

Voices of Older People in Wales:

a qualitative study of health and wellbeing
among the over 50s

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Executive Summary

This small study focused on the perceptions of wellbeing among a sample of 39 people aged 50 years and older living in Wales. The sample covers a wide age span, with respondents broadly falling into one of two generational groups. The younger group (approximately aged 50-65) tended not to see themselves as older people and their expectations of, and fears for, old age were informed through the experiences of (mainly) significant others (including parents and other relatives). In contrast, many of the older age group (over 65 years) had experienced, first hand, some of the exigencies of older age (including loss of spouses, increasing frailty and, in some cases, poor health). Whilst many still resisted the label of being old, for them increased perception of vulnerability, and the prospect of (if not actual) loss of independence were in sharp focus.

Irrespective of age differences, however, we found that many of the respondents held similar perceptions of wellbeing and that concerns and fears associated with aging were shared by those at different stages of the life course. These perceptions are set out in this report, and are summarised as key points as follows:

1. Most respondents described social attitudes towards older people as negative. Generally there was resistance to aging across the sample with respondents preferring to see themselves as young, until circumstances dictated otherwise.
2. The majority of respondents had concerns about aging. The most prominent of these were concerns about mental deterioration, and linked to this, maintaining independence (living at home) and control over their lives.
3. The concern most often raised related to the prospect of entering residential/nursing care. All respondents wanted to remain living at home and were prepared to tolerate minor inconveniences (size of accommodation, location etc) in order to do so.
4. A wish was expressed for more freely available information detailing the entitlements for older people. Respondents also highlighted a need for information about 'reliable' local tradespeople.
5. Respondents were unhappy about the prospect of paying for health and social care needs in old age. This was perceived as discrimination against those who had 'been careful' and had saved money throughout their lives (often to leave to their children).
6. Those in employment wanted to carry on working as long as they could (albeit with a reduction in hours). This was irrespective of level of job satisfaction. In addition to the income provided, benefits of work included social contact and keeping busy.

7. Respondents had age-related expectations of health. That is, good health was described as “good for my age” as opposed to good *per-se*.
8. Whereas generally GP services were perceived positively, perceptions of hospital care were variable and, in respect of older people's care in hospital, mostly negative.
9. Neighbourhood and community were cited as key components regarding satisfaction with current accommodation and perceptions of security.
10. In terms of social participation, respondents could be categorised as either ‘joiners’ or ‘loners’. Relationships with family, friends and neighbours were perceived as very important, particularly for the ‘loners’ (who often lived alone). It was mainly older female respondents in small close knit communities who were ‘joiners’. These respondents often belonged to church-related and women’s associations. Social activities/participation for respondents was primarily at the local level.
11. Financial security was perceived as very important, and most respondents expressed concerns about the current economic crisis. Those who were not concerned for their own financial security, expressed concern for that of their children and other young people.
12. Respondents were generally positive about young people, especially where they had contact with young people through family, work or the local community. Some felt that young people were presented unfairly in the media. Concern or fear of young people was expressed in relation to unknown young people, from outwith the local area who might congregate in groups or gangs. However, there was little real experience of such young people among the respondent group.
13. Most respondents placed importance upon a healthy diet and claimed to eat healthily. Many older respondents reported being brought up on fresh food and home cooking. Mainly women in the older age group were responsible for food preparation. Living alone was cited by some respondents as a barrier to healthy nutrition. While rural areas might not offer the same choice of products available in larger towns (or at such a competitive price) respondents generally acknowledged that they had access to most food products locally.

Introduction

During the past decade there has been a shift in terminology surrounding health education/promotion to encompass a broader definition of health and wellbeing (Wistow, Waddington and Godfrey 2003). Indeed Health Promotion Wales was recognised as an early pioneer of this shift, through their website 'Promoting Health and Wellbeing in Wales', publication of the key strategy document 'Promoting Health and Wellbeing' (National Assembly For Wales 2001) and the promotion of health as a part of wellbeing (rather than wellbeing as an add-on to health), which underpinned this shift.

The concept of health and wellbeing offers considerable potential to involve all sectors in improving health and wellbeing, where an integrated approach is critical to improving health, at the same time as allowing various sectors to work towards their own goals. It has been argued that wellbeing constitutes a unifying concept for health improvement which encompasses a range of medical and non-medical priorities, differing values and objectives, which in the real world cannot be separated (Cronin de Chavez *et al.*, 2005).

The Welsh Assembly Government (2003), in its response to the UN Principles for Older Persons identified a 10 year strategy to address the needs of older people. Six core themes underpin the strategy (social inclusion, material wellbeing, active ageing, social care, health care, health and wellbeing), which encompasses a total of 27 strategic objectives. The six core themes will inform the structure for the Older People's Wellbeing Monitor, to be launched in November 2009.

It is the purpose of the current document to present the findings of a study which was undertaken to seek the views of the older people living in Wales on a number of issues relating to the 27 strategic objectives identified within The Strategy for Older People in Wales (WAG, 2003).

Methods

Aim

The project aimed to elicit perceptions of wellbeing among a purposive sample of people aged 50 years and over living in Wales.

Sample

The sample (n=39) was selected purposively, and represents a wide range of respondent age (50+) and circumstances. The sample comprised only individuals able to give informed voluntary consent. The respondents:

- Were drawn from nine counties across Wales (Anglesey, Cardiff, Conwy, Denbighshire, Flintshire, Gwynedd, Powys, Swansea, Wrexham);
- Represented a mixture of household types: divorced (n=2), married (n=19), single (n=7),

widowed (n=11);

- Comprised a wide age range between 50 and 91 years: 50-59 (n=6), 60-69 (n=12), 70-79 (n=16), 80-89 (n=4), 90+ (n=1);
- Included men and women: females (n=22), males (n=17);
- Represented a mix of occupational status: employed (n=12), retired (n=24), self-employed (n=3);
- Comprised a mix of people with disabilities and able-bodied respondents: no disability (n=28), with a disability (n=11);
- A range of respondent accommodation: care home (n=4), owner occupier (n=30), home owner with mortgage (n=2), renting (n=3);
- Language of interview: English (n=30) Welsh (n=9).

Recruitment of the sample

Several strategies were used to recruit respondents. These included approaches to clubs, employers, and nursing/residential homes, in addition to the research team's own contacts.

Data collection

All interviews were conducted face-to-face. While originally it was anticipated that a mixture of one-to-one and group interviews might be conducted, pilot interviews suggested that respondents might be wary of sharing sensitive information in a group interview.

