INTRODUCTION

What is a Good Life?: Project Purpose

Matching research evidence with findings of conversations with 700 older people
So much of what is written in the research literature about ageing and older people presents a secondary source view, filtered by science rather than by emotion, quantifying without qualifying and intended for audiences other than older people themselves.

This is not intended to be a criticism of research methodology. But when the findings of research are scrutinised through the lens of individual experience, a different perspective emerges – one which is more about feelings, values and expectations, and less about objective science. Really, we need both the science and the lived experience to really understand ageing, and to design strategies which help people to live their lives in a way which is meaningful to them. In reality, we do not have both perspectives – only a minority of studies in the ageing-related literature are designed to present what individuals want, think and feel as they reach older ages.

### A Good Life: Six Indicators from the ACH Group Conversations

- Being recognised as **Unique**
- Being in **Control** and having **Autonomy**
- **Optimism**
- **Belonging**
- Contributing and **Engaging**
- Being as **Healthy** as possible

Over a five year period from 2004, the ACH Group’s Board held a series of structured Conversations with more than 770 older people using its services, and their families. They asked older people what a ‘good life’ meant to them and their responses can be grouped into six themes, each of which became a key indicator for the concept.

1. **Unique** – recognising that no two lives are the same, and that this uniqueness of life experience, culture and spirituality should be honoured.
2. **Being in control** – acknowledging that each person has the right to be in control of their lives and making decisions about how they live their lives.

3. **Optimistic** – having a sense of future and hope, of anticipation about tomorrow and of the goals to work towards.

4. **Belonging** – having a variety of relationships with other people and continuing to pursue everyday roles, and experiences that are part of everyday life at any age.

5. **Contribution and Engagement** – continuing to participate and engage with life, enjoying interests like sport, art, music and faith and remaining involved rather than observing passively.

6. **Healthy** – being as healthy as possible.

If the variable of older age is removed, these six indicators apply to any stage of the life course regardless of age. From the perspective of the older person, they come as no surprise, but how often are older people actually asked to articulate their view of living a good life? And do the findings of the formal research literature resonate with their expectations?

### PROJECT PURPOSE AND SCOPE

The ACH Group sought to strengthen its evidence base for its *Good Lives* Initiative by identifying research which supported its own findings. To this end, it commissioned the Australian Workplace Innovation and Social Research Centre (WISeR) at The University of Adelaide to undertake a review of research literature outlining the evidence base found for each of the six elements of the *Good Life*.

#### Project method

A search was made of relevant formal research findings, structured by the six *Good Life* criteria, and using recognised research search engines and databases including Academic Search Premier, Informit, Academic OneFile, Ageline, SciVerse and Google Scholar.

The methodology of each study identified was reviewed for its robustness, and only those studies that were considered to be methodologically sound were included. The search was also filtered to identify research that sought information from older people themselves.
We began each search using the *Good Lives* terminology (a plain English version of older people’s aspirations and expectations) and then widened it using related but more technical terminology found in ageing and aged care research, practice and policy. Once relevant studies were identified, we then snowballed using the references to related research associated with each.

Our search using the term ‘good life’ in relation to older people found only one study that used this term, which is understandable, because the research world has a very different language from that of everyday parlance.
In addition, we searched for, and overviewed longitudinal studies of ageing, given the robustness of this methodology. In particular –

- the highly regarded *Harvard Study of Adult Development* (Vaillant 2002) which is based on individual perceptions and expectations as well as objective changes in health status;

- *The Longevity Project: Surprising discoveries for health and long life from the landmark eight decade study* (Friedman & Martin: 2011) which also combines the voice of older people with objective assessment of health and other key factors;


Locally, the work of the Centre for Ageing Studies at Flinders University has produced the *Australian Longitudinal Study of Ageing* which provides data on a large sample of people aged 70 and over and quantifies how social, biomedical, psychological, behavioural and environmental factors are associated with age-related changes in health and well-being. Other important longitudinal studies of ageing were drawn on throughout our review.

These longitudinal studies are also important because of the *life course perspective* which enables researchers to capture people’s understanding of the life course as they experience it. Life course theory provides a perspective for analysing ageing as a lifelong process rather than an ‘endgame’ period marked by disability, ill health or deterioration (Gunnarsson 2009: 36). These studies have been especially useful in quantifying factors associated with ‘successful’ ageing by observing people over their adult life cycle, and providing an evidence base for policy agendas on positive ageing.

