

u3a learn,
laugh,
live

Learn to Live

A blueprint for better health and wellbeing



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Foreword



Wonderful healthcare developments have taken place in the last fifty years and health has improved too, until the last few years during which both life expectancy and healthy life expectancy have declined. The call is loud for even greater investment in the NHS and there is obviously unmet need but what we are observing is a decline in health and wellbeing which needs a more fundamental approach which tackles the determinants of disease not just its consequences.

So what are the most important determinants of healthy life expectancy? Smoking, diet and inactivity would be top of the list of most people but let's dig deeper and identify the determinants of these determinants and of many other risk factors? It is not a simple matter of individuals making 'lifestyle' choices.

Deprivation is a key issue but deprivation relates to another determinant – the level of education of individuals and populations. Learning is a health service at all ages not only the level of initial education but learning throughout life and it is clear that everybody including many members of the medical profession, need to Learn how to Live Better for Longer.

Most people still assume that 'ageing' namely the normal biological, untreatable process is the principal cause of the deterioration of health from 60 on but this is wrong.

As well as the social factors already mentioned there is also the problem of isolation and prejudice of ageism, one feature of which is the belief that decline is all due to ageing. The science is now clear. Ageing is not the cause of major problems for most people until the nineties. In addition to deprivation there are two other major factors, loss of mental and physical fitness and disease, most of which is not caused by ageing but by the modern environment. Dementia too is only 60% due to Alzheimer's disease the other 40% being due to these same environmental factors and to social factors including isolation, aggravated by hearing problems, and lack of challenge.

So the priority is for people to learn these new facts of life and the methods discussed in this report describe how this could be done. Social prescribing is an obvious route for providing people with the knowledge about what is happening to them and what opportunities there are, both local and digital, to take action not only to help themselves but also to help others learn – non-formal education. This report should encourage u3a groups and members to see they have the opportunity and the skills to help all older people Learn to Live Longer Better not only among members but in the population as a whole. u3a is uniquely positioned to lead this learning and cultural revolution.

Sir Muir Gray CBE

NHS Chief Knowledge Officer (2007–2013)

u3a committed to sharing benefits of non-formal learning



I am delighted to present you with our latest report, which sheds light on the value of a low-cost, non-formal learning model for better health and wellbeing. The u3a movement has been growing for over forty years now and its success is testament to the power of non-formal learning to support an active and vibrant later life, defying ageist stereotypes.

This report reflects our commitment to sharing the benefits of non-formal learning and calls for greater recognition and resources to enable access for everyone who could benefit.

As we navigate the many challenges and opportunities of the modern world, it is more important than ever to have clear and forward-thinking solutions to empower communities to thrive.

We hope that this report serves as a valuable resource, fostering ongoing conversations, guiding further work and effective policy decisions.

Sam Mauger

Sam Mauger
CEO, Third Age Trust

Introduction

Non-formal learning serves as a vital resource for bolstering community resilience and minimising the impact of social isolation and loneliness. At no time was this more evident than during and emerging from the pandemic.

This must happen alongside ongoing efforts to address and eliminate ageism, including challenging the myths about people's capacity to continue to learn and thrive as they age. To date, successive governments' focus in education has been on skills development to boost economic productivity. However, investing more in non-formal learning could yield even greater rewards, particularly for public health.

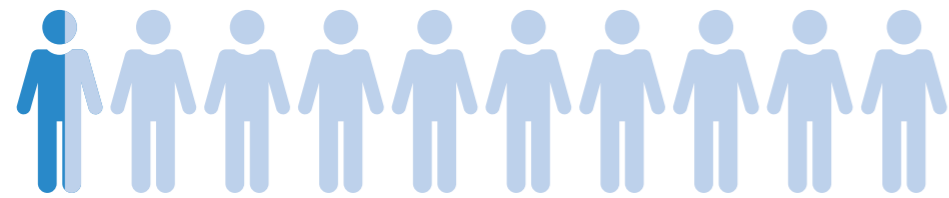
This report shines a light on the value of a low cost, non-formal learning model for promoting health and wellbeing in later life and calls for greater recognition and targeted resources to enable access for all communities.