A semi-structured interview schedule was developed from a checklist of key topics informed by the research aims.

Audio recordings of interviews were made, with respondents' permission.

Analysis

The data set comprised detailed notes made from the audio recordings. Interviews were written up by the interviewer following the interview. A qualitative data software package (NVivo 8) was used to manage and structure the data. Following initial reading of notes and listening to the recordings, an analysis framework was developed which was used to structure data under identified headings. This comprised the first stage of the data analysis which was informed by a constant comparative, thematic approach. Validity of identified themes was checked across the whole data set and across research team members. Themes identified are evidenced by recourse to data extracts.

The client was provided with the NVivo coded interview data which is fully anonymised.

Findings

Independence and Material Well-being

Accommodation (adequacy, warmth & safety)

The majority of respondents (n=32) were living at home and were happy with their accommodation, if mindful about their changing needs as they aged:

Well it's rather too big for me now, but I had a large family at the time, six kids you know, but I'm quite happy here...I can afford it (heating), you know...I have a stair lift, and that helps, and I have a bath lift (RF24)

It's perfectly adequate, it's probably too big now really, but the girls come and stay a lot so that's fine...location's great, near to the train, busses, village, so that's good...it's a bungalow, we've got a bathroom on the ground floor and the shower upstairs...garden's fine. We have got steps to the house and everything but at the moment we're fine, so that's no problem...very happy (RF26)

While the sample included respondents living in disadvantaged, as well as more advantaged areas, most respondents owned their own homes (although a minority had mortgages). This was a function of the fact that those living in previously owned council accommodation had bought their properties.

Aspects of accommodation spontaneously highlighted most by respondents were comfort, convenience, neighbours and perceptions of safety:

We've lived here all our lives... [we're] extremely happy...yes, we do feel safe and comfortable here yes, there is very little trouble around here, we know all the neighbours, we're friendly with most of the neighbours and although it's an ex-council estate, it's relatively quiet (RM8)

I live in a two bed semi which I own. Big garden and heating is a coal fire only. Happy – fine, great been here 48 years, very happy...quiet village (RF34)

I'm happy with my accommodation – good neighbours, like the house and it's in a good neighbourhood (RF9)

All respondents currently living at home wanted to remain living at home and many expressed concern about the possibility of a future where they may find themselves, through ill health or other circumstances beyond their control, in residential care. This issue will be discussed in detail under the section on 'wellbeing and respondent concerns'. Here, it is suffice to say that such was

respondents' preference to remain living in their homes, they were willing to 'put up with' with minor discomforts and inconveniences:

I was told as I'm over 70 I could get a grant for wall insulation. But as I've got 9 inch walls I'm not [eligible]. I wrote to the MP about it, but there's nothing he could do. There are an awful lot of older houses around with old walls, nine inch walls, you know that I think possibly they could help by coming part way to meet people, like put it this way if they gave me the materials I would put it up (RM25)

All respondents living in residential care homes (n=4) described their accommodation as comfortable or adequate, although their stated preference would be to live at home:

I'm happy but I've had enough now, it's been a long time really, you know I haven't been anywhere because I can't walk so you can't do anything if you can't walk can you? (RF16)

I'd rather be at home mind you but considering I can't be at home, this is an excellent place (RM15)

Two respondents temporarily accommodated in residential care were eager to return home:

The thought of this being the beginning and the end is horrific. The bed is comfortable, the food is good and when you buzz for attention...they are here. But going from the life I had, to this life and making peace with the situation I have at the moment would be impossible. The accommodation is ok but it's a home...I get very depressed and the people don't talk (RF3)

My husband died two and a half years ago which left me alone in the bungalow...out in the country...and that is why I had to move...I was in a wheelchair...I live in a bungalow on an estate outside the village...now I'm trying to see if the county council will find me accommodation in one of their properties in the village where I will be around people I know...I felt so isolated (RF14)

Financial circumstances

The majority of respondents reported their current financial circumstances as manageable:

I've got my pension and some money in the bank, you know enough to be getting on with (RF14)

None of the respondents spontaneously reported having current debts (other than mortgages). The majority talked about 'managing' and 'getting by' within their means, and many of the older respondents in the sample described themselves as 'thrifty', and as having few expensive

habits/outgoings:

At the moment I'm ok...I'm fortunate because apart from my mortgage I don't have any debt. I'm very much a child of rationing. If I didn't have the money, I didn't spend it. I live quite an old fashioned life. I cook my meals from scratch and relatively rarely buy new clothes (RF18)

I don't smoke and I don't drink. I manage very well really on my pension...my needs are few you know at my age, I don't you know, go out much socialising (RF24)

However, all were aware of and had varying concerns about the implications of the 'credit crunch', for either present and/or future financial security and material comfort:

Over the last few years the cost of things have gone up considerably for poor people. I find I just have to buy less things. I do have financial problems but I struggle to manage it the best I can (RM21)

We're one of the worst countries now for the recession...it's gloom it's really terrible...I'm absolutely astounded by the situation...[I worry] that we land up in the end only having ghost towns and a lot of poverty (RF3)

Some of those currently self-employed expressed concerns about job security:

The current financial state in the country has affected my work, if someone is in financial difficulty the tuning of a piano is the sort of thing they would cancel (RM20)

I'm feeling the pinch what with being a painter that's one of the first things that people tighten their belts with. Paintings are not exactly a necessary item...I have major worries about money – in the present and the future. At the moment I just manage to keep my head above water, I find that something always seems to turn up – but really I live by hand to mouth, I don't have any security (RF19)

For most, the current economic situation had brought concerns about financial security to the forefront:

If I wasn't working in the garage, that helps me on top of my pension, that's my pocket money, if I wasn't working there, I would notice it very much (RM27)

I can manage...as long as things carry on roughly as they are I should be alright. It's only if something very unforeseen comes along, but that would affect other people as well as me (RF6)

I must say it worries me what's going to come in the future – there's only a

limit to what I can do about it. I don't have vast sums of money (RF18)

While some respondents were not overly concerned about their current financial situation, those with families expressed concern about their children:

I think it [the economy] makes us nervous on behalf of our kids rather than us, which of course will affect us if they have to borrow money (RF38)

Certainly those with savings were aggrieved about the possibility of having to spend them on their personal care in the future:

I don't think people in my situation should pay for it (RF10)

Some people don't save. My husband and I always saved but if I went into a home it would all get eaten up – and yet I've got friends who don't ever save and they would be treated the same and I feel that is wrong. It's taking advantage of the person who's got a little bit of something, in my opinion (RF6)