The studies selected were then analysed in depth against the six Good Life criteria. Based on the findings of the research literature review, and on relevant ACH Group documents, a series of statements were prepared, each representing an element of a Good Life. These statements were designed to add depth to the ACH Group’s understanding of what constitutes a Good Life from the perspective of the older person, and to guide the ACH Group in supporting those elements.
Research methodologies that involve seeking information from the perspective of the older person, as opposed to aged care professionals, clinicians or other ‘secondary’ sources, did not feature prominently in the ageing and aged care research literature as a whole. In fact, they were in the minority with the focus of the literature being more about the care of older people than about the personal experience ageing, and more about the problems and challenges of ageing than about its gains and positive features. It tells the story of ageing through the eyes of aged care experts rather than through the eyes of the older person.

This is research with a service system focus, rather than a lifestyle focus.

The predominant view of the ageing research literature is also one that, until the past two decades or so ignored the social context of ageing. Ageing is not only a functional process of change—it is more accurately a process involving an interaction between the individual and their environment. The experience of older age is socially constructed and this important dimension has not featured strongly in the research literature.

Apart from the separate contributions which different disciplines can make to understanding ageing, there is also substantial under-utilisation of interdisciplinary studies.
There was a significant amount of research to support five of the six characteristics of a Good Life, with all but Being Unique having multiple studies with well constructed methodologies whose findings reinforced those of the ACH Group structured conversations.

It is difficult to determine why this sixth criterion does not feature in the research literature (as defined by our search which included robust methodologies). However the wide implementation of the Consumer Directed Care model may see this gap addressed in the very near future.

SUMMARISING THE RESEARCH FINDINGS: CRITERION 1 - BELONGING
The research literature has given less attention to the positive impact of belonging and more attention to the negative impact of loneliness and isolation.

However, research which has explored what positive ageing means, does identify the importance of **continued positive relationships with family, friends and the community** as a whole (Friedman & Martin 2011; Gunnarsson 2009; Hedberg *et al* 2009; Luszcz *et al* 2006; Barnett 2004; Vaillant, 2002). Together, both provide valuable insights into our understanding of how to enable a happier and more fulfilled old age.

**Findings from research on belonging**

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<th>#1: Belonging</th>
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<td>Belonging is critical to a positive older age and valued as essential to a good life.</td>
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<tr>
<td>Belonging through strong relationships with family and friends, intergenerational give &amp; take and feeling connected to community (Hedberg <em>et al</em> 2009, Barnett 2004)</td>
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<td>Connection to family is especially critical to Aboriginal older people, grandparenting is particularly valued (Wright &amp; McKenzie 2011)</td>
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<td>Positive impact of social networks (especially families) on ADL capacity (Kies et al 2004)</td>
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- It is important that older people have and maintain a sense of belonging to others, whether it be in their immediate communities, or in the wider community. Feeling disconnected relates to feeling not needed or not part of society, and feeling lonely (Stanley *et al* 2010).

- Belonging is identified by older people as critical to a good life, and a positive older age. This places significant value on friendships and strong personal relationships and on leading a life with many opportunities to socialise and to enjoy the company of others. It also encompasses having strong family relationships characterised by continued and strong involvement with family, including inter-generational give and take (eg providing care to grandchildren while receiving support from younger family members) (Barnett 2004).
Having a sense of connection to the community at large is significant and highlights the importance of older people maintaining a sense of belonging to others. Loneliness can be related to a time of day or to a period of loss in everyday life, such as the death of a loved one or deterioration in health. Being able to adjust to changes in one’s life also affects how lonely an older person feels. Loneliness is often connected with losing friends to death and finding it difficult to establish the same connections with new friends, and can be influenced by sadness or loneliness in earlier life, including childhood (Stanley et al 2010; Hedberg et al 2009).

Holding a positive view of life is related to feeling and being connected with others, particularly children and grandchildren, and friends (Hedberg et al 2009).

Family connections are critically important for older Aboriginal people, and a core role for them is to ensure family cohesion. The role of grandparent is particularly valued, and for some, grandchildren are a motivating factor to remain healthy (Waugh & McKenzie 2011).

Social networks have a positive impact on the capacity to undertake activities of daily living and to avoid disabling conditions that reduce independence. These protective effects vary according to the type of social network and are strongest for relatives (Giles et al 2004).

