

Making the most of it

Experiences of wellbeing in later life

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Key insights

It's possible to have a high level of wellbeing in later life despite facing challenges such as poor health, poor finances, or bereavement. Some older people seek ways to help themselves towards higher wellbeing. People with a lower level of wellbeing may be more likely to need support from others, including service providers, to take steps to move towards a higher state of wellbeing.

- Facing multiple challenges that result in any degree of social isolation can bring about a marked decline in wellbeing and a feeling of helplessness to make changes to improve things.
- The main aspects of life impacting on our wellbeing are our social lives, health, financial situation, and hobbies or activities. Having close relationships is key.
- It's also important to have a sense of purpose and meaning in life, motivation and self-management, and to know that support is available.
- Older people with lower wellbeing may be reluctant to admit a need for help, or to seek the help they need.
- Our research found that being sedentary was common among older people with low wellbeing, and was seen as something to avoid by those with high wellbeing.
- Large numbers of older people live with one or more challenges to key areas in their lives that affect their wellbeing. One in 10 people aged 65 and over have three or more types of challenges, and the older we get the more these challenges can mount up.

Background

In recent years we've seen increased interest in, and emerging evidence of, the concept of wellbeing in later life. It's an important theme for Age UK and our network – comprising Age Cymru, Age NI, Age Scotland and the 130 local Age UKs throughout England – as we're dedicated to helping everyone make the most of later life.

In 2015-2016, we carried out research to develop a definition of wellbeing in later life and to measure the wellbeing of older people in the UK. We came to define wellbeing as **how we are faring in all areas of life**. Based on this definition, we constructed the Age UK Index of Wellbeing in Later Life (referred to as "the Index" throughout this report). We summarised the contributory factors to wellbeing, aggregated them to measure overall wellbeing among people aged 60 and over in the UK, and analysed the weightings for the contributory factors to determine the relative importance of each.

The factors were brought together into five categories, namely personal, social, health, resources and the local community. The Index told us that older people are more likely to have high levels of wellbeing if they have good social networks, good health, good financial resources and meaningful engagement with the world around them. The latter category could take the form of **social, creative, or physical activity, work, or belonging to a community group**.

After completing the Index – a measure of wellbeing based on statistics – we commissioned research to provide insight on the lived experience of wellbeing in later life. We present the research in this report, together with recommendations for local services and a case study. For additional context, we also present estimates of the scale of challenges or 'needs' that older people face in their lives today. The report is set out in four sections:

- Estimating need in older people
- Understanding older peoples' experiences of wellbeing
- Recommendations for local services
- Joining Forces – a case study

Creating the UK Index of Wellbeing in Later Life

To create the Index, we investigated what wellbeing means in relation to older people and measured how well older people in the UK are doing.

Based on a wide-ranging review of research literature, discussions with older people and consultation with a panel of experts, we identified the factors in older people's lives that are important to wellbeing. We came to define

wellbeing as how we are faring in five key areas of life – namely personal, social, health, resources, and local community. We combined this learning with a rich source of data (the Understanding Society Survey) and state-of-the-art statistical techniques to construct a UK statistical Index of Wellbeing in Later Life.

Read more at:

www.ageuk.org.uk/wellbeingresearch



Defining wellbeing in later life – the five domains in the Index

Personal

Covering living arrangements, family status, caring and helping, intergenerational connections, and thinking skills.

Social

Covering social, civic, creative and cultural participation; neighbourliness and friendships; and personality attributes.

Health

Covering physical and mental health, mental wellbeing, long-standing illness or disability, diagnosed health conditions, and physical activities.

Resources

Covering employment and earnings, pension income, financial and housing wealth, home ownership, and material resources.

Local

Covering satisfaction with medical, leisure, public transport and shopping services in the local community.