One respondent was concerned that his savings would not be adequate to keep him in a residential home of his choice:

I don't know how bad being in a council run old people's home would be. From what I have heard it's pretty miserable. I certainly would not be able to afford to go to [a private home] however much I save, I am saving well, the cost would be so much and would probably only last a year or so (RM22)

Nutrition

In an overwhelming number of cases respondents were aware about the importance of a nutritious diet, and claimed to eat healthily:

I eat well...I make sure I eat well – it's my top priority. I think you need to make it that, don't you? I don't believe in starving yourself- warmth and food become top priority as you get older. I mean eating healthy – I eat veg, plenty of fruit stuff like that. I don't eat silly things – things like burgers and all that. Put it this way, I think about what I'm eating (RF9)

[I'm] eating a variety of foods and vegetables, fruit, all types of food really and not an excess of biscuits and cakes I suppose (RM8)

The importance of fresh food and, in particular, 'home cooking' was particularly stressed by the older respondents in the sample:

Yes we have a balanced diet. I mean low saturates and fats and stuff like

that. Probably don't get through 5-a-day vegetables but we eat plenty, but 5-a-day is a hell of a lot to try and get through...I've always been on a diet – I've always looked at my diet and food wise...no, not fast food it's mainly home cooking (RM13)

I cook a dinner for myself. Balanced diet to me, well vegetables, so much meat and then carbs what have you...[I] prepare [my] own food, been taught how to do it all these years...my mother taught me and during the war we had to make do, so carried on with this principle. [I] shop in town at the supermarket (RF34)

In most cases it was women (unless men lived alone) who were responsible for food-related tasks (shopping and food preparation). It was also, for the main part, women who assumed responsibility for providing healthy food among this age group. RM11, for example, claimed to eat what he "wanted", despite having chronic health condition:

My wife buys what I want – we only have chips once a week. I've come to the age when I think – what does it matter – but that said, I've always eaten what I wanted. I can afford what I want...I have some conditions – blood pressure and high cholesterol but I don't really change my diet. My wife probably does things to my food to make it healthy but I don't really do anything (RM11)

However, among older men living on their own, there was some evidence of them making dietary changes:

Until about three years ago I was quite overweight even though I'd had a heart attack...nothing made me change, just one day I got up and decided I had to shift it so I was eating loads of oily fish and salad and I lost about three stone – it's hard keeping it off but I've managed it (RM23)

I make an effort with my diet, I don't take sugar, I don't take butter and things like that, I eat more curries, rice and pasta; more than years ago when I used to eat a lot of potato and bacon and things like that, I don't take so much of that now, I have changed my way of eating in a way...I prepare all my own food (RM12)

Living on their own was cited by other respondents as a barrier to healthy eating:

Sometimes I find because I now live on my own I can't be bothered to cook and I just eat rubbish sometimes (RF30)

I do cook for myself, but its very simple cooking, I have my cereal in the morning, maybe a sandwich at lunchtime, then the evening meal could be pasta, curry in a bag, convenience foods, there are plenty of places in xxx where I can get all the food I want. Some would say I would need to

improve my diet, but I don't feel the need to do that (RM20)

The problem of maintaining a healthy home cooked diet was most problematic among less mobile respondents with poor health, living alone:

I do find it hard to cook for myself, or even to remember to cook because my memory is not that good, other things take over and take too long, I have to take pills and that is difficult to manage. I take about 20 pills a day. Most of the time I do make sure I take them at the prescribed time, but I do forget occasionally particularly if I am feeling ill at the time (RM21)

Many respondents cited availability and choice of food stuffs as important. For those not living near urban areas, unfavourable comparisons were made between what available locally and elsewhere.

We have access to supermarkets and local smaller shops but the quality and quantity of food products in North Wales is diverse, say [compared] to Manchester. A balanced diet costs and this is not easy to achieve and my age group have become rather lazy to do an assessment of their diet (RM29)

I have just been away for a weekend staying with friends in England, and I could see how easy it was for them to buy things, I would have to travel to buy, I think it's the choice you have there, clothes, shoes or food, we do not have that choice here, but we have other things, like the area in which we live, it's healthy here (RF32)

In the country areas, it was acknowledged that most items were available, but with less choice and a higher cost:

We shop away – [in larger towns] – if you're desperate and you need something, the Co-op and they usually have it. They're quite good for that but the prices are higher, and Somerfield's is higher but that's the Co-op anyway...we don't have much choice locally (RM13)

Among a minority of respondents (across the whole age group and in rural, as well as urban, locations) there was evidence of more contemporary forms of shopping:

I shop locally and then I get Tesco to deliver...I use public transport [locally], it's pretty good (RM31)

Internet shopping and suddenly our green grocer, our local green grocer has gone online and I can now order from him, it's fifteen pounds worth so I can now have my veg delivered. With online shopping, I didn't like to order the fruit and veg because you like to pick your own but I shall have to trust the local man to pick it for me (RF5)

Occupational satisfaction: (paid work, voluntary work, recreation/hobbies)

15 of the 39 respondents were in employment and for the most part appeared to enjoy (at least) some aspects of their work. These respondents would prefer to carry on working past 65, and possibly reduce their hours to go part time:

I enjoy my work and I'll go on working until I'm at least 70 – I haven't got all that much time to go...it's something I can do from home so there's no need to...and I can carry on...maybe not to such great extent after I'm 65, but I can still do it...it is full-time and I would like to ease off a little as I get older (RM31)

I enjoy work, although it doesn't pay much, worked here for 7 years, got the job through New Deal for Disability. I could have a disability pension, [but] I like to get out and work... [My employers] don't discriminate on age and disability – they recognise the knowledge we hold (RM37)

I quite enjoy it...when I'm about 63 I would like to go part time if I could afford it (RM35)

Even where there was little job satisfaction *per se*, respondents valued the social opportunities which working afforded:

I'm a shop worker. I only work minimum hours up to my taxable income. I'd be fed up if I didn't have somewhere to go (RF27)

I don't really enjoy the work itself but there are many things about the work, like traveling around, meeting different people each time, I like the one-to-one contact with people in my work, I like the independence I have, I enjoy that. To the degree that any one enjoys work, I am happy. I'm sure a time will come when I may think of retirement but since I am happy working I hope it continues for many a year to come (RM20)

Some of the older female respondents had stopped working because of caring responsibilities:

I retired from there because my mother at the time was turned 80 and she kept falling so I was trying to give up and spend more time with her really. I would have [carried on working] if I hadn't been responsible for my mother, I would have worked longer (RF28)

I was forced to retire really – when you got kids in my day you had to finish work, that's the way it was those days, you know. I went back for a little bit but really ended when [my child] was born. I looked after my mum as well with Alzheimer's. That's the way it was then you know – you managed the home (RF9)

Social opportunities and networks

Social participation

Respondents engaged in a range of social activities, largely depending upon age, health and where they lived. Certainly in the rural areas, chapel was an important institution for many older female respondents:

I've been a member of the church for 70 years. As I said, I go to the women's group, I go to the bible study group, I take communion every Sunday when I'm able to get out (RF5)

I'm also in Enfys – it's an exchange thing for chapels – so I'm involved in the chapel I guess and I go every Sunday (RF10)

Women's organisations were important for older female respondents, particularly in rural areas:

I do things with Merched y Wawr – it's kind of like a religious mother's union for Welsh speakers. We meet about once a month. We get people in to chat, to speak and have a *paned* – I enjoy that (RF10)

I go to my ladies club every Tuesday night, and then, I go out for meals, lunch, once or twice a week with friends (RF8)

For those who lived alone contact with family, neighbours and friends was especially important:

I think I would be lonely if it wasn't for the kids...I don't drive so that makes it more difficult you know round here. I've adjusted to it now. I was a lot more lonely just after my husband died 6 years ago, but I've adjusted to it now (RF9)

Going out and seeing people is quite important to me because I live on my own (RF19)

One female respondent, recently widowed (who had moved into a rural area 10 years previously), said she would like to be more involved with local activities:

[I'm] generally happy with the level of social contact but I would like to be more informed about local events (RF6)

Respondents could be broadly divided into two groups: the loners and the joiners. While the 'loners' might enjoy the company of family and friends, they were not interested in joining local groups or social clubs:

[I'm] not involved in any groups, but I have friends. I go to bingo every Thursday – socialising, meeting people and having a chat (RF9)

I have many friends and I tend to know people on a one-to-one basis rather than group socials...I have no involvement with clubs or societies, churches or chapels (RM20)

I try and go out everyday. Somebody does call everyday, perhaps two or three friends – all my family live away. I do see my family every year. I have two daughters and a brother who visit. I am not a member of any club and I don't go to church or chapel (RM21)

Other respondents described themselves as 'joiners', and like RM18 were involved in a range of local activities:

Always been a bird watcher and I am now involved with local Wildlife Explorers, which is a children's group, and I really enjoy taking kids around walking and pointing things out to children who are actually really interested (RM18)

Some respondents, especially in close knit rural communities, reported looking out for the needs of other elderly or older neighbours and local people:

I see people in their homes, I visit the hospital, or homes for the elderly...I also walk on a Monday morning with a group from the leisure centre for older people (RF3)

I try to keep a look out for my neighbours, particularly the older people. I visit people, particularly chapel members. I do, in a way, do the work of a minister in our chapel because we don't have a minister...I organise services and do a lot of work in the chapel. A lot of my time is to do with the life of the chapel, and that includes visiting people in their homes, or hospital (RF32)

For some respondents, changing pastimes were associated with the process of aging:

I used to do more active things but I can't do what I used to do, but you know I keep busy (RF24)

My only hobby really is walking and reading – you get that as you get older (RM4)

I think you are more content as you get older. You don't need to go out and look for friends – you've made them and they are there, if only in your mind sometimes (RM10)

It was those in residential accommodation, however, who missed most the activities which they enjoyed while living at home:

I am bound in here you know...I miss my church dreadfully, I do miss

church...someone used to come once a month to give us communion and take a service and I looked forward to that but it doesn't happen...I do miss the church...I was a Sunday school teacher at 14 (RF14)

I can't do much here, can I? Not much really, we're just watching television really, all of us you know. I did have [hobbies] but now I can't, you know...while I'm here so it's hopeless I'm too far from anywhere...here (RF16)

Relationships with younger generations

Most respondents were positive about young people generally, claiming that if approached positively young people would respond likewise:

If you approach them positively they tend to be positive back. There are, of course, exceptions (RF18)

Well, I think when you're talking about younger people, if you treat them fairly, they're pretty good back to you. You get the odd rotten one, but if you treat people one way, they'll treat you back the same – it's as you respect them isn't it? (RF27)

Young people who were known to, or familiar with, respondents were perceived most positively. This was particularly apparent for those living in close knit communities:

It's a nice thing about [this town]; the youngsters, right down to little ones, once you know them a bit, will smile and say hi, they don't ignore the oldies. I find that the later teenagers are a bit difficult at times, but on the whole it's very good (RM22)

I know the neighbours' children, which a lot are now teenagers and other teenagers in the village. I think I get on alright with them, most of them anyway. We have found we have never had any trouble with any of them...they are amenable and friendly...always acknowledge you... always, everyone (RF33)

Young people perceived as less positive or, at the extreme, threatening, were described as those 'unknown' to respondents, or from outside of the area. There was also more concern where young men were in groups/gangs:

There's only a very small percentage who run around and break windows and there are a certain group who come from out of the area who are causing problems in the area and if they were outside I wouldn't want to go out to speak to them because I think I might get a brick through my window. But they are not the norm (RF38)

If there's a gang of boys – sometimes they look a bit threatening – it depends on the situation but I'm not that worried about them because I'm used to teenagers...If it was dark and it was a gang, I'd be worried then perhaps- but not in daylight (RF30)

I like most of them...some can be quite threatening...not round here a lot though. Occasionally you see them in the street but not often (RM31)

It was noted by a few respondents how young people, unfairly, attracted a negative press:

I think a lot of younger people get misunderstood; a lot of them show respect and don't get credit for it (RF34)

Some are fine, but there are good and bad ones – we only hear about the undisciplined yobs. I see some good ones when I go for a walk with the dog, but I also see some rough ones – you know, wearing hoods and that and its all politicians' fault (RM11)

I think they are wonderful- there's more of them doing good things than behaving stupidly. I'm thinking of my own children and when I watch telly and listen to them running on young people, they never talk about all the young people doing all the good things- social caring and stuff. They're going out to different countries and help with things like AIDS, helping the poor and needy- you couldn't really do that in my day (RF10)

Health and Social Services

Health and Health Care

Generally, most respondents described themselves, like RF34, as “quite fit really for my age”.