#1: Belonging: Longitudinal findings

- Being connected with others via all kinds of social networks = healthier and longer life
- Committed personal relationships also relate to good health and longer life, but for women, only if these are good quality relationships (Fremantle & Wirth 2011)
- A good marriage at 50 predicted positive ageing at 80 while low cholesterol levels did not (Kauwe 2002)
- Enjoyable recreation after retirement and gaining young friends as older ones are lost is more important than retirement income (Henderson 2020)
When the relative impact of different types of social networks on longevity is studied, friendships with friends predicted survival over ten years for people aged 70 and over, regardless of whether older people were living in residential settings or in the community. By contrast, networks with children and relatives were not significant (Luszcz & Giles 2002, *Australian Longitudinal Study of Ageing*).

Longitudinal research from *The Longevity Project* (Friedman & Martin 2011) provides irrefutable evidence about the importance of good quality personal and social relationships for both good health and longer lives. Their findings include the following:

- People with a strong social network are healthier and live longer, as do those who help friends and family and neighbours through advice or care. Being connected with others, through active involvement in community, church or other social networks, and having close ties with others bring a longer life.
- The relationship between good health, longevity and personal relationships is complex, and differs for women and men. Men in long term, good quality and committed relationships are healthier and live longer than men who are not in such relationships. Women in good quality relationships benefit in terms of health and longevity, but those who are *not* in such relationships are better off being single. Being single can be just as healthy for a woman as being in a long term relationship, particularly if she has other fulfilling social relationships such as family ties, close friendships, or meaningful memberships in organisations and other networks (Friedman & Martin 2011).

Information from the *Harvard Study of Adult Development* (Vaillant 2002) also confirms the effect of positive relationships on good health in older age. Key findings include:

- A good marriage at 50 predicted positive ageing at 80 while low cholesterol levels at 50 did not.
- Learning to play and create after retirement and learning to gain younger friends as we lose older ones adds more to enjoyment of life than retirement income (Vaillant 2002).
Findings from research on loneliness

Loneliness has been found to impact negatively on physical and mental health and is a tangible part of some older people’s lives. Loneliness can bring a range of serious health consequences, including hypertension, a number of risk factors for cardiovascular diseases, poor sleep and depression, as well as more rapid physiological ageing (Stanley et al 2010; Hawkley et al 2008).

Being in a relationship is not enough as poor relationships can result in feelings of loneliness while being in a good quality relationship offers protection against a number of negative health outcomes. It is not the quantity of relationships but the perceived quality that most impacts on loneliness or its absence (Stanley et al 2010; Hawkley et al 2008).

Results from cross-sectional studies suggest that loneliness is common among the very old and that at advanced ages the prevalence of loneliness increases, but this is not a uniform experience for different groups of older people. The increase in loneliness is highest for the oldest respondents but varies according to partner status – interestingly those living with a partner showed a stronger increase in loneliness than those who remained single. This may be a consequence of a caregiving burden and it is important to note that those who lost a partner by death showed the greatest increase in loneliness (Dykstra et al 2005).

Increase over time in loneliness also varies with health status, with those starting in good health and subsequently experiencing a decline in health showing the
greatest increase in loneliness. At the same time, however, substantial increases in loneliness are also observed among older people with continuing good health. Nevertheless, there is a trend for those in better health to be less lonely than those with poorer health (Dykstra et al 2005).

- An expansion in the size of networks of relationships results in less loneliness while a reduction is associated with greater loneliness (Dykstra et al 2005).

- Groups disproportionately represented among lonely people are those who are unhealthy (measured against recognised chronic conditions), men, people with chronic work stress, people unable to engage in social activities, people with small social networks, and people with poor quality personal and social relationships (Hawkley et al 2008).

- Older people from CALD backgrounds are one of the most vulnerable groups at risk of social isolation, particularly those who have migrated more recently (Rao et al 2006).

Loneliness and Being Alone

- Loneliness is a subjective experience. People can be socially isolated but not lonely and socially connected but lonely. Understanding what loneliness means to an older person can assist service providers working with older people to better assist them in managing their loneliness, and in distinguishing between socially isolated from lonely older people (Stanley et al 2010).
There is considerable overlap in the Good Life Elements of *Belonging* and *Contribution and Engagement*, because both require effective relationships with others. Therefore, it has been difficult to separate the research literature findings accordingly.