A post pandemic world – loneliness, digital exclusion, and not returning to work

We continue to feel the legacy of the COVID-19 pandemic. Social isolation and loneliness have become increasingly widespread among older people across the world, shortening lives and harming mental and physical health.¹

Around 7% of people in the UK said they are often or always lonely and the number of people who are chronically lonely has risen by half a million since 2020.²



Loneliness is being exacerbated by increases in the cost of living, and the disappearance of community spaces and opportunities to connect.

While genetics does play a role in brain health, health and lifestyle factors have a greater impact.

The more people keep mentally and physically active the better.

This is vitally important given that dementia is the UK's leading cause of death.

Following the pandemic, there has also been a trend for older people to take early retirement or for other reasons not returning to work (such as having a long term health condition). In 2024, the employment rate among people approaching retirement age has still not returned to pre-pandemic levels.⁴ This is despite increasing pressures related to hikes in the cost of living. Not being in paid employment has the potential to significantly reduce people's income, but also impact their social networks and sense of purpose.

However, leaving paid employment, if people can afford it, can also free more time and opportunities to volunteer and give back to the community.

Another legacy of the pandemic is the explosion of the digital world. This has opened up many new opportunities to connect, not to mention online learning. However, for those without access to the infrastructure and technology, those who may lack the skills and confidence or for whom the cost is prohibitive, it has served to exacerbate the digital divide and with it, social isolation.

Social connection in later life is continually shown to be a key factor to support health and wellbeing in later life.⁵ Indeed, community networks were associated with greater wellbeing during the pandemic.⁶

The more opportunities there are for people in later life to connect both in person and online and keep mentally and physically active the better.

The continued investment in and roll out of social prescribing across the UK is testament to the benefits of social connection for health.

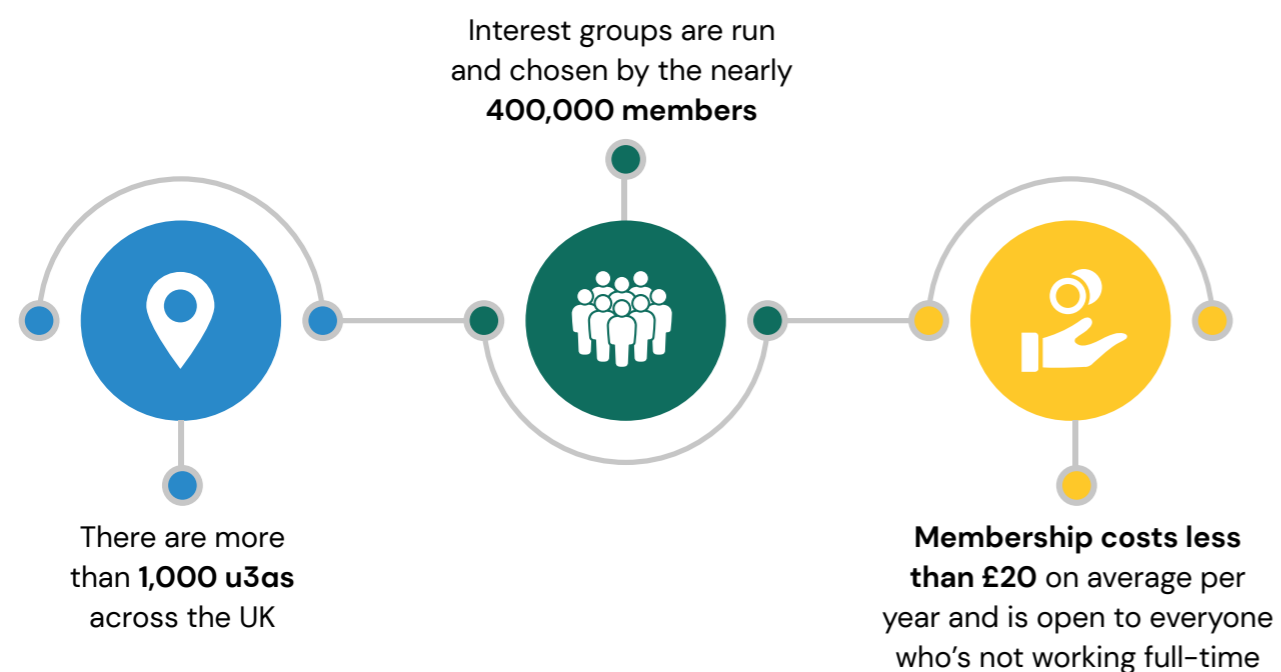
The pandemic also took its toll on the brain health of older people, with evidence of cognitive decline in people over 50.³