Quite healthy for my age I think...I've got one or two: I've got high blood pressure that has to be controlled and quite an amount of arthritis (RF7)

Like many health studies have shown, respondents in this study did not think about illness and incapacity unless they had some direct exposure themselves or through a significant other. Despite experience of illness, the majority of respondents considered themselves as reasonably healthy:

I had cancer so I have to say there is always an undertone of anxiety that it's going to come back but that's exactly true of every cancer person...no, my health's not wonderful but it's not bad. I think I worry most about mental deterioration, my memory certainly is deteriorating, it drives me crackers. I write everything down...but I'm afraid I will forget (RF1)

Even where, however, older people did have health problems there was notable reluctance among respondents to “bother/worry” others about it:

The same night I fell of course and I didn't call anyone, I stayed on the floor overnight, didn't want to bother people and then the carer came and saw me on the floor and we didn't have a key in those days with a black box because the two of us were able to you know and so the police had to break in and I was taken to the hospital (RF14)

My GP has a large case load and I don't like to bother him with trivial things so I recognise this and act accordingly (RM29)

Well there have been...two separate occasions...when I've had fractures and the hospital has said "we'll get in touch with your GP" and...somebody...will come and see you and on neither occasions has it happened, nobody has ever been...once rebuffed I don't go back...something's gone wrong somewhere (RF5)

GP Services

For the most part respondents were very positive about the services they received from general practitioners:

[The doctor] comes here every week and [another doctor] and they've been helping me...he's marvelous, he's understood the depression I have and he's treated that and I'm not the same person you know I'm 83 nearly and I can look forward (RF14)

One qualification to this was that GPs were busy and this meant waiting for appointments in some cases:

[My doctor's] alright, he is very nice really. We don't see him much really, they're so busy really these days, aren't they? (RF16)

The only problem is the wait to see a doctor at the surgery. I am not one who sees a doctor very often – if I need to go to the doctor there will be a good reason for it, but you sometimes have to wait about two weeks for an appointment. That wait would not be a comfortable wait, it is too long a wait. But on the whole I can't complain (RF32)

One Welsh speaking respondent raised an issue about the availability of Welsh speaking GPs:

I don't mind that my doctor speaks English and really everything in Wales is English, but I think it would be a problem for some Welsh speakers (RM23)

The availability of dentistry services was also raised by a respondent in mid Wales:

A couple of years ago there was a real problem with availability of dentists. I don't think, as far as I know, that there are any National Health dentists –

they are very few and far between – but you accept now you have to go privately. There are a few to choose from now, whereas a few years ago there weren't even any private dentists to choose from (RF19)

Hospital Care

Perceptions of hospital care were more varied. For the most part, respondents described their own experiences in hospital favourably:

When I've been in [hospital] they've been great. I do think really that it's good; I've never had any complaints (RF28)

I did have a period in hospital, that experience was very good. I have been to four large hospitals in Wales over the recent problems with my heart and lungs; tests were carried out which cost a fortune. I was happy but things take time again with NHS, they seem to be doing the best they can (RM21)

As in perceptions of GP services, some respondents like RF5, associated hospital care with periods of waiting:

I have been in hospital recently and you can spend hours when nobody comes near you, you can ask for something to be done and they say "yes I'll go and do it" and four hours later they'll come back and say "oh I didn't do that did I?", I don't know what it is, I don't know what's lacking (RF5)

Some respondents, particularly those living in rural areas, talked about long distances to travel in order to go to hospital:

I have had lots of problems and the care has been excellent. It's a long way to go to [big town hospital] but when you're there it's good. But we've got the means to travel – actually it probably doesn't take any longer to get there than it does in a town – to get there because there's less traffic. The treatment the friendliness, everything, it's good and I've been looked after really well (RM13)

It was ok when my husband was alive as he would take me to the hospital but have job getting there now – friend took me the last time. No support but because I can walk, get the bus. I would ask the council, I suppose, if you need anything or talk to someone who you know was getting help to see how they manage and how did they get help (RF34)

In several cases, respondents described care provided to others in hospital less favourably. This was most notable when respondents talked about hospital care for older people:

I do think the standard of care deteriorates the older you get – simply not

caring, ignoring the needs of an older person (RM4)

I don't think the standard of care in hospitals for older people is very good at all. I don't think it's good for people of any age. They tend to look down on you and treat you as if you are a child and they talk to you in a way...it's their language – they use the third person instead of talking to you directly. It's as if you're not there (RF30)

I witnessed an old lady being left sat on a bedpan for an unnecessary length of time until she was crying in distress and one of us had to go and find the staff to come and help her and we felt that they had heard her calling (RF7)

One thing I have observed in hospital when people come to be fed...older people who weren't able to feed themselves I've looked across and seen that they haven't eaten, they've tried and they couldn't and somebody has come along and...nurse has come along...and just seen that they haven't eaten and taken it away...if they had been asked or offered help I'm sure these people would have eaten but it was just taken away...that is very very wrong I think (RF3)

The following two extracts are taken from interviews with respondents who were very unhappy about the care provided in hospital to older people. The first extract RF27 describes hospital care for her mother. In the second extract RF14 talks about her spouse's death in hospital:

I don't think she [mother] got very good care for a start. I took her in and I said "I don't know how you're going to be at night with her" because Mum used to talk a lot at night, and she'd probably get up and disturb other patients...they said "We'll sort it out, we'll give her a sleeping pill"...The second day I went in, she was sitting in a chair by the nursing station, nothing on her feet, no blanket, just in her nighty, very distressed, like ice, and they'd put her there because she was trying to get up during the night and they couldn't cope, they said, so I said "Well didn't the sleeping pill work?", they said "She wouldn't take it". I said "Well, what do you mean, she wouldn't take it?" They said "Well she refused so she couldn't have it". I said "She's never refused anything off me", she said "Well, we're not allowed to bully them if you do". How I didn't jump across that counter I'll never know...and then she had a stomach bug, because they were rife in the ward, and they were putting dirty nappies in the bin beside where you wash by the hand towels, and they were just rolling them up, plonking them in the bin – the stink coming from there was terrible (RF27)

When my [spouse] was ill and I got the ambulance to take [them] against [their] will and I fell the next day and I was in [same hospital but another] ward. And I asked every day if I could go and see [them], if somebody

would take me in the wheelchair. [S/he] was in [another] ward... and eventually they said I could go on Friday afternoon and I was wheeled there on the Friday afternoon. My [spouse] was lying in the bed and I put my hand on [their's] and [it] was stone cold. [S/he] had been dead for hours and I'm the one who found it out. I had been asking all week, I wanted [them] to know that I was alright, that's all I wanted was for [them] to know I was alright (RF14)

