Section A: CPH to complete	
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Guideline title:	
Committee:	Public health advisory committee
Subject of expert testimony:	Emotional wellbeing in later life: patterning, correlates, inequalities and resilience
Evidence gaps or uncertainties:	[Please list the research questions or evidence uncertainties that the testimony should address]

Expert testimony was requested which described

- Research which helps to identify protective factors for maintaining mental wellbeing and independence in older people.
- In particular why some people may experience a decline in mental wellbeing having experienced a particular set of circumstances, but others facing similar circumstances don't experience such a decline?
- Any findings of the English Longitudinal Study of Aging which may address this question.

Section B: Expert to complete	
Summary testimony:	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary]

First I reviewed the nature of ageing societies and the challenges this poses. As well as well-recognised challenges (around health and social care costs, dependency ratios, stability of pension systems and later life working), it is important to consider how both the personal meaning of growing older and the social location of older people change as a consequence of the ageing of our societies. Here the concept of the third age – a space in life where one has the health and resources to enjoy time freed from the structured responsibilities of paid work and childcare – is useful, both to remind us of these changes and to point to social inequalities in such an opportunity.

I then discussed the theoretical underpinnings of a concept of wellbeing, pointing to its origins in the historical disagreements between Greek Philosophers around the relative merits of a focus on Hedonic wellbeing – maximisation of pleasure, minimisation of suffering – compared with a focus on Eudemonic wellbeing – personal development and realising one's potential. This distinction is also present in more contemporary philosophy, for example Bentham and Mill versus Erikson and Maslow. Despite this distinction, much of the work on wellbeing has focussed on hedonic wellbeing, but the patterning and correlates of these contrasting conceptual approaches are likely to be different, so it is worth examining both.

The data source used in the evidence was briefly introduced. This was the English Longitudinal Study of Ageing, a multidisciplinary panel study of people aged 50 or

over, interviewed every two years and with six waves of data currently available. As well as detailed content on key dimensions of people's lives (health, physical and cognitive performance, biomarkers, economics, housing, employment, social relationships, and social civic and cultural participation) it also contains detailed coverage of wellbeing. In particular it contains measures reflective of eudemonic wellbeing (the CASP) and of hedonic wellbeing (CES-D depression scale to reflect the affective element and Diener satisfaction with life scale to reflect the cognitive/evaluative element).

The analysis presented was based initially on the first five waves of ELSA data and presented multilevel longitudinal growth models (observations nested within individuals) that allow an examination of changes in wellbeing across age cohorts and as individuals grew older. Key findings were:

- Hedonic measures of wellbeing showed an inverted U shape relationship with age, improvements up to, around, and in the years just after retirement, with declines from about age 70. Eudemonic measures showed a decline in wellbeing from about age 60.
- The declines in wellbeing in later life were largely a consequence of changes in marital status (death of a spouse), and declines in one's own health.
- Changes (or age differences) in socioeconomic position did not explain the age relationship with wellbeing, largely because in this age group there is no strong relationship between age and wealth (the primary measure of socioeconomic position used).
- However, within the population as a whole wealth was related to wellbeing in a graded way, with large differences in levels of wellbeing across, for example, wealth quintiles.
- And socioeconomic position is strongly related to the primary risk factors for age related declines in wellbeing – death of a spouse and deterioration of one's own health.

Having presented this analysis I turned to a consideration of resilience in later life. Although there is increasing interest in resilience (and vulnerability) in later life, and how such a concept might help our understanding of heterogeneity in the experience of ageing and associated outcomes, there is little empirical work. The interest is valuable, because, unlike much of the work on life course, it points to the possibility of interventions in later life – it is not too late to make a difference. It is also worth reconsidering how we conceptualise resilience in both theoretical and empirical work. A broad definition of thriving, or at least not declining, in challenging circumstances, ignores the distribution of challenging circumstances in the population and how that relates to inequalities (see comments above on death of a spouse and deterioration in health). That distribution reflects differences in access to resources that minimise the chance of an adverse event occurring, or the severity of that event. Empirically, events are typically treated as uniform, when their nature or severity varies greatly. Consider, for example, sudden death of a spouse versus death of a spouse who has been ill for some time, or death of spouse in a difficult relationship versus death of a spouse in a very close relationship.