1. Estimating need in older people

We know that large numbers of older people in the UK are struggling, facing disadvantage in their lives, often without the support they need. That's why our strategy focuses on six areas of life that reflect what older people tell us matters to them most:

- 1. Poor health**
- 2. Poverty**
- 3. Unmet needs for care and support**

These topics reinforce findings from our wellbeing Index (housing is included in our 'resources' category in the Index) that these issues are key for people in later life. Read more at:

www.ageuk.org.uk/wellbeingresearch

Official statistics tell us the number of older people experiencing some (but not all) of these six categories of disadvantage, but not how many people live with multiple disadvantages. In 2019 we explored these questions by estimating the numbers and percentages of people aged 65 and over in England with these disadvantages – which we termed 'needs' – using the English Longitudinal Study of Ageing (ELSA). We then extrapolated the findings to the total population of people aged 65 and over living in England at the time when the ELSA data we used were collected (2017). We published our estimates in a report, 'Estimating need in older people: Findings for England – An analysis by Age UK,' in November 2019. Read more at: www.ageuk.org.uk/estimatingneeds

The estimates reveal the scale of need and disadvantage in the older population. Wellbeing for older people is multi-faceted and includes health, care and support, money, housing and social contact. It's therefore likely that people living in disadvantage in these areas are more likely to have lower wellbeing. This underlines why it's vital that Age UK, our network and partners build the support we can offer, and endeavour to reach older people who need us, and those who need us most.

A selection of our estimates can be found below.

- **2 in 5 people aged 65 and over in England are in poor health.** That's more than 4 million older people who are dealing with the day-to-day effects of illness or disability.
- **4. Loneliness**
- **5. Social isolation**
- **6. Poor housing**
- **3 in every 20 (1.5 million) older people aren't getting the care and support they need to lead a dignified life,** without help with everyday tasks like washing, dressing, or going to the toilet.
- **More than a million older people are living in bad housing.** That's at least one in 10 people aged 65 and over living in accommodation that is in disrepair or otherwise unsuitable.
- **At least one in every 10 people aged 65 and over in England is in poverty.** These are older people struggling with not having enough money to make ends meet.
- **800,000 people aged 65 and over are lonely, while 600,000 people aged 65 and over are socially isolated.** Many of these people are completely alone – without partners, friends or family to rely on.
- **One in 10 older people aged 65 and over in England – 700,000 people in all – are living with three or more needs.** When someone becomes ill in later life, they're much more likely to need care, which is increasingly hard to get. They're also more likely to become lonely. If an older person is living in poverty, they're also likely to be unwell and living in bad housing.
- **The older we get, the more the challenges in our lives can start to mount up.** While 50% of people aged 65-74 in England are facing one or more challenges like illness, poverty or loneliness, that rises to 60% of people aged 75-84 and jumps to 80% of those aged 85 and over.
- **At age 85 and over, the chances of facing three or more challenges in life are more than double that of people aged 65-74.**



2. Understanding older people's experiences of wellbeing

Having published our Index of Wellbeing in Later Life, we wanted to bring the numbers to life by understanding how older people experience wellbeing in their lives. We wanted to learn how they maintain or optimise their wellbeing, particularly in the face of common challenges, and to understand the barriers to better wellbeing. We therefore commissioned Britain Thinks to conduct qualitative research to explore the personal experiences of older people with higher and lower levels of wellbeing.

Britain Thinks set out to include older people likely to experience the highest and lowest wellbeing in the research. They based this on the Index's foremost contributors to wellbeing and sought people with recent experiences of common challenges of later life, including onset of a health condition, divorce, death of a life partner and financial difficulty.

Thirty-one older men and women living in the South East and North East in age groups 60-74 and 75+ took part in the research. Thirty took part in discussions in groups of three, and one in an individual interview. Four were additionally interviewed individually in depth in their homes and kindly agreed to be filmed.

www.ageuk.org.uk/our-impact/wellbeing

We are very grateful to all the older people who took part, generously giving us rich and detailed accounts of their lives from which we can learn. We are pleased to share that learning in this report. Please note: in the case studies the names of participants have been changed.

The sections below reflect the themes that emerged in the qualitative analysis.

High and low wellbeing in the specification for participants in the research

People with high wellbeing would:

- be doing cultural activities regularly
- be physically active regularly
- agree with a range of statements relating to feeling positive, secure, connected to others.

People with low wellbeing would:

- be doing cultural activities rarely or never
- be physically active rarely or never
- disagree with a range of statements relating to feeling positive, secure, connected to others.