Social Care

Community Care

As in accounts of hospital care, respondent perceptions of social services and care, varies. RM12, for example, was very satisfied with the care afforded to his sister-in-law when she left hospital:

My sister-in-law, when she came out of hospital, the follow up was marvelous, they couldn't have done enough for her. They came in and looked at all the services they could provide – they put in a stair lift, rails on the stairs, rails at the front...and the pensions person came along and had a long conversation with her and amended her pension...improved things there (RM12)

Not all respondents, however, were equally impressed with care in the community:

One time I needed a handle put up in the bathroom to make it easier to get in and out of the bath. I applied to the doctor who put that request through to social services who rang me up and said I was at the end of a long list of far more needy cases and so we went out and bought a handle and put it on the wall exactly where we wanted it and two years later they rang up and asked me if I wanted it done – so I wasn't too impressed with social services (RF5)

My brother, he had to move into accommodation which had a shower...but they took it out before he moved in and fitted a bath which he can't use so he goes to my mothers for a shower. Ridiculous, he has been waiting for 18 months and still one has not been fitted (RM37)

One issue on which many respondents did agree was the availability of information detailing their entitlements:

What is annoying is that there are many benefits to help people and no-one knows about them. They don't tell you unless you ask and a lot of people won't ask. It's wrong. If there are things which are available to financially help people they should know about them...I don't know why they don't tell you – they tell you to tax your car! (RM13)

Another issue highlighted by respondents was information about 'reliable' tradespeople who they would feel safe about inviting into their homes:

...you tend to feel that you're blocked – first in the case of the social services and on another occasion I felt that we could do with a recommended handy man to do some small jobs and once again I don't know if it was ethics or political correctness but they would not recommend, neither the council or age concern – “we are not allowed to recommend” so they're afraid of being blamed if things don't go right...Additionally to that...I do know that in Bridgend they do have a list of people who will go round and help the elderly with small jobs...I feel we could do with that (RF5)

I think the thing that perhaps most elderly people need is someone to help them with practical things...they need access to someone who's reliable, who they can allow in their houses...and for all sorts of small things that they can't possibly move from one place to another and it's driving them mad. We could do with a kind of on-hand handy man system at a local level, paid for by the local authority but obviously the cost of materials could be paid for by the person (RF1)

Care homes

To reiterate, while the four respondents living in care expressed a preference to have remained at home, they were for the part satisfied with their accommodation. Likewise, some respondents were happy with significant others' experiences of residential care:

Mum was in [a local care home] and they treated her quite well there. And I don't think they're too bad in [another care home]. I mean, you'd have to be a saint to put up with some of them really (RF27)

I have an aunt in a nursing home round here where she is treated absolutely wonderfully, nothing is too much bother, treated with dignity and respect, where my aunt is, always clean and clothes co-ordinating. Make yourself a cup of tea and I know where the cake tin is (RF34)

Notwithstanding this, many respondents provided negative accounts of residential care. RF34 cited above, for example, noted:

Having said that, my cousin was in hospital and the woman in the next bed had a husband in a nursing home. They took her to see him and she nearly went up the wall...all the money she was paying and they weren't feeding him properly or cleaning him (RF34)

RM25 suggested that older people might feel obliged to appear satisfied with their residential

accommodation, for the sake of their families:

I do think quite a few older people go into [care homes] because they don't want to be a burden to their children and I think they put on a show of being quite happy and willing, but I don't know if they are really because, I had a recent instance of an aunt who put herself in one, and she made a decision before anyone else had to save them the bother of having to do it, and she didn't last very long. I think you're ending your life if you go in those places (RM25)

Moreover, while those in residential care appeared generally satisfied with the accommodation, they were not necessarily satisfied with all aspects of their daily care:

I couldn't get my teeth cleaned properly you know...I did ask today actually...the nurse that was there, it was about six o'clock in the morning, said "oh it's only six now you know". I said "it's not that, it's only that I want my things and my hearing aid, it's only that I want them, I don't want you to do it now you know" so that's it (RF16)

I noticed this morning when I asked to go to the toilet, I sometimes have to wait half an hour or more and that worries me. It doesn't worry because of the staff because they are wonderful. It worries me in case I make a mess of things (RM15)

Generally those living at home, irrespective of their personal experiences, were wary, if not fearful, of the prospect of residential care:

Well, you do hear bad things about some homes, which is terrible, you know, I'd hate to think that anything horrible was going on, you just have to be very very careful that you choose the right place (RF26)

If you are reasonably healthy and you have to go into a home it's not your own life anymore. You can't take many of your possessions, you can't take your pets. In other words, it's like sending you to jail. They've lost control without being even able to try. That's disgusting – I couldn't cope with being treated like an idiot (RF39)

It's given me a horror of care homes, I don't think there is any such thing as care...they're looking after your bodily needs and putting your food in front of you but true care...one lady...she didn't feel like breakfast, she didn't feel like going down to the dining room, she said "could I just have a piece of toast?" and they said "no" and she said "I'm paying six hundred pound a week for being here and you can't bring me a piece of toast" (RF5)

I don't want to go somewhere like that. Terrible places – make you worse, take your dignity away from you. You have to do what they want and when

they want to do it - it's like jail (RF11)

Paying for Services

One issue highlighted by several respondents related to payment for care services. Respondents felt that the system was unfair in penalising those with resources to pay for care:

Some people don't save – my husband and I always saved but if I went into a home it would all get eaten up – and yet I've got friends who don't ever save and they would be treated the same and I feel that is wrong. It's taking advantage of the person who's got a little bit of something, in my opinion (RF6)

I don't think that elderly people should have to pay, in Scotland ...they don't pay- but here, they pay don't they and everything you've worked for or if you want to leave anything for your children its just taken isn't it...it's like being punished for trying hard all your life (RF9)

My mother hadn't got two halfpennies to rub together and she owned her own house and so she didn't get any help. Her friend up the road who lived in a Council house didn't know what to do with the money she was given. She was giving £200 a week to the grandchildren. My mum couldn't get a penny out of them (RF39)

Attitudes to Older Age

Societal attitudes towards old age

Many respondents reported perceptions of negative social attitudes to old age:

There are relatively few words to do with being older that are positive, if you put them in front of a description of a person. If you say, for example, "an old woman" – that's not a positive thing. The only euphemism that is positive that I can come up with at the moment is "mature" – but then all the euphemisms they come up with just wind up with meaning just old and that doesn't have much positive about it (RF18)