Learning not Lonely – the pandemic reinforces value of u3a model

u3a is an international movement which offers lifelong learning for those no longer in full time work. In the UK, locally run interest groups provide opportunities for people to come together to learn for fun and explore new ideas, skills and activities.

u3a members draw upon their knowledge and experience to teach and learn from each other, volunteering their time. There are no qualifications – learning is its own reward.



Thousands of interest groups across the UK meet every week, sharing and learning everything you can think of.

For example:

- Arts
- Archaeology
- Science
- Social clubs
- Sports
- Languages
- Crafts
- Circus skills
- Philosophy
- History



If the subject doesn't exist, members can start a new group. There is also the ability to set up a new u3a if there isn't one in a specific area.

From the start, 40 years ago, the guiding principles of u3a were to promote learning through self-help interest groups covering a wide range of topics and activities. The founders envisaged a self-funded, collaborative approach to non-formal learning.

The u3a movement is arguably one of the best known, successful and longest running global examples of non-formal learning in action.⁷ u3a research has demonstrated the exceptional impact of the non-formal learning model for wellbeing in terms of boosting confidence, combatting loneliness, feeling supported in new communities, learning new skills and, perhaps most important of all, feeling valued and enjoying life.⁸ Of course, it's not just the learning that contributes to wellbeing, but the social interaction that comes with it and making new friends.⁹ There is evidence in Australia to suggest that u3as enable members to build social ties with others and strengthen their social networks, increasing social capital.¹⁰

There are five ways to promote wellbeing – by connecting, being active, taking notice, continuing to learn, and giving.¹¹ All of these epitomise what it is to be a u3a member and the non-formal learning model. Being volunteer led and low cost means it is particularly well suited to low resource settings and has the potential to work well for vulnerable and disadvantaged groups.

Five ways to promote wellbeing



Despite the u3a model being founded on face-to-face contact, members quickly adapted their offerings for an online world during the periods of lockdown. The pandemic served to reinforce the significant value of the u3a non-formal learning model, and, in particular, the role of micro-communities of interest for bolstering community resilience and minimising the impact of social isolation and loneliness.^{12, 13} It also served as a change point for many older adults who may have never entered a digital community in any significant way.

With the current and devastating increases in the cost of living, it is more important than ever to promote low cost, flexible and accessible solutions to support people of all ages to come together and stay healthy and active.

Furthermore, non-formal learning models could be a vital community resource and important vehicle for strengthening social connectedness, if similar unprecedented events occur in the future.