Talking about wellbeing

The term ‘wellbeing’ was familiar to participants. Their understanding of the term aligned with Age UK’s definition.

Participants defined wellbeing as a general, positive state of being. They viewed it as an underlying, more consistent state of being than a transient mood or feeling – an umbrella term encompassing a range of factors in someone’s life.

**‘It’s the whole thing – fit, active, diet.
It’s holistic.’**

(Woman aged 60-74, North East, high wellbeing)

‘Feeling good is just the mood you’re feeling at the time, it can go up and down... [whereas] your wellbeing’s not going to alter that much.’

(Man aged 60-74, South East, low wellbeing)

Interestingly, they felt the term ‘wellbeing’ is associated with older people specifically, having heard it being used by their GP or other professionals.

While these views were consistent across the participants with high and low wellbeing, there was a contrast in the way the two groups talked about wellbeing.

Differences we found

People with low wellbeing talked about wellbeing as being more to do with luck and as being difficult or impossible to influence. On the other hand, people with high wellbeing talked about it as knowing yourself and actively maintaining or preserving wellbeing by taking steps to look after yourself, even though they acknowledged that’s not always easy.

“Wellbeing is about your health, your wealth and your happiness. If you’ve got all three, then you’re very lucky.”

(Man aged 60-74, South East, low wellbeing)

“You do the best you can, and you can’t control it. The other day I was just crying for no reason, nothing was the matter.”

(Woman aged 60-74, North East, low wellbeing)

“[Wellbeing is] finding something to motivate you and stimulate you.”

(Woman aged 60-74, North East, high wellbeing)

“I think wellbeing is finding things to do, enjoying things you do, recognising your stressors.”

(Woman aged 60-74, South East, high wellbeing)

It was rare for people with low wellbeing to take active steps to feel well or better, because the barriers to taking action felt too high and they were overwhelmed by their problems.

Conversely, participants with high wellbeing seemed to have a different mindset towards their wellbeing, displaying an element of self-management. They were proactive in trying to feel good or better, often by taking small, regular steps that they had identified as improving their mood.

These findings are echoed in another study we carried out with older people struggling to cope with later life. There is more on that study in the ‘Further resources’ section on page 20.

What's important?

The research participants talked about four main factors they believed affected wellbeing:

- social life
- health
- financial situation
- hobbies and activities

In practice, these factors are often interwoven and interact, but we use them as separate headings below to explore the research findings.

We also explore the following overarching themes that came out of the conversations:

- Feeling you have a purpose in life.
- Knowing or finding out about what activities and other types of support are available.
- Motivation and self-management of your own state of wellbeing.
- A reluctance to seek or accept help (often combined with a worry about being a burden).

Social life (family, friends, relationships)

Low wellbeing—People in this group tended to have few or no close relationships. Family and friends had physically moved away or drifted away. Some cited bereavement, divorce or retirement as key factors in becoming more socially isolated. Others mentioned relationships breaking down.

This group displayed extreme reticence about reaching out to old contacts or making new ones. They feared becoming a burden on others, or found old arguments or grudges difficult to get past. In addition, they struggled to think of ways to meet people or to reconnect with old friends. Men, in particular, described having acquaintances but no friends, e.g. they may have people to chat to in the pub or do an activity with, but no one to rely on in times of need.

“I just lock myself away. I’m not interested in seeing nobody sometimes. I just want to be on my own.”

(Man aged 60-74, South East, low wellbeing)

High wellbeing—For the people with high wellbeing, social connections played a central role in their lives and were actively maintained. Those living alone in particular took active steps to meet new people. Actions taken included:

- calling round and seeing people regularly
- supporting family e.g. childcare
- resolving disputes and being forgiving
- taking the initiative to see friends.

“Try and have a social life. Meet up with your old friends, or contact them if you haven’t been in touch recently.”

(Man aged 75+, North East, high wellbeing)

Health

Low wellbeing—For people in this group, health problems could constrain the ability to get out of the house, participate in activities, and socialise. People felt that their health was the most limiting factor for their wellbeing, and pain was also mentioned. Some admitted to falling into bad habits, for example a poor diet or overeating, as ways to cope with life's challenges, and some to feeling 'lazy' or unmotivated to be physically active, all of which they realised contributed to feeling worse, in some cases putting on weight, and worsening health.