I don't think we have a very healthy attitude to older people. In other cultures older people are treated as valued members of society and now and here I don't think we have that – it seems to be that you become a bit of a nuisance as you get older (RF19)

I don't think society deals with older people very well. I think that things will have to improve because there are more older people, so future

services should give priority to them (RM15)

Society tends to ignore us...we are tolerated and not offered respect or civility...although I think that attitudes are changing. Sometimes though, as a mature person, you are treated with impatience, especially in shops. I have had experiences when young shop assistance cannot be bothered to serve me (RM29)

Respondent attitudes to aging

For the most part, respondents mourned their passage into old age:

I grieve that I'm so old – who doesn't? And I...I mean I'd walk if I could but they reckon that it's impossible and when I do try...I realise how difficult it is (RM15) [aged 91]

Moreover, there was a notable resistance, across the age span of respondents, to accepting themselves as old. Those in their 50s, for example, mourned the approach of 60:

I think the older you get yourself the more you appreciate what ever age isn't really old. I must say though I don't want to be 60. I don't mind being 50s but being 60! (RF36)

These respondents, like RM31 who was 59, talked about relinquishing youthful habits, with regret:

No, not really...The thing is I still think of myself as being young. That's the sad thing. I think I'm 20 and I can act like I'm 20 and dress like I'm 20, which is a bit sad. Well, I think it's sad when I see other people doing it. When I go to concerts and I see someone with a bald head and a pony tail I think "Oh dear me". It's sort of a clinging to youth (RM31)

Equally, relatively healthy 70 year olds were bothered by the appearance of or signs of older age:

I don't see myself as old so I don't worry about it...I'm only 71 when I look in the mirror and when I get on the bus and get a bus pass (RF10)

I have noticed recently that people seem to be becoming more aware of my age and it bothers me because I don't like that, I don't think. It's only just recently I've started to think of my age. I could never, 12 months ago I couldn't believe my age, you know I felt years younger, but in the last, perhaps 6 months I've started to feel my age a bit more, maybe its because of this silly damn foot of mine and things like that slowing me down and stopping me do things I want to do you know, but no I don't think I have any real problems in that direction (RM25) [aged 78]

Those affected by some constraints of older age (for example, poor health and disability), talked about their loss of independence and also the perception of being left behind by techno-society:

I can't go to the road walking or anything you know, you don't call that relaxed do you? (RM16)

Well at 90 obviously I feel I've enjoyed life, I've enjoyed it so I have. I chafe a lot now at inability...I'd like nothing better than to get on that scooter and get out and about now but they would be horrified if I did that so I have to confer to their wishes (RM15)

Yes, people in the community treat me well, I feel I am being treated as an equal in all areas and wherever I go, but I think that some of these computer services don't treat people properly, things online like the pressure coming from companies to pay direct debit, gas and electricity etc, they penalise you for not doing so. They use my money to pay for things. They want you to bank online, my bank is just down the road and I don't need to bank online (RM12)

Wellbeing and Respondent Concerns

Wellbeing

There was general agreement by respondents of factors contributing to wellbeing in older age. These comprised physical, social and psychological factors and included independence, good health and particularly good mental health, family and friends and financial security. In many cases it was the absence of these conditions/circumstances which highlighted their importance to respondents. Two of these aspects, namely independence and health (particularly mental health), are discussed in a later section on older people's worries, because these issues were of considerable concern to respondents. In this section we report on some of the other key aspects of wellbeing cited by respondents:

Well, the whole situation that I need to have my independence and that means I need to be able to walk, it doesn't matter, it doesn't need to be a long, long way, but I need to be able to rest in between and where I'm used to walking you don't have benches and seats...I prefer to roam really and go wherever I feel like...well, anticipation, expectation and hope that I will become more mobile and if I do then my life will automatically improve (RF3)

Likewise, some respondents described the loss of control over aspects of their lives as particularly detrimental to their wellbeing:

I don't feel that I have control over things that affect my life. More and more things interfere with people's lives these days (RM20)

Overall, I've no doubt that their requirements for looking after old people are met but for me I would much prefer to have a bigger say in the matter, whether that would be wrong I'm not sure but I don't get an awful lot of say in the matter (RM15)

Family and friends were also cited by respondents as an important component of their wellbeing:

The family of course, which is lovely, and nice food and nice weather (laughs) going on holiday, just things like that, spending loads of time with your family, and things like that really, simple things (RF26)

Friends and family, health and being able to get out – I have had a good life...no complaints only that my husband was taken too soon, that's all (RF34)

The importance placed on family and friends was often extended to include communities where respondents lived:

Just the area where we live – the fresh air, the mountains, the sea – that's really it. It's a better community. The community spirit even though your next door neighbour is a way off...people are there for you and that's nice to know (RM13)

I think it's what you might call a sense of place. You belong to a place and you do things for it (RF38)

For RM31, the inevitable loss of friends in older age was described as a particularly negative aspect of aging:

My whole life in general is quite OK...it's getting less ok as I get older because everybody that I know is getting older and some of them, I know I've got to face up to the fact that some of them, are not going to be friends for long, they're not going to be around. More and more people are dying that I know – prematurely – that's bound to have some sort of affect on the way you think. I don't dwell on it – its something you've got to face up to I suppose (RM31)

Attitude was also described by many respondents as a key component of wellbeing:

Well I always look on the bright side, enjoy myself. I never sit at home and mope. I'm never depressed or anything like that. That's what keeps you going really isn't it? (RF28)

I do lead a fulfilled life but [with husband dying recently] it's a bit awkward. As he said – "when I've gone, just get on with your life...the way we always did as a couple, look after [son] and he'll look after you – just like we always did" but now I'm on my own and I'm learning to do it. Apart from

these sad times, life is fine (RF6)

It is up to me – I sound very content, don't I? It is up to me to make sure that my life is the best it can be. I am not one who complains and I don't need a doctor at this time and I am very happy about that (RF32)

Certainly the knowledge of financial security in older age was valued highly by respondents:

Well, I suppose I count myself lucky – I've got no worries with regards to my money coming in. And I get plenty of mingling with other people (RF27)

Having adequate living accommodation, having sufficient to live on (RF5)

Perceptions of vulnerability

Respondents associated aging with increased vulnerability, one aspect of which was an increased fear of crime:

I used to be in the bus stop in the dark – now that I'm older you do feel a little bit...I'm not as bad as some though...just nervous of anyone that's out...the odd person what are they called?...muggers...to rob you...it's mostly what you read in the papers and on telly, isn't it? I don't know anyone who's been mugged (RF9)

You do feel vulnerable as you get older. It's a terrible thing but you really have to tell yourself to mind your own business, otherwise you are going to get knocked about. Up until 10 years ago, when I was 50, if somebody was doing something that they shouldn't be doing – I would tell them "Don't do that- what do you think you're doing?" Now I won't get involved (RM13)

This perceived vulnerability was often associated with age-related frailty by respondents:

You are more vulnerable as you get older because youngsters of today, not all, I find do take advantage of you...well I think they would if you were walking up the road they would be by you...frightened of falling over if they nudge you...[I] don't think they mean to harm you but they want to show you they are on top of you in a way (RF33)

Well, having recently had two falls I think that is one where I'm vulnerable to go out and walk at the moment but that's something that I'm quickly overcoming...it's my own attitude, it's learning to walk a bit better and getting into a state of mind that I'm not necessarily going to fall next time I go out (RF7)

Physical and mental health concerns

For some respondents, aging had led to increased concerns about physical health. RF1, for example, was concerned about susceptibility to hospital infection:

I'm nervous of going into hospital at the moment because I'm afraid to death of things like these infections, they really frighten me...so my own attitude has changed although my own experience was good – it's fear really (RF1)

Other respondents were anxious about being ill on their own:

If I'm ill I feel vulnerable because I'm on my own (RF30)

However, in most cases, the main concern of respondents was deterioration of mental health.

[I'm worried about] losing my mind. I think that is something truly that concerns me, you know, am I going to keep my head? It concerns every elderly person the first time they can't remember anything, they think, "Oh God". But there's nothing one can do about it, that's the thing you know so I'm just keeping my fingers crossed (RF1)

I'd hate to lose my mind or anything as I get older. I've seen people get very frustrated with conditions like that (RM11)

Fear of becoming dependent

Often linked to respondents' concern about mental deterioration, was worry about dependence upon others, either at the current time or in the future:

Being dependent on somebody else, that's my horror because I was always very independent, I have done a lot on my own, lived in a lot of different countries and the thought that I always now would need help. I try to learn how to wash myself and how to dress myself and do all the things that I can. That is a horror for me to think that I would be dependent on another human being – yes that is a real fear (RF3)

In some cases, loss of independence was linked to respondent concern about becoming a burden to significant others:

Getting old – you'll find this out, it comes quickly – I'm not worried about it, just want [my children] to be settled before I go. I do worry more about another stroke than a heart attack...at least with a heart attack you've gone...a stroke could leave you like a vegetable and I'd hate to be that kind

of burden to my family (RM23)

One of the most significant concerns about independence was anticipation of entering residential care:

I've long been prone to depression and I do wonder whether at some stage – it's tended to be related to things that I have unsureness about – where I live and my control over that. If I got to the stage of having to rely on other people – control over my housing – I don't know how I'd deal with it that (RF18)

Because I live alone now I tend to think 'what if something goes wrong?'. I wouldn't like to think I would be going into a home in the future – I want to stay in my own home (RF6)

I dread the thought of going into a home (RF1)

Conclusion

The findings of this study are based on a small sample of older people, geographically dispersed across Wales and representing a wide age span. However, irrespective of age, many of the respondents held similar perceptions of wellbeing, and their concerns and fears associated with aging were shared by those at different stages of the life course.

Generally there was resistance to aging across the sample with respondents preferring to see themselves as young, until circumstances dictated otherwise. The younger respondent group (approximately aged 50-65) tended not to see themselves as older people and their expectations of, and fears for, old age were informed through the experiences of (mainly) significant others (including parents and other relatives). In contrast, many of the older age group (over 65 years) had experienced, first hand, some of the exigencies of older age (including loss of spouses increasing frailty and in some cases, poor health). Whilst many still resisted the label of being old, for them, increased perception of vulnerability and the prospect of (if not actual) loss of independence were in sharp focus

Most respondents described social attitudes towards older people as negative. This negative attitude was perceived by many respondents to be reflected in society's treatment of older people, particularly in relation to health care. The majority of respondents had concerns about aging and health. The most prominent of these were concerns about mental deterioration, and, linked to this, maintaining independence (living at home) and control over their lives. The concern most often raised related to the prospect of entering residential/nursing care. Overall, respondents shared negative perceptions of older people's care in hospital and in many cases, residential/nursing homes.

The importance of remaining independent was stressed by respondents, irrespective of age. Those in employment wanted to carry on working as long as they could (albeit with a reduction in hours). This was irrespective of level of job satisfaction. In addition to the income provided, benefits of work

included social contact and keeping busy. Financial security was also perceived as very important, and most respondents expressed concerns about the current economic crisis. Respondents were unhappy about the prospect of paying for health and social care needs in old age. This was perceived as discrimination against those who had 'been careful' and had 'saved' money throughout their lives (often to leave to their children).

For the most part, however, the imperative of independence was linked to the stated preference to remain living at home. All respondents wanted to remain living at home and were prepared to tolerate minor inconveniences (size of accommodation, location etc) in order to do so. Many respondents reported that older people might be better supported to remain at home. In particular, respondents expressed the need for more freely available information detailing the entitlements for older people. They also highlighted a need for information about 'reliable' local tradespeople. In addition, the imperative to remain healthy, and thus maintain independence, was linked in respondent accounts to healthy diet. Many older respondents reported being brought up on fresh food and home cooking. However, living alone was cited by some respondents as a barrier to healthy nutrition.

Respondents living at home often cited neighbourhood and community as key components regarding satisfaction, with current accommodation and perceptions of security. Respondents differed in the level of their social participation but for most, relationships with family, friends and neighbours were perceived as very important, particularly for those living alone. Respondents were generally positive about young people, especially where they had contact with young people through family, work or the local community.

In conclusion, the findings of the study illustrate that a key component of wellbeing for older people is the maintenance of independence. An important aspect of this imperative is perceived as the maintenance of good physical and (particularly) mental health. Clearly linked to this imperative is the preference of older people to remain living at home (with appropriate support) for as long as possible. Certainly family, neighbourhood and community were perceived as important sources of support for many older people in the study, living at home. The findings of the study also highlight older people's concern about the current quality of care provided for older people in residential/nursing accommodation, and related to this, their prospects for the future. These concerns, serve to compound the perception of negative social attitudes towards, and treatment of, older people, described by participants of the study.

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