Non-formal learning is crucial for active and healthy ageing

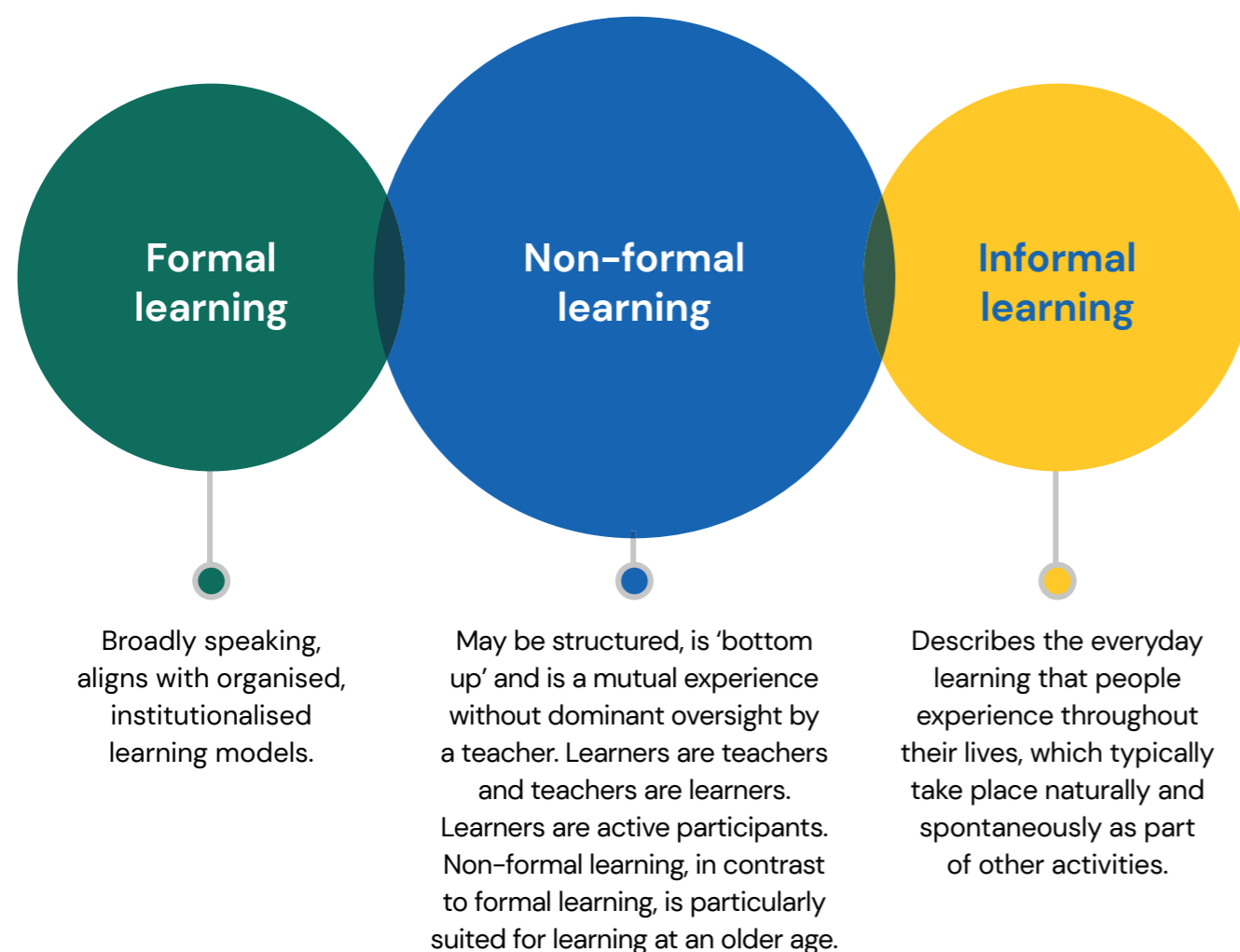
Existing international frameworks and strategies universally recognise later life learning opportunities as crucial for active and healthy ageing.

Lifelong learning is now recognised as being the fourth pillar of active ageing by the World Health Organisation, alongside health, participation and security.¹⁴

Key documents include the UN Madrid International Plan of Action on Ageing, the WHO Global Strategy on Ageing and Health, the WHO Decade of Healthy Ageing Baseline Report and the UN Decade of Healthy Ageing 2021–2030. Older people’s wellbeing, social connectedness, and physical and mental health may all improve as a result of lifelong learning.¹⁵

Despite strong evidence for the benefits of later life learning (e.g. cognitive stimulation, social engagement and inclusion), it is rarely integrated into ageing-related policies and programmes and is largely underfunded.¹⁶

There are three main styles of learning: formal, non-formal and informal learning.¹⁷ Non-formal learning is a hybrid of formal and informal learning.