"When you're my age, every day that's the hardest thing to do, to go through the pain."

(Man aged 75+, South East, low wellbeing)

High wellbeing—Among the people in this group, health may fluctuate and some had long term health problems but nevertheless managed to go out and to socialise. Many mentioned things they did to maintain their health, such as physical activity (especially walking), eating healthily, and keeping health conditions like diabetes and high blood pressure under control.

"It's best for us, at our age, to force ourselves to be active, leave the house."

(Man aged 75+, South East, high wellbeing)

"When I'm out, I feel better than when I'm indoors. That's why I always go walking in the park, it makes me feel young again."

(Man aged 75+, South East, high wellbeing)

Financial situation

Low wellbeing—The participants with low wellbeing often felt anxious about having insufficient funds, and saw lack of money as a barrier to social activity and maintaining relationships. They spoke of feeling unable to initiate contact with others because they couldn't fulfil their 'social role' without the requisite funds to do so, for example to buy treats for their grandchildren or a pint for a friend. Many spoke of reluctance to discuss their finances or ask for help from family, friends or others due to feelings of guilt or embarrassment.

"You'd feel ashamed to tell them [family] that you're struggling."

(Woman aged 75+, North East, low wellbeing)

High wellbeing—Among participants with high wellbeing, money was seen as an enabler. Many felt they had enough money, or had taken steps to balance outgoings with their income (e.g. maximising benefits). However, those with tight finances found ways to stretch their money, including making use of free or low-cost opportunities for activities, and getting help from family.

"[Finances are] very important. If you can't manage at our age to pay the bills, then you'll feel very uncomfortable about it."

(Man aged 75+, South East, high wellbeing)

Hobbies and activities

Low wellbeing—People in this group said they took part in few or no hobbies or pastimes, and were reluctant to seek any out or try new things.

“I just sit there and waste the time. It’s kind of boring.”

(Man aged 75+, South East, low wellbeing)

High wellbeing—In this group, people talked of regular participation, and about adding new interests from time to time. Activities were a means to maintain friendships and make new ones.

“Once you stop working, it’s down to yourself to keep your brain ticking over...To keep my mind going, I rely mainly on hobbies, like gardening, angling.”

(Man aged 60-74, North East, high wellbeing)

Purpose and meaning in life

Low wellbeing—Some people in this group talked about feeling unsatisfied with ‘sitting around doing nothing.’ Several mentioned how they did not like feeling ‘useless.’

“I sit inside four walls just watching [TV], it feels like it’s all caving in on you.”

(Man aged 60-74, South East, low wellbeing)

High wellbeing—People in this group talked about how important it was to feel like they were contributing and helping others. Examples included volunteering and reciprocal relationships with their friends and families, such as helping care for grandchildren.

“It’s important to get out, go walking, join in clubs – it gives purpose to your week.”

(Woman aged 60-74, South East, high wellbeing)



Knowing what activities and other types of support are available

Low wellbeing—Many people in this group believed (not necessarily correctly) that there were no opportunities, services, or activities in their area that would benefit them. They also lacked ideas or inspiration, simply not knowing where they would start if they were to try becoming involved in an interest or club. Some believed that, if services did exist, they would be ‘too expensive.’

“There’s not that many activities for older people to do these days.”

(Man aged 75+, South East, low wellbeing)

High wellbeing—As people in this group believed that participation was vital for their wellbeing, they actively sought out opportunities and took part. They mentioned finding activities through the library, church, friends, family, and online.

“I went out and done different things that maybe I haven’t done before...and sort of threw myself into things. Crafts and knitting and joined in the social things here.”

(Woman aged 60-74, South East, high wellbeing)

Motivation and self-management

Low wellbeing—The people with low wellbeing often had no close relationships to lean on, and few other coping strategies of their own that they could mention. Often they were passive about dealing with challenges, saying that whatever happened was mainly down to luck.

“I’m fed up. I’m really down. I’m just hoping things will get better. I just have to hope and pray that something good will happen to me soon.”