However, the key difference lies in whether or not a sense of continued contribution, of a two-way relationship between the older person and their friends, family and community is maintained. This difference has been used to separate the research findings presented here.

**SUMMARISING THE RESEARCH FINDINGS: CRITERION 2- CONTRIBUTION AND ENGAGEMENT**

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**Individual Health & Social Health**

...it is not enough to focus on our bodies....Social settings and social ties emerged as crucial components of health across the decades .... At its essence, individual health depends on social health

(Friedman & Martin 2011: 164, 213).

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⇒ Findings from *The Longevity Project* confirm that people who help friends and family and neighbours through advice or care, tend to live to old age. This was found to be more important than simply feeling loved and cared for, which while making people feel better, did not help them to live longer (Friedman & Martin 2011: 164, 213). The researchers concluded –

... it is not enough to focus on our bodies. Although individual bodies become ill, and doctors treat patients and not the friends and families of the patients, it is equally important to focus on families, work, and social relations. Social settings and social ties emerged as crucial components of health across the decades. Social relations deeply affect one’s habits, daily activities, long-term plans, and
reactions to challenges…. At its essence, individual health depends on social health (Friedman & Martin 2011: 205-206).

A range of positive outcomes have been identified for older people with good social relationships and social networks. Holding a positive view of life is related to feeling and being connected with others, particularly children and grandchildren, and friends. Loneliness and a negative experience of ageing is associated with a perceived a lack of purpose in life (Hedberg et al 2009).

Continued involvement with the community is an indicator of positive ageing, or a Good Life. It involves continued engagement with other people, at different levels – personal, family and community, rather than living in isolation and without meaningful connections (Barnett 2004). Life remains meaningful by sustaining links in different ways with family, friends and social organisations (Gunnarsson 2009; Onedera & Stickle 2008). A positive experience of ageing is associated with having positive social support and social interaction with people who make older people feel valued (Onedera & Stickle 2008).

Although older people may experience a decrease in the availability of socially valued and meaningful roles, they do not appear to experience a reduction in the desire to be valued and useful members of society and to their own personal and social networks. The need to feel useful to others, the need to be productive, and the need to “give back” to others have been cited as motivating factors for

#2: Contribution and Engagement

- A positive experience of ageing is associated with positive social support and social interaction with people who make older people feel valued
- An important component of positive ageing is contributing, helping others, remaining engaged at all levels

volunteerism among older adults, and numerous researchers and older people have also indicated that an important component of “successful ageing” is contributing to and helping others (Gruenewald et al 2007).

Older people value reciprocity in their emotional and social interactions. Although they may need more support and assistance as they grow older, they value being able to balance this with providing help to others. Reciprocity can be gain from being valued for wisdom, affection by their support networks, and providing a positive model for ageing for others (Onedera & Stickle 2008). Older people who indicate that they never or rarely felt useful to others are more likely to experience reduced mobility and reduced ADL capacity, poorer physical and mental health and well being, poor health behaviours and increased mortality over time, compared with those who frequently feel useful (Gruenewald et al 2007).

Older people who see themselves as ‘thriving’ also see themselves as engaged with ‘a sense of community’ and ‘feeling useful’. They are conscious of the importance of social contacts and of the sense of community and explicitly relate these to a sense of thriving (Lund & Engelsrud 2008).

Older Aboriginal people attach significant meaning to continued engagement in community roles with these seen as enhancing their own wellbeing, while helping...
to strengthen Indigenous identity. The past forced removal of children and the separation of families severely disrupted or completely fractured family and community structures and the roles within these, making the need to remain engaged with community exceptionally important (Waugh & McKenzie 2011).

**SUMMARISING THE RESEARCH FINDINGS: CRITERION 3 - BEING HEALTHY**

#3: Being Healthy

- Remaining in good health is an important indicator for older people that they are living well (Barrett 2004, Vaillant 2002)

Good health facilitates positive ageing and much of the research on successful ageing is about healthy ageing.

- Objective good health is less important to successful ageing than subjective good health (Vaillant 2002). While happiness and good health are related, happiness of itself does not cause good health, and being unhappy does not cause ill health. These are outcomes of health status, not causal factors (Friedman & Martin 2011; Vaillant 2002).

- Remaining in good health is one of the most important indicators for older people that they are ageing and living well. It also affects the capacity to remain physically active and independent, and engaged with life, which are also indicators
nominated by older people from a range of cultural backgrounds, including Anglo-Australian, of positive ageing (Barnett 2004).

