

## Building a good life for older people in local communities

This study is about the experience of ageing. Older people talked about their lives, described the opportunities and challenges of getting old, and shed light on what makes for a 'good life'. A significant aspect of the study, by Mary Godfrey, Jean Townsend and Tracy Denby at Leeds University, was partnership with older people's groups in Leeds and Hartlepool which participated in interviewing, analysing and shaping the report. The study found that:

**f** Ageing is not just about decline, nor even about maintaining an even keel. It is also about seeing and seizing opportunities and actively managing transition and loss. However, there is considerable variation in the resources available to people to deal with changes that accompany ageing.

**f** Central to a 'good life' in old age is the value attached to inter-dependence: being part of a community where people care about and look out for each other; a determination 'not to be a burden' especially on close family; and an emphasis on mutual help and reciprocal relationships.

**f** The essence of 'ageing well' is the ability to sustain inter-dependent lives and relationships that meet needs for intimacy, comfort, support, companionship and fun. Threats to life quality include not only bereavement and ill health, but 'daily hassles' and their cumulative impact.

**f** The localities where older people live are of enormous importance. As they get frailer, their lives are increasingly affected by, and bounded within, their immediate physical and social environments.

**f** Appropriate and sensitive services should reflect older people's values and capacities and their desire for an 'ordinary life': 'sufficient' and secure income, social and intimate relationships, stimulating and interesting activities, accessible and timely information, support to manage things that pose difficulties, a comfortable, clean, safe environment, and a sense of belonging to and participating in communities and wider society.

**f** Locality-based service models offer the potential to connect the values and preferences of older people within a network of community groups to support a 'good old age' and provide a significant bridge between communities and statutory services. The experiences and views of older people offer insights into the services and support needed to sustain their well-being.

## Introduction

This study was carried out in partnership with two groups of older people. Located within an ethnically diverse, inner city area of Leeds, Caring Together is one of thirty-seven neighbourhood networks in the city that support and engage older people. The Retired Resource Network in Hartlepool brings together retired people to provide mutual support and to campaign around issues of relevance to them. The questions guiding the study were:

- What makes for a 'good' life in old age?
- How is this affected by the localities where people live and their social characteristics and circumstances (gender, ethnicity and physical ability)?
- What kinds of services and support can sustain well-being as people age?

## The experience of ageing

**'They can't know until they have been there what it is like to be old. They say, "Well you have had your innings". It's the other way round ... We have got over the rough, unpleasant stuff... and now it is our chance... You can't, until you are old yourself, see how precious every day is. Now is the time to enjoy yourself.'** (Miss Emsley)

Major life changes demanded active management and adjustment. Retirement was linked with loss of income, routines and workmates but also provided more time and energy to do things that offered pleasure and meaning. The death of a spouse brought heart-felt loss of intimacy, but some women, in particular, felt freed from domestic responsibilities and seized the opportunity to develop new interests and activities.

People spoke about 'working at' managing ageing and at 'keeping well'. The language used, '*pushing yourself*,' '*not letting yourself go*,' '*not giving up*,' expressed the hard work involved. Whatever their chronological age, people made a distinction between 'being old', in the sense of giving in or not being interested in the world around them, and acknowledging that they might need to pace themselves.

**'You don't think to yourself, "I'm getting older" and in a way, you want to be the way you were. But I also want people to know that there is change taking place - but that I can still be part of things. There needs to be some acknowledgement that we are getting old but that, at the same time, we are not past it.'** (Mrs Bates)

People described a heightened awareness of mind and body. They accepted that health could not be taken for granted, the body was 'wearing out' and positive

action was required to nourish body and mind. Active older people were concerned about becoming ill or disabled, primarily because of the potential risk to maintaining valued relationships and activities. For everyone, there was an intense fear of 'losing one's mind'; dementia was seen as a greater threat than the loss of physical health.

## Adaptation

As they moved through old age, most people responded with resilience to ill health and disability. Those who experienced loss of health and mobility revealed an ongoing struggle for equilibrium to maintain what was valued.

**'Things keep throwing me back: then I start climbing again.'** (Mrs Coulter)

Social position, individual circumstances and events within their life history influenced the resources that were available in adapting to loss. In certain circumstances, some required additional assistance, whether psychological, social, emotional or practical, to manage change and adjustment; for example:

- When change was sudden and/or catastrophic, such as a serious acute illness or the onset of major disability following a stroke, it could result in a profound sense of discontinuity between past and present lives, giving rise to depression and despair.
- In advanced old age, there was an acceleration of loss, which was accompanied by a depletion of resources to deal with it.
- Some older people had little in the way of friends and family to draw upon.

## Values

Inter-dependence was found to be the underpinning value which informed the conception of a 'good' old age. This was partly rooted in people's life experiences and included elements that at first sight appear to be in conflict:

- a determination 'not to be a burden' on close family and to be 'independent';
- an emphasis on helping each other and maintaining reciprocity in relationships; and
- the importance of being part of a community where people cared about and looked out for each other.

Assertions that '*children have their own lives to lead*' were balanced for active older people with a desire to lead independent lives. For those who needed assistance in managing day-to-day, acceptance of help from close family was subject to complex negotiation and characterised by efforts to maintain balance.

Mutual exchange was a feature of valued

relationships with family, friends and neighbours. The study revealed a rich pattern of reciprocity, with active older people playing a significant role as givers of help. As people became more restricted, high value continued to be placed on 'giving' and not just 'receiving'. For some, memories of the help they had given others in the past enabled them to come to terms with accepting support for themselves.

