelis, M., Pettigrew, S., Jackson, B., & Newton, R. U. (2019). Identifying modifiable factors associated with health optimism in older adults. *Aging & Mental Health, 23*(3), 376–384. doi:10.1080/13607863.2017.1416589

Reichstadt, J., Depp, C. A., Palinkas, L. A., Folsom, D. P., & Jeste, D. V. (2007). Building blocks of successful aging: a focus group study of older adults' perceived contributors to successful aging. *American Journal of Geriatric Psychiatry, 15*(3), 194–201. doi:10.1097/JGP.0b013e318030255f

Rowe, J. W., & Kahn, R. L. (1987). Human aging: Usual and successful. *Science*, 237, 143–149. doi: 10.1126/science.3299702

Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist, 37*(4), 433–440. doi:10.1093/geront/37.4.433

Rowe, J. W., & Kahn, R. L. (1998). Successful aging. Pantheon. New York.

Stewart, J. M., Auais, M., Bélanger, E., & Phillips, S. P. (2019). Comparison of self-rated and objective successful ageing in an international cohort. *Ageing and Society, 39*(7), 1317–1334. doi:10.1017/S0144686X17001489

Strawbridge, W. J., Wallhagen, M. I., & Cohen, R. D. (2002). Successful aging and well-being: self-rated compared with Rowe and Kahn. *The Gerontologist, 42*(6), 727–733. doi:10.1093/geront/42.6.727

Tang, F., Jang, H., Mulvaney, E. A., Lee, J. S., Musa, D., & Beach, S. (2019). Mental health among older adults with caregiving needs: the role of social networks. *Social Work Research, 43*(3), 157–167. doi:10.1093/swr/svz013

Tesch-Römer, C., & Wahl, H.-W. (2016). Toward a more comprehensive concept of successful aging: disability and care needs. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences, 72*(2), 310–318. doi:10.1093/geronb/gbw162

Thauvoye, E., Vanhooren, S., Vandenhoeck, A., & Dezutter, J. (2018). Spirituality and well-being in old age: Exploring the dimensions of spirituality in relation to late-life functioning. *Journal of Religion and Health, 57*(6), 2167–2181. doi:10.1007/s10943-017-0515-9

Wagnild, G. (2003). Resilience and successful aging: comparison among low- and high-income older adults. *Journal of Gerontological Nursing, 29*(12), 42–49. doi:10.3928/0098-9134-20031201-09

Wagnild, G. (2009). A review of the Resilience Scale. *Journal of Nursing Measurement, 17*(2), 105–113. doi:10.1891/1061-3749.17.2.105

Waterworth, S., Raphael, D., Gott, M., Arroll, B., Benipal, J., & Jarden, A. (2019). An exploration of how community-dwelling older adults enhance their well-being. *International Journal of Older People Nursing, 14*(4). doi:10.1111/opn.12267

Waugh, E., & Mackenzie, L. (2011). Ageing well from an urban Indigenous Australian perspective. *Australian Occupational Therapy Journal, 58*(1), 25–33. doi:10.1111/j.1440-1630.2010.00914.x

Wiles, J. L., Wild, K., Kerse, N., & Allen, R. E. S. (2012). Resilience from the point of view of older people: 'There's still life beyond a funny knee'. *Social Science & Medicine (1982), 74*(3), 416–424. doi:10.1016/j.socscimed.2011.11.005

World Health Organisation. (2022). Ageing and Health. https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

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