 Older Aboriginal people regard declining health as challenging their identity as independent, productive people (Waugh & McKenzie 2011).

The research identifies different perspectives on what constitutes good health and these are identified in the summary which follows.

**The link between good health and good personal and social relationships**

Healthy ageing is inextricably linked with having meaningful relationships and social engagement across the life course, and with healthy behaviours and attitudes (*Harvard Longitudinal Study of Adult Development* - Vaillant 2002; *The Longevity Project* – Friedman & Martin 2011). Alcohol abuse consistently predicted unsuccessful ageing in part because alcoholism damaged future social supports (Vaillant 2002).

Older Aboriginal people regard declining health as reducing their ability to engage in the meaningful roles and occupations that re core to their sense of purpose and to being a positive role model for younger people. Apart from the physical aspects of health, older Aboriginal people regard the wellbeing of their family as critical for their own health and happiness (Waugh & McKenzie 2011).
In the Australian context, factors that impact on the health and social outcomes of older people from a CALD background include language and communication competencies, migration circumstances, which in turn impact on psycho-social well-being, and the geographical location of various migrant communities (Rao et al 2006).

**The link between good health, a long life, and being conscientious**

*The Longevity Project* quantified a link between being in good health and leading a long life, and being conscientious.

- Being conscientious is associated with risk avoiding behaviours and health protecting behaviours; with being less biologically predisposed to a range of chronic diseases; with healthier work situations and successful careers; with being productive in work and non-work engagement, and with forming good quality relationships.

- Apart from meaningful personal and social relationships, personality qualities also shape happiness, good health and a long life. In particular, **being conscientious** shapes all three of these outcomes and is the best predictor of longevity (Friedman & Martin 2011).

**The link between good health and being active**

*Good health and being active*

Exercise and remaining active are critical to good health and longer life. This means physical activity which is enjoyable rather than extreme and arduous (Luszcz et al 2008, Friedman & Martin 2011).
Being active in middle age is critically important to health and longevity, and this does not necessarily mean extreme physical activity, but engaging in physical activities that bring a degree of enjoyment – for example, if jogging is not an enjoyable activity while walking is, then it is preferable to structure physical activity around walking in order to achieve positive health outcomes (Friedman & Martin 2011).

People who do not exercise are at higher risk of mortality than those who do, and have better self-reported health (Luszcz et al 2006, *Australian Longitudinal Study of Ageing*).

Remaining active in older ages is viewed by older people as a key indicator of positive ageing, and a good life. It includes being physically active and having active and interesting leisure pursuits (Barnett 2004).

There is a statistically significant relationship between housing and healthy ageing. People living in accessible ‘age-friendly’ homes, who perceive their home in positive terms, are more independent in daily activities and have a better sense of well-being (Oswald et al 2007).

**SUMMARISING THE RESEARCH FINDINGS: CRITERION 4 - BEING OPTIMISTIC**

**#4: Being Optimistic**

- Optimistic older people view their lives as a balance of positive and negative experiences, do not see themselves as victims and focus on what they have, and they can do.
- Optimism is the result of appreciating ‘normal’ everyday life (Gummerman 2000, Frieze in al 2000).
- Optimism relies on individual capacity to adapt (Gummerman 2000).
Despite any challenges experienced over a life time, older people who are optimistic view their lives as a balance of both negative and positive experiences, and are guided by the goal of making the best that life has to offer. They do not see themselves as victims of negative experiences, accepting that these are part of most people’s lives and focusing on what they have rather than what they do not have (Gunnarsson 2009; Hedberg et al 2009).

Optimism is also the result of appreciating life for its ‘normal’ everyday activities, such as housework, walking, and participating in social activities, and appreciating being able to undertake those activities (Gunnarsson 2009).

A positive attitude - described as enjoyment of life, a sense of purpose, an acceptance of ageing, an outlook which sees all stages of the life cycle presenting opportunities to be pursued – is seen by older people as a key indicator of a good life, and the most important influence on positive ageing (Barnett 2004).