Nevertheless, a resilience approach does offer the opportunity to focus on the challenges posed by important and common transitions that occur as we age, and how relevant resources might be provided and mobilised in relation to these transitions. As exemplars I would identify the transitions of retirement, death of spouse and onset of significant illness, and will discuss retirement in a little more detail next.

Analysis using ELSA data to explore the impact of retirement on wellbeing showed that on average there is no difference, over a two year period, in the change in wellbeing for those who retire compared with those who stay in work. In contrast, those who stay unemployed over the two year period, or who stop working for health related reasons, show a marked deterioration in their wellbeing compared with those who stayed in work. The implication is that the challenges posed by retirement do not impact on wellbeing – people are, on average, resilient to this change. However, an analysis that considered route into retirement showed that wellbeing deteriorated dramatically for those who retired involuntarily compared with those who stayed in work, with some suggest that those who took voluntary early retirement had an improvement in their wellbeing compared with those who stayed in work. And an analysis of the context of retirement showed that those who retired and were in the poorest fifth of the population had a decrease in their wellbeing compared with those who stayed in work, while those in the richest fifth of the population who retired had an improvement in their wellbeing compared with those who stayed in work.

The implication of this work is that retirement is not a uniform challenge, but also that the resources to cope with such a challenge vary across the population. Other work that has considered inequalities in health in later life has also considered the nature of what might be called protective resources and, beyond very important material resources, has also identified the relevance of social and cultural resources that lead to valued social connections and social roles.

Broad conclusions to draw from this evidence are:

- It is important to consider the various ways in which wellbeing could be conceptualised and to investigate different dimensions of wellbeing.
- Wellbeing in later life is strongly graded by socioeconomic position.
- The deterioration in wellbeing that occurs in later life is largely a consequence of negative transitions, particularly those related to death of a spouse and deterioration in one's own health.
- However, these transitions are not randomly distributed in the population, within a given observation period they are more likely to occur to those in poorer socioeconomic positions.
- The nature of the challenges posed by later life transitions and the resources to deal with these challenges vary across segments of the population, resulting in different outcomes, as illustrated with the example of retirement.
- When considering wellbeing in later life, then, we need to consider the nature of transitions (retirement, death of a spouse, and development of significant illness as examples), resources to cope with these challenges and how these relate to broad ongoing socioeconomic inequalities.
- Socioeconomic inequalities within the older population are large. The richest 10% of the population aged 50 and older own 43% of total non-pension wealth, while the richest 30% own three-quarters of total non-pension wealth.

References (if applicable):

Some of the evidence presented is not yet published. Some can be found in the following publications:

Jivraj, S., Nazroo, J., Vanhoutte, B. and Chandola, T. (in press) 'Aging and subjective well-being in later life', *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, doi:10.1093/geronb/gbu006

Matthews, K. and Nazroo, J. (in press) 'Later life work, health and wellbeing: enduring inequalities', in Scherger, S. (ed.) *Comparative Perspectives on Work Beyond Retirement Age: Cases, Contexts, Consequences*, Palgrave

McGovern, P and Nazroo, J. (in press) 'Patterns and Causes of Health Inequalities in Later Life: a Bourdieusian Approach', *Sociology of Health and Illness*, doi: 10.1111/1467-9566.12187

Vanhoutte, B., & Nazroo, J. (2014) Cognitive, affective and eudemonic well-being in later life: Measurement equivalence over gender and age. *Sociological Research Online.* 19 (2), 4. http://www.socresonline.org.uk/19/2/4.html