In contrast to formal learning that is directed towards including older individuals within a workforce, with the aim of credentialed professional advancement, non-formal educational opportunities are non-vocational and adopt a more holistic approach towards learning and growth by providing intellectually enriching experiences and social engagement opportunities, thereby enabling people to be and do what they value. These opportunities are aimed at enhancing the psychological wellbeing, social inclusion, and empowerment of older adult learners, thus having important links with frameworks of active and healthy ageing, particularly the ability to learn, grow, and make decisions.¹⁸



Non-formal learning also plays a crucial role in addressing the challenges of an ageing population, promoting active citizenship, and fostering community cohesion. Sir Muir Gray, one of the world’s foremost experts on ageing, an Adviser to both NHS England and Public Health England and proud u3a member, recently shared with members that “learning is the elixir of healthy life,” and likened u3a to a “dementia risk-reduction service” highlighting how u3a’s non-formal learning model is key to tackling ageing issues.

There are many studies pointing towards the benefits of non-formal learning for health and wellbeing in later life, including those that have specifically looked at the u3a model.^{19, 20, 21, 22, 23} However, the hybrid and diverse nature of non-formal learning makes it challenging to define and study, and as yet there is no synthesised review of the evidence.



Social prescribing – a gateway to increasing access to non-formal learning

One of the mechanisms to promote active and healthy ageing in the UK is social prescribing. Social prescription, sometimes referred to as community referral, is a means of enabling GPs, nurses, other health professionals, social workers et cetera to refer people to a range of local, non-clinical services. This is often managed through social prescribing teams involving 'link workers'. Social prescription is designed to support people with a wide range of social, emotional or practical needs with many schemes focussed on improving mental and physical wellbeing.²⁴

With one fifth of GP time spent on non-health issues such as housing, debt, and social issues, social prescribing potentially reduces costs and demands on healthcare.²⁵ Furthermore, for people who present with health issues, such as low mood or depression (which could relate to being lonely or isolated), referring them to a local organisation such as a u3a may be much more effective than prescribing medication.

Much of what u3as offer in the community is relevant to those who may be experiencing social isolation or need to build community networks following retirement, relocation or bereavement.

The University of Huddersfield undertook research with Barnsley u3a into the social wellbeing benefits of walking cricket with the aim to endorse the activity as a social prescribing tool.

The social element was identified as being as important, if not more important, than the perceived physical benefits. There were also several reports of improved mental health with one u3a member stating that they no longer consider themselves disabled due to joining walking cricket.



*I was registered disabled for mental illness, depression, since I was twenty, before I was twenty, I've tried to kill myself. I find it really difficult saying this, but since I started Walking Cricket I've told the psychiatrist I don't need him anymore. I don't take drugs. I was on twelve, fourteen drugs per day and I tried to hang myself and I said whatever you're giving me is not working, nothing works for me, there's no point in me being here anymore and I started Walking Cricket and I can remember thinking this is the first day I've felt happy in forty years, I felt happy and I said to my doctor I'm not disabled anymore, I want to come off the disability thing. That's what Walking Cricket has done for me.
(u3a Barnsley Walking Cricket member)*



Given the value of lifelong learning for health and wellbeing, social prescribing to educational opportunities is being significantly underutilised.²⁶ Therefore strengthening the connections between social prescribers and education and learning providers, such as u3a, has enormous potential.

As does, increasing public knowledge about the benefits of activity (physical, cognitive, emotional) and associated access to local and digital options to act on this knowledge.



Ageism – a barrier to non-formal learning

As highlighted in the u3a 2018 research report 'Learning Not Lonely', much of the public debate on ageing is predicated on a deficit and dependency approach.²⁷ The u3a model offers an alternative ageing experience, which is built on active participation, shared learning, skill sharing and volunteering. Our research demonstrated the value of mutual aid and of reciprocity for building and maintaining confidence, self-esteem, and wellbeing. More importantly it demonstrated the value of communities of interest that are not defined by age, or by past experience, but instead are defined by the experiences still to be explored.

u3a members challenge the stereotype of what it is to be old.

Far from being a burden on society, u3a members are active participants. They continue to learn and give back to their communities. They also make an impact and contribute to making the world a better place for generations to come.

Over the last few years, u3a has conducted multiple surveys to explore both public and member experiences of ageism. We've found that ageism is still rife in society whether it's in the way we speak, how objects are designed, or our attitudes towards music and fashion.