(Man aged 75+, South East, low wellbeing)

High wellbeing—Those with high wellbeing spoke of having coping strategies for the difficult times, which could be as simple as reading a favourite book or watching a TV programme, or something more involved such as contacting close friends or family. Other strategies included doing things they knew they would enjoy and taking special care of themselves in times of low mood.

“You’ve got to have a positive attitude, otherwise you’ll just sit there and wilt away.”

(Man aged 75+, North East, high wellbeing)

June retired from her job in the academic sector 10 years ago. Although she was very pleased to retire, these days she finds she does not do much other than watch TV and do housework. Her husband still works. She finds she would like to fill her days with something more and is sometimes lonely. But she often feels too tired or not motivated enough to take action.

Reluctance to seek or admit needing help, worries about ‘being a burden’

Low wellbeing—In general, people in this group were reluctant to seek support, citing embarrassment about their problems or worrying about being a burden.

High wellbeing—People with high wellbeing spoke about a range of clubs, community centres and volunteering opportunities that they viewed as an enjoyable and important part of life and a service they accessed through choice rather than need.

For both groups, there was a strong motivation not to ‘bother’ other people when it comes to seeking support. This was particularly true in relation to formal support services, which neither group made much use of. Both groups felt that they should be able to manage by themselves as far as possible, in the same way that they would have when younger.

No one, particularly men, wanted to feel like a burden on family and friends, or be seen as a ‘constant moan.’ For people with high wellbeing this might have entailed glossing over some difficulties in front of others, but for people with low wellbeing it might have resulted in avoiding other people. Short case studies are in the In focus panel to the right.

In focus

High wellbeing

- A few years ago Stephanie had a breakdown after her divorce. Wanting to appear strong for her children, she was initially reluctant to seek support and tried to deal with her issues on her own. Eventually she sought help from her doctor and was referred for counselling.
- Anne doesn’t want to talk to family about her financial struggles: “You don’t want to ever tell anybody that you don’t have any money, that you can’t afford it.” Although they are aware and try to help, she still wants to feel she is contributing, so will, for instance, buy the grandchildren’s birthday cake instead of presents because it is less expensive.

Low wellbeing

- Although he knows he is likely to need help from others as he gets older, maintaining his independence is a key priority for Bill. As a result, he is very reluctant to seek support from his children – either socially or relating to his health – and doesn’t want to ‘make any fuss.’ “I don’t want to depend on my kids to do anything for me, because I’d feel inept.”
- Sometimes when Linda’s health is particularly bad, she says she doesn’t want to do anything or see anyone. Having grown apart from her old work colleagues, she is reluctant to try and get back in touch for fear of intruding on their family time.
- The arthritis in Helen’s foot can be very painful. She doesn’t like telling people because she’s embarrassed that she’s not able to do the things she used to. She’s also struggled to accept ‘slowing down’ as she’s got older and not being able to do the things she used to.

How these factors intertwine in low wellbeing

Many (but not all) of our participants with low wellbeing had more debilitating health conditions than those with high wellbeing. Some suffered from painful conditions that fluctuated. Many had been forced to retire through ill health. Often people tried to manage their health, knowing what they needed to do, but serious health problems made it harder to feel motivated or to muster the energy required, and they often resorted to staying in bed or watching TV.

Importantly, these health issues had affected their ability to socialise. Without a support network to step in, their health problems made them more isolated by creating not only practical barriers but also psychological ones, such as worrying about being a burden on others. This became a vicious cycle: being sedentary because of low mood maintained or increased health problems, which led to less socialising and getting out, contributing to further low mood and being sedentary.

The life course, and life challenges that affect wellbeing

There were three stages in life where older people in our study felt that their decisions and behaviour patterns had affected their wellbeing

Firstly, people saw lifestyle choices throughout the life course as important. Many thought it was important to keep active and build strong social networks throughout life. Saving money for retirement was also mentioned.

“My advice would be to put money aside each paycheque, even if it’s only a few pounds.”

(Man aged 60-74, North East, high wellbeing)

“My advice for younger people: eat healthily, exercise, reduce stress, get help with problems, and save money for later life.”