**'It is my time now.'** (Mrs Winston)

### Diversity and continuity

A picture of diversity, change and continuity emerged from people's daily lives. Central to a good life in old age were:

- social relationships with family, friends and neighbours, and a sense of belonging within a wider community;
- leisure pursuits and activities which offered pleasure and stimulation; and
- retaining interest in the world and in people around them and being part of social life.

Although family was a primary source of comfort and support, friends were the mainstay of most people's daily lives.

Just because people were restricted to the home or immediate locality did not mean they gave up wanting fun. What was central was whether they were able to maintain interests and relationships, either because their social worlds came to them or they were enabled to get out and about. Telephone contact was particularly important.

In both localities, there was evidence of good neighbourliness: a friendly face to say hello to, keeping an eye out for people, doing little errands, or helping out in a crisis. There were examples of regular help provided by neighbours, both inter-generational and involving support from and to older people. But people also remarked on the decline in neighbourliness. This was explained by the shift from close-knit, locality-based networks spanning generations, to individual support by specific neighbours, which was seen as more fragile.

Older people derived benefit from community participation - keeping active, having a purpose in life, developing new skills and making friends. In myriad ways, they made a contribution to the social fabric. 'Neighbourhood Watch' in one study area relied on an extensive telephone network involving people who were restricted to their homes.

### Locality

A central theme was the significance of 'place' in the lives of older people. This partly reflected the time

they had lived in a neighbourhood, their familiarity with its landscape and their sense of community. But locality also played an important role in forming personal identities. Memories of people and physical landmarks were linked with key events that occurred over their lives. Attachment to locality often translated into making life better for others.

Locality assumed even more importance in the lives of people who were ill or experienced mobility problems. Getting to the shops, for example, was as much about routine social encounters with friends and acquaintances as buying food.

Reliance on public transport meant that bus routes circumscribed where people could go, and fear and insecurity on the street shaped the structure of one's day: out during daylight hours and behind locked doors after dark. Access to a car, or money to afford a taxi, meant one could get about.

### Service preferences and priorities

Securing a 'good' old age was primarily about maintaining an 'ordinary life':

- 'enough' money to live on and provide 'treats' for themselves and those close to them;
- means to continue doing pleasurable things;
- opportunities for social engagement;
- an accessible point of contact for advice, help and advocacy;
- a comfortable, clean and safe home;
- an accessible and secure external environment; and
- help with 'daily hassles'.

Most older people adapted to ageing through their own efforts and with the support of family, friends and neighbours. Some required assistance from health and social care. While some accessed appropriate support when they needed it, others struggled to find what they required.

In their encounters with health and social support agencies, many older people were faced with layers of barriers when they identified a need for assistance. These included:

- lack of knowledge as to what might be available and how to access it;
- low expectations based on their awareness and experience of what was available; and
- powerlessness in finding their way through systems and processes for establishing eligibility.

Many people needing help came to the notice of services in a crisis. Some were fortunate in having access to informal, trusted routes into services, either through knowledgeable friends and neighbours or through community-based individuals and agencies that could link them to appropriate assistance.

Formal help was not just resorted to in the

absence of supportive family and friends: it might even be preferable in order not to be perceived as a 'burden'.

Support needs to take into account individuals' preferences and be geared toward securing an 'ordinary' life.

### Understanding older people

Even the frailest people invested time and energy in taking responsibility to look after themselves. They experienced frustration when professionals and agencies appeared neither to understand their contribution nor even value their expertise about their needs.

In managing day-to-day, older people sought to prioritise those things that were important to them and identified a need for help either to compensate for what they could not do or to enable them to continue with what was valued. However, there was often a mismatch between what services provided and what people viewed as a need. Often it was a case of selecting the least negative option, because of the way services were rationed or delivered.

A partnership between older people, professionals and service providers has to start from an understanding of what is important to older people and build upon their abilities and resources in managing difficulties. An understanding of the person in terms of their whole life is also significant.

### Links with locality-based services

Neighbourhood-based service models, as exemplified by Caring Together, provide useful lessons in developing solutions with older people. Underpinned by values of neighbourly support and reciprocity, such models offer opportunities for sociability and friendship, education, mutual support, practical assistance, advice and advocacy. Central to the approach is:

- the search for ways to enable everyone to be involved;
- the emphasis placed on finding creative solutions to maintain social relationships, even in the face of restriction; and
- the accessible and flexible support provided.

Such groups draw upon the social capital in the locality and reinforce and extend its currency. They offer the potential to connect the values and preferences of older people within a network of community groups to support a 'good old age'. They provide the bridge linking older people within localities to statutory services.

### Conclusions

Securing well-being in old age requires understanding and action at different levels: individual, neighbourhood /community and society. At each level, the capacities of older people represent an undervalued resource, not only in securing a better life for themselves, but in contributing to the building of sustainable neighbourhoods for everyone. The research highlighted that it is counterproductive to view ageing as a constellation of 'problems' that require 'interventions'. Rather, the findings highlighted older people's resilience in the face of difficulties and their capacity, with proper resources, for organising themselves and devising their own solutions.

### About the project

The study, undertaken between 2001 and 2003, employed in-depth interviews, focus groups and participant observation. One-to-one interviews, based on a life history approach, were held with eighty-four people ranging in age from 58 to 97 of different experiences and abilities. Eleven focus group interviews, involving people known to each other (ninety-eight individuals) were held to deepen understanding of life in older age and strategies for managing change. Six focus groups (fifty-eight people) later explored service preferences and priorities. At one site, four older people and community staff members undertook half the individual interviews and were actively involved in all stages of the study, including analysis and shaping the report.

### How to get further information

The full report, **Building a good life for older people in local communities: The experience of ageing in time and place** by Mary Godfrey, Jean Townsend and Tracy Denby, is published by the Joseph Rowntree Foundation (ISBN 1 85935 234 0, price £9.95).