Having a positive view of ageing can add more than 7 years to your life.²⁸

Of 1000 members questioned, two in five (43%) have been on the receiving end of patronising language in relation to their age and over a third (37%) have been addressed with names they say are ageist. In another survey of over 6000 members, two thirds (65%) said that society expects older people to wear certain clothes, and 25% reported to often succumb to these societal expectations.

u3a Member Surveys



A survey of the wider public confirmed members' beliefs with over half (54%) admitting that people should 'dress their age'.

And in relation to music, while 4 in 5 (82%) of our members surveyed said that age is not a factor, over half (54%) of the wider public think that music taste should reflect people's age.

Another way in which ageism shows up is in the way that everyday items are packaged. u3a partnered with the Royal College of Art to find out which everyday items cause the most frustration. Packaging (food, household and medical) was the overwhelming winner, with 60% of 2000 respondents saying that it caused the most stress.

Members said that packaging is often not designed with older people in mind. It can be difficult to open, to the extent that it can even cause physical injury and psychological harm.

Our report concluded that these experiences mount up and feed into our negative stereotypes about getting older.²⁹ This in turn has the potential to become a self-fulfilling prophecy and even reduce our life expectancy. Better design, that involves older people in the process, has the potential to significantly minimise avoidable stress and harm.



Our findings show that far from what society portrays about ageing and older people,

Our members are energetic, vibrant, have diverse music tastes, care about being fashionable, and feel disempowered by the language used and everyday objects that have not been designed with them in mind.

This research has also revealed that older people don't want to be labelled or pigeon-holed into certain categories.

Furthermore, older people want to be at the heart of design and planning, and driving decision-making which has implications for their lives and future generations.

In summary, through their membership, and via non-formal learning, our members are challenging the barriers presented by ageism. Furthermore, members recognise the need for "a champion of older people's rights" to challenge societal stereotypes about ageing and to foreground the myriad ways in which older people contribute to their communities.



In the words of our members:

"Stereotyping is a common fault in our society and older people suffer from it more than most now. The view generally is that we are expensive, cause huge problems for the NHS and Social Care and live in houses too big for us! We need accurate representation of our diversity and contribution to society."

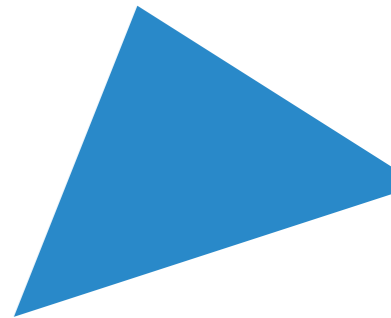
"As older people we still have a lot that we can give back to support our communities and the younger generations. We have skills, knowledge and experience that can be harnessed for the greater good of our communities and this needs to be recognised and exploited."

"A vital change is needed in the way 'old' people are perceived in policy and decision-making and in the media. There urgently needs to be an upside in talking about growing older – freedom, retirement, enjoyment, fulfilment, volunteering, etc. Everything is always doom and gloom...It's not all about abuse, poverty, ill health, etc. Unless and until growing older becomes a positive message then it's all about the slippery slope into a care home which is only one part of ageing. We need a cheerleader for growing older as well as a champion for older people's rights."

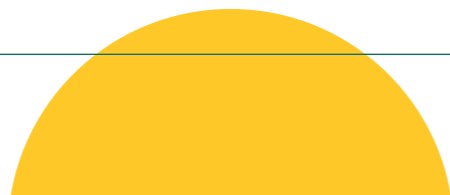


A strong voice for promoting the benefits of non-formal learning

Given current societal challenges and the evidence around the benefits of non-formal learning, 40 years on, the u3a movement continues to have an integral role in promoting health and wellbeing in our communities as we age. In this way, we will continue to advocate strongly for the benefits of non-formal learning amongst policy makers, communities, the media and society.



We are also committed to the following actions:



A call to action

A future without non-formal learning would be bleak indeed. It would likely lack people with diverse skill sets, creativity and adaptability.

People would not have opportunities to explore hobbies, interests and alternative perspectives outside of formal education, which may limit personal growth and innovation. It would also undermine the fabric of society, minimising chances for people to come together, build social connections, community cohesion and resilience – which is a fundamental buffer to physical and mental wellbeing in everyday life as well as in the face of another pandemic or future threat to society.