(Woman aged 60-74, North East, high wellbeing)

Retirement was the second key stage. Early or unplanned retirement, often due to health problems, was a precursor to lower wellbeing in later life for some. People missed the income and the social life that came from work, and had not managed to replace these after retirement.

“I do miss work, and I do miss the social side of it, but with your friends working, you can’t ring them up ‘cause you’re isolated. And you don’t want to ring them in the evening ‘cause that’s their family time...”

(Woman aged 60-74, North East, low wellbeing)

“The shift from working life to retirement can be devastating. You can get bored... It can also be devastating for health, if you don’t exercise and do all the things you SHOULD be doing to help your health in retirement. It doesn’t have to cost you money, you can walk into town and catch the bus back, you can walk anywhere that you want to.”

(Woman aged 60-74, North East, high wellbeing)

Finally, in later life, those with high wellbeing believed that keeping physically and socially active could boost wellbeing. The main drivers were no different in later life than at any other time, and included maintaining health, having enough money, and good social networks. However, later life is a time when these resources were more likely to come under threat and more difficult to rebuild once challenged. Common challenges in later life to be mindful of include bereavement, becoming a carer for a loved one, changes to health, loss of employment, and reduced income.

“Be proactive in life, meet other people, and your mind stays alert...You have to put yourself out there to make friends.”

(Woman aged 60-74, South East, high wellbeing)

“I joined this history club... it’s the best thing I’ve ever done in my life. It changed my life. I’ve met so many lovely people. It’s especially good if you’re on your own.”

(Woman aged 60-74, South East, high wellbeing)

Case studies

High wellbeing

(Woman aged 60-74, North East, high wellbeing)

Pamela has become a full-time carer for her husband, who has a degenerative condition. It took about nine months to get a diagnosis because they were sent around to different specialists, sometimes more than once.

“The first challenge is mental, more than anything physical, because you feel ‘oh my goodness, this is happening,’ and you don’t know what to do. You’ve got to fight through that.”

It is hard work for Pamela, because she has to do all the things her husband no longer can, like bathe, shave and dress him. She has had to learn to feed him a special diet and how to make sure he doesn't choke on his food or tablets. She also works hard to take care of her husband's wellbeing, such as getting him outside and ensuring he doesn't feel guilty about the work she now has to do. She says it's harder on him than on her because he is frustrated there is so much he can no longer do.

Pamela feels fortunate because she has a good network who help her out and give her a break. She emphasises the importance of socialising with others to help feel connected, and lifts her mood with singing and playing music.

“You have to figure out what you need to take care of your own wellbeing so you can take care of the person you love.”

Despite being in a stressful situation that one would expect to lead to low wellbeing, Pamela demonstrates contributors to high wellbeing:

- Finding purpose, meaning and a way of contributing.
- Social relationships.
- Admitting she needed help and sought it so that she could pursue hobbies and a life outside of caring.

Low wellbeing

(Man aged 60-74, South East)

Peter is 61 years old, and single with no children. He lives alone. Originally from the Midlands, he has lived in the South East for 30 years. All of his family lives in the north of England; he rarely sees them and says he does not want to ‘burden’ them. Plus, he says, he can’t afford to travel to see them regularly.

“I just lock myself away. I’m not interested in seeing nobody sometimes. I just want to be on my own.”

In a typical week, Peter says most of his time is spent watching TV, listening to radio, going to the shops and lying in bed. He says he lives a very lonely life. He says his social isolation is partly because of the lifestyle he became accustomed to in his line of work. Moving around all the time meant it was difficult to make friends or form lasting relationships, something he’s found hard to change as he’s got older. He used to work as a senior supervisor in a commercial firm, but had to retire in his late 50s when his health rapidly deteriorated. He now finds it difficult to get out and about or function normally in day-to-day life, which has led him to become depressed and more socially isolated.

“It’s very hard for you to do anything. Even just simple jobs like hoovering your flat, because you’re so tired afterwards.”

Early retirement has left him financially unprepared for later life. Seeing his savings dwindling, he has become stressed about his financial situation – and this has further contributed to a feeling of powerlessness towards his life.