Being physically and mentally active is linked to maintaining a positive and optimistic outlook – often described by older people as ‘making the best of things’. Having a positive outlook means not allowing ageing-related decline that can mean stopping certain activities and ‘giving up’, but means adopting different activities that can be managed. In other words, optimism also relies on the individual’s capacity to adapt (Gunnarsson 2009).
“Trading off”

- Adaptation is associated with ‘trading off’
- Trading off or exchanging activities according to capacity is important to older people’s sense of well-being (Gunnarsson 2006; Stanley 2008; Haak 2007).

⇒ Trading off or exchanging activities according to capacity is a process that older people engage in to achieve well-being (Stanley 2008; Gunnarsson 2009; Haak 2007).

Health Optimism

Health Optimism

Optimism extends to health, and involves positive belief about capacity and a sense of control over health.

Positive self-rating of health promotes good health, even against objective, rated poor health (Rutigliano et al. 2011, Levy et al. 2014).
Some of the research reviewed links optimism with good health, described by some researchers as ‘health optimism’.

⇒ An optimistic outlook extends to health, and researchers describe ‘Health Optimism’ which involves positive beliefs about one’s capacity and is associated with a sense of control over one’s health and greater engagement in healthy behaviours (Ruthig et al 2011b).

⇒ Rating one’s health in positive terms promotes good health among older adults, including those whose objectively measured health remains poor over time (Ruthig et al 2011a).

⇒ Older people with more positive self-perceptions of ageing have better functional health over time than those with more negative self-perceptions of ageing (Levy et al 2002).

SUMMARISING THE RESEARCH FINDINGS: CRITERION 5 - BEING IN CONTROL

#5: Control and Autonomy

- Older people attach substantial value to being in control of their lives, and this is at the core of their well being (Luszcz 2012; Stanley 2012, 2008; Haak 2007; Barnett 2004)

- Retaining control of decision making, eg by delegating or engaging others to provide services, is critical to quality of life and independence (Haak 2007, Wijten et al 2002)

✔ Older people place attach substantial value on being in control of their lives, and this is at the core of their well being (Luszcz 2012; Stanley 2012, 2008; Haak 2007; Barnett 2004).
The older person’s home symbolises a place that is critical to their ongoing independence, and in the course of the ageing process, daily life becomes more focused on the home. The functional decline associated with ageing is viewed as a threat to independence, and there is an ongoing struggle to stay independent at home. As long as older people feel they remain in control of their situation they perceive that they are managing their daily life satisfactorily, and this contributes to their sense of independence (Haak 2007).

The issue is not the actual performance of activities but retaining control of decision making - for example, by engaging someone to undertake them and hence delegating rather than receiving. What matters is the older person’s giving of this control rather than feeling it has been taken away from them. As long as older people remain in control, any services or help received are perceived positively and support their independence (Haak 2007; Wilken et al 2002).

The degree of autonomy, control, choice and independence which care providers enable for older people affects their quality of life (O’Shea et al 2008). Autonomy and control are enabled by a process of negotiation between older consumers and care providers (McCormack 2001; Davies et al 2000). Negotiation is defined as ‘patient participation through a culture of care that values the views of the patient’ (McCormack 2001).

From the perspective of the older person, not being a victim, and dealing with life’s challenges, means being in control of one’s life (Gunnarsson 2009).

#5: Control and Autonomy

- Adapting or Trading Off increases the sense of being in control (Stanley 2012, 2009)
In order to maintain independence and manage their daily life in the face of declining capacity, older people adapt by stretching their physical limits, giving up activities which they realise are beyond their abilities, and by using technical aids and housing modifications. Accepting the need for services becomes part of this adaptation process (Haak 2007).

The social process of “trading off” is used to increase the perception of being in control. “Trading off” is used to exchange occupations that are no longer within their capacity, for occupations that are, or for other people to complete those tasks for the person to perceive that they are in control (Stanley 2012, 2008).

CONCLUSIONS

The five indicators of living a good life are somewhat interrelated and interdependent, demonstrating that a good life in old age, or at any age of the life course, is not based on a single factor. Understanding how they influence each other is important, and understanding how people interpret them is also essential.
It is particularly interesting to see how older people adapt – negotiating for autonomy and decision making, delegating to others what they can no longer accomplish alone, remaining positive by re-valuing what matters to them, and retaining choices and therefore, control, in the process. In fact, being able to adapt and change as life changes appears to be a less widely understood feature of living a good life.

For me as a researcher, this project highlighted the importance of centralising the voice of older people in research about ageing, of co-designing ageing related research by researchers and end-users, and of researchers having the skills and commitment to both.