There is no doubting the value of lifelong learning to address the key challenges facing society today, particularly with regards to supporting the wellbeing of our ageing and older population. Unfortunately, despite evidence of these benefits, that have been known for many years, the potential of learning in later life is being wasted.³⁰ While successive governments have continued to funnel much needed resources into formal learning and skills development to boost economic productivity, developing a new approach to lifelong learning, which includes investment in non-formal learning, remains an urgent issue for public health policy in the UK.³¹

Alongside what u3a can do as an organisation and in collaboration with others, there is also plenty that the government can do to reap the benefits of non-formal learning for all.

Key government action:



These actions and more are listed in Table 1 on the next page.



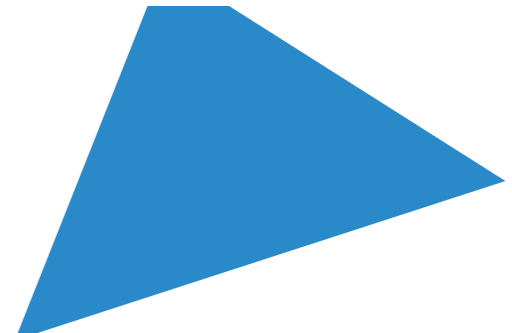


Table 1

Suggested government action to address current status of non-formal learning and other issues

Current status	Government action required
A body of evidence to indicate the value of collaborative non-formal, late-life learning for active and healthy ageing but not yet synthesised and not enough opportunities or policies to support development and implementation.	<p>Acknowledge and promote later life, non-formal learning as a key part of active and healthy ageing by:</p> <ul style="list-style-type: none"> • Greater investment in non-formal learning by supporting people to access low-cost non-formal learning opportunities – such as a funding commitment to support the expansion of the u3a movement into new and deprived areas. • Commissioning a review of the evidence into the benefits of non-formal learning for individual and community health and wellbeing. • Identifying and mapping non-formal learning models and using this as a basis to extend the benefits of non-formal learning more broadly across society. • Exploring the full potential of non-formal learning for delivering savings in healthcare, including the role of social prescribing and learning as a preventative health measure. • Supporting the development of a coalition of common interest, which could be an All Party Parliamentary Group specific to non-formal learning.
Despite advances, there is still evidence of ageism and its detrimental impact on society.	<ul style="list-style-type: none"> • Continue supporting efforts to reduce or eliminate ageism in all its forms, specifically by introducing effective policies and laws, educational interventions, and intergenerational contact activities.³² • To ensure that “age” is enforced as a protected characteristic in policy and practice development. • Support ongoing initiatives to build age-friendly communities.

Current status	Government action required
Government has a digital inclusion strategy but there is still a digital divide whereby people who are not online are disadvantaged.	<ul style="list-style-type: none"> • Greater investment in digital inclusion, given that digital technology is the way forward, and this includes ways to support non-formal learning. • Encouragement for more digital providers to offer social tariffs to those that need them to make access more affordable.
Wales and Northern Ireland have a commissioner for older people , but England and Scotland do not.	<ul style="list-style-type: none"> • Appoint a commissioner for older people and ageing in England and Scotland, who will work with the equivalent posts in Wales and Northern Ireland, to uphold the rights of older people and advocate for their needs – and advocating for the benefits of non-formal learning.
Five years on from the world’s first government strategy on loneliness, launched in the UK in 2018, loneliness is still a serious problem. ³³	<ul style="list-style-type: none"> • Greater national leadership on loneliness and a renewed vision, strategy and commitment led by the appointment of a Minister for Loneliness. • Appoint a non-formal learning advocate who can support efforts to address loneliness and social isolation.
Given the value of lifelong learning for health and wellbeing, social prescribing to educational opportunities is being significantly underutilised.	<ul style="list-style-type: none"> • Strengthen the connections between social prescribers and education and learning providers, such as u3a. • Facilitate access to non-formal learning via exploring opportunities to expand social prescribing, and utilising digital technology to increase access to activities.

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