Factors contributing to Peter’s low wellbeing:

- Poor personal/family and social network over a long time (not just as result of retirement)
- Health condition, leading to poor mental health
- Developing financial worries

What helps wellbeing?

Here, we share what our participants said helps them to maintain their wellbeing.

Volunteering

Participants said it feels good to help others.
Examples they gave of volunteering are:

- A scheme that helps homeless people
- A foodbank
- A hospice

Being active in the community

Examples participants gave:

- Pensioner's Forum
- Cultural community groups, e.g. Nigerian community group
- Older People's Reference Group

Going to clubs/activities regularly

Examples participants gave:

- Knit 'n Natter
- Local history group
- Crafts
- Library book club
- Singing in community choir
- University of the Third Age (U3A)
- Going to cinema on concession tickets (less expensive)

Having hobbies (not necessarily groups/social)

Examples participants gave:

- Reading
- Playing music
- Fishing
- Gardening

Regularly meeting up with friends and family

Participants recommended using the phone if you can't see friends and family in person.

Looking after your own health

Examples participants gave:

- Physical activity – e.g. walking or other exercise
- Eating healthily
- Keeping health conditions like diabetes and high blood pressure under control

Money

Examples participants gave:

- Using budgeting and standing orders to help stick to a budget
- Downsizing as much as possible
- Making use of benefit entitlements (and finding out about benefits and being supported to submit a claim)

Participants said that being able to talk to close friends or family about money can be very helpful, as can getting support to make contact with advice agencies.

3. Recommendations for local services

Participants in our research highlighted the ability of some people to maintain or improve their wellbeing in later life, despite facing various challenges, and some shared ways they found to do this.

However, an equally important finding is that some people weren't able to improve their wellbeing on their own. There were a variety of reasons for this, a key one being the lack of a support network. These people could benefit from formal support to overcome barriers such as being in a poor financial situation, having poor physical or mental health, caring responsibilities, or a lack of awareness of the range of services and support available.

Knowing about, and having access to, services that provide information and advice and benefits checks can make a real difference.

When working with clients in later life, here are some important things for service providers to keep in mind:

- Older people can face specific challenges like bereavement, issues around homes and housing, income in retirement, becoming a carer, and changes in health and mobility.
- Older people often have multiple needs that cut across several areas.
- Financial security is key. This enables clients to focus on other areas of their lives and have the resources to pursue activities, such as getting out of the house and socialising.
- People need a sense of purpose, meaning, and belonging. Possible ways to assist with achieving these are involvement in volunteering and other ways of helping others, rather than just being a passive recipient of an intervention.
- A number of participants with low wellbeing mentioned they did not leave the house very much. Befriending and offering home visits, as highlighted in various programme evaluations, can be essential to supporting people with multiple and complex needs.
- There are often many ways for a person to improve and maintain a positive sense of wellbeing. Some examples are participation in activities and groups, connecting with a local community, or keeping active through physical activity, but specifics will depend on the individual (in line with the drive to personalise services). It is important for service providers to be able to link people with relevant local activities. Having an up-to-date list or database of community groups and activities is a good way of ensuring older people know about and can access services and support relevant to them.
- Social prescribing might be one way of helping, but some people will need extra support to attend services and activities.



4. Spotlight on services – Joining Forces, Age UK and SSAFA

Age UK, Age Cymru, Age NI, Age Scotland and local Age UKs in England offer many and varied services that directly or indirectly help improve wellbeing. One example, Joining Forces, showcased here, also illustrates strength in local partnership.

More examples can be found on the Age UK website www.ageuk.org.uk/programmes and, for services run by local Age UKs in England, by browsing their websites using the local Age UK finder: www.ageuk.org.uk/services/in-your-area





Joining Forces

In partnership with SSAFA, the Armed Forces charity, Age UK has proudly delivered the Joining Forces programme, funded by the Armed Forces Covenant Fund Trust. The programme supports 12 local projects across England that provide support to older veterans (people born before 1950 who have completed at least one day of military service), and their families and carers, to improve their wellbeing and quality of life.

The services provided are wide-ranging and depend on the needs of the individual. They include face-to-face advice, day trips and breakfast clubs. We've piloted new peer-to-peer support and offered a platform to match up veterans with similar interests to reminisce about their serving days. We introduced group calls, which give a number of older veterans an opportunity to chat weekly, including those feeling lonely.

For example, Age UK Lancashire spent time getting to know John and understand some of the challenges he was facing, which included physical health issues, lack of help around the home and feeling socially isolated, in order to identify what support could be available. As a result, John was helped to apply for Attendance Allowance, a Blue Badge and a Veterans Badge, as well as to get extra handrails fitted around his home. He also started regularly attending a local men's group, enjoying spending time with like-minded men who he now calls his friends.

John says, "I feel I have turned the corner, and through Age UK's intervention, lots of things have now come together to make my life a lot easier and more worthwhile."

Find out more about Joining Forces at:

www.ageuk.org.uk/joiningforces

Summary

In this report, we have examined factors that contribute to wellbeing, those that challenge it, the scale of challenges for older people in England, and how people experience low and high wellbeing in later life.

The main aspects of life that impact on wellbeing are social life, health, financial situation, and hobbies or activities. Having close relationships is key. These drivers to wellbeing are basically the same at any age, but in later life are more likely to come under threat and are harder to rebuild.

Also important are having a sense of purpose and meaning in life, motivation and self-management, and knowing what support is available. Most of the people we spoke to were reluctant to seek or admit the need for help.

It is possible to have high wellbeing in later life despite facing challenges such as poor health, poor finances, or bereavement. However, multiple challenges that result in social isolation can lead to a significant decline in wellbeing.

Some older people are able to seek out ways to help themselves towards higher wellbeing. People with low wellbeing appear more likely to need support from others, including from service providers, to help them move towards a higher state of wellbeing. Having low wellbeing can bring about a feeling of helplessness to make changes to improve things.

The findings from our research have clear implications for those providing services for people in later life. Key among these are not only that formal services are crucial to improve wellbeing in some people, but also that support may be needed to enable older people to access and make use of these services.

Further resources for professionals

We have further research and resources relevant to supporting wellbeing in older people.

Creative and cultural activities

In our Index of Wellbeing in Later Life, participation in creative and cultural activities - including a wide range of activities such as crafts and woodworking - emerged as the leading contributor to wellbeing in older people. Struck by that finding, we investigated this further and, in 2018, published a report titled, "Creative and cultural activities and wellbeing in later life". The report explores the relationship between participation in these activities and wellbeing, the factors linked to participation by older people, policy recommendations, tips for practitioners, and case studies of creative activity services delivered by local Age UKs.

www.ageuk.org.uk/creative-cultural-report

Struggling to cope

Age UK has many years of experience of working with older people who are going through tough times. One of the things we have learnt is that older people who are in the worst place often feel there is no hope, leading to a vicious circle of low self-worth, lack of motivation and reluctance sometimes to ask for or accept help.

We wanted to understand more about what life is like for older people who show signs of struggling in various aspects of their lives, for example not keeping up with household tasks or finances, neglecting personal hygiene, not eating properly, or not taking medications. In a qualitative study in 2016-2017 by Britain Thinks on behalf of Age UK, we found a cycle of exclusion and self-exclusion from the world around them among the older people who were interviewed. Underpinning these



behaviours were a lack of confidence, a feeling of hopelessness, and a reluctance to ask for help, accentuated by feeling a burden. Depression and other mental health issues can be part of these issues.

Our webpage includes the full research report, a briefing with recommendations for service providers, and videos of older people talking about asking for help, employment and sense of worth, debt and money worries, and choice and motivation. www.ageuk.org.uk/strugglingtoco

Worried about someone? A guide to having difficult conversations

We know from examples like the Struggling to cope research that older people may find it hard to open up and talk to anyone about their situation and concerns. For people worried about an older friend or relative, it can equally be difficult to start a conversation about their concerns. Based on the Struggling to cope research and consultations with older people, we have developed a series of web pages designed to help anyone who is worried about an older person to take a step back and assess their worries, think about the perspective of the person they are concerned about, and then open up a conversation with them. The suite of pages act as a guide through that process.

www.ageuk.org.uk/worried

