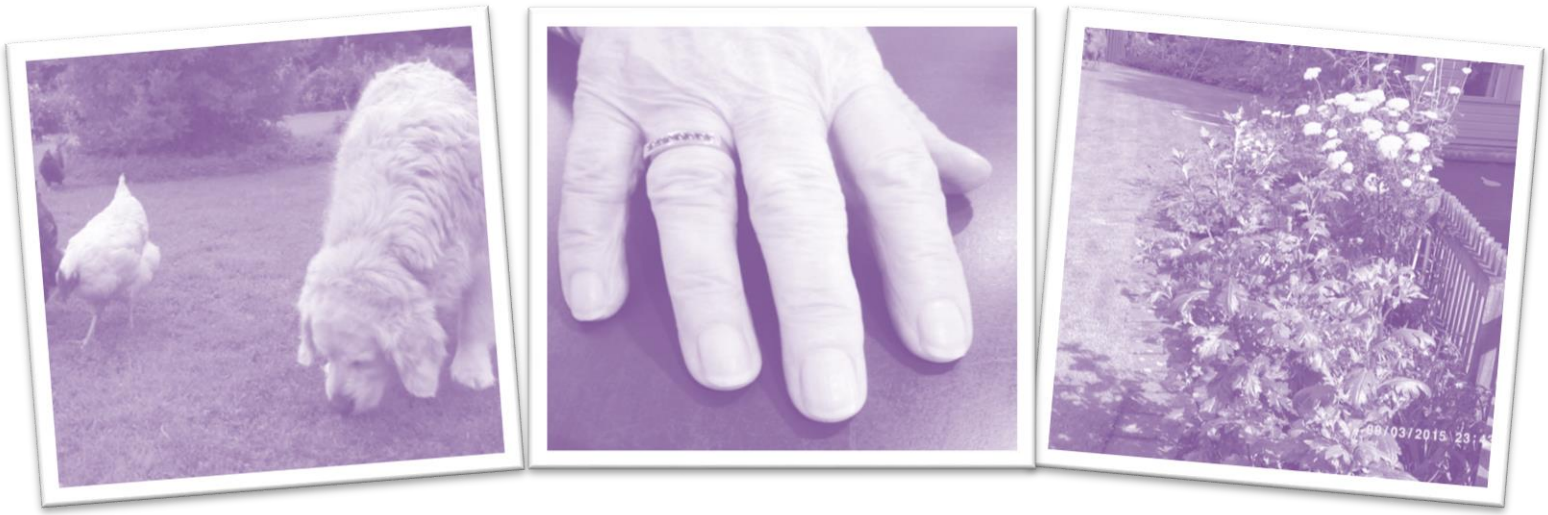
A Good Life in Later Years: A Co-Produced Research Project



A project report presented by the

University of Stirling, Community Researchers and Age Scotland

NATIONAL LOTTERY FUNDED

life changes trust
Creating better lives.

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Acknowledgements

Our thanks go to the Life Changes Trust for funding this innovative project, and for giving us all the opportunity to learn from each other over the course of this project. We would like to thank Age Scotland, who have worked in collaboration with us throughout the project and in the sharing of the findings from the research. We would also like to thank any organisations and individuals that have supported us over the course of the project. Finally, we would like to thank the many participants who gave up their time to take part in this research. Your support and assistance has contributed to us being able to gather such rich information about a good life in later years, which we hope will inform future policy and practice.

We would also like to acknowledge that the word art within this report has been powered by WordArt.com.

Guidance to support reading this report

The findings within this report are supported with a mixture of images (captured by community researchers), quotes (expressed by participants in focus groups) and statistics. The main report includes limited statistical values including:

- The number of people included or asked – represented by N e.g. N=256 means that this question was asked of 256 people
- The percentage of people that had answered the question – represented by % and often referred to as a valid percentage.

In Appendix 1, we provide statistical values for tests of associations that inform comments in the main text about the following:

- The extent to which two concepts are related to each other. For example, the extent to which age and overall satisfaction with life might be related. The relationships tested within this study used 1 of 2 statistical tests. Cramer's V, which is represented as V, and Phi, which is represented as Ø. Both these tests measure the strength of any relationship between two concepts. Where both concepts being considered have two categories, e.g. male/female and being a carer/not being a carer, then Phi would be used. In other circumstances Cramer's V is reported.

  The strength of the relationship between concepts is measured on a scale of 0 to 1. The strongest of relationships is 1 but 0 would indicate there is no relationship. The strength of the relationship would be reported alongside a probability or p value, which reflects how statistically significant or how generalizable across the sample, that that result is. Results are identified as being statistically significant if the p value is less than 0.05.
  As an example, when we considered age and the type of questionnaire completed, we identified that the strength of the relationship was relatively strong i.e. V=.419 and that this was statistically significant i.e. p was less than .0001. This would be reported as V= .419, $p < .0001$.

Contents

1. Introduction

The 'A Good Life Project' evolved as a co-production study looking at quality of life in later years. Funded by the Life Changes Trust, and in partnership with Age Scotland, researchers from the University of Stirling worked hand in hand with community researchers all over Scotland to explore what really matters to people as they grow older.

This project utilised a co-production approach that facilitated research not just *about* people but research that was conducted *with* them. The findings presented in this report have been researched by five community researcher teams, alongside researchers from the University of Stirling. The co-production approach encouraged an equal partnership during the data collection, analysis and dissemination of findings.

The report presents insight into the essence of a good life in later years. It provides a rich, in-depth look at what really matters to people in later life. The conclusions are drawn from an analysis of visual representation, focus groups and a survey.

The research explored what older people think is needed to achieve and maintain a good life, as well as how a good life might differ if an individual finds themselves developing a long-term condition (including dementia), or if they become a carer. The results from the findings in this report are structured into the following themes that were identified during analysis sessions with community researchers:

- Communities
- Health and Wellbeing
- Services
- Hobbies, pastimes and interests
- Learning and education
- Volunteering
- Work, paid employment and retirement
- Money and financial resources
- Social relations and friendships
- Technology and communication
- Societal attitudes and values
- Environment
- Transport and travel
- Independence, choice and freedom
- Housing
- Belief systems, spirituality, faith and religion
- Preparing for end of life

2. The methodology

The information and points shared within this report have been gathered through three key methods: visual images; focus groups; and a survey. In this section, we will set out in detail how the research was conducted, and the role adopted by the community researchers in each of the stages of the research.

VISUAL METHODS

The first stage of data collection involved gathering visual representations of what was important in a good life in later years. In preparation for data collection, each research team was provided with a one-day training session. This session introduced community researchers to the ethical and legal factors that must be considered when capturing images, for example, protecting identity, gaining consents and copyright issues. For one group, the session provided the opportunity to develop skills in capturing digital images. The training session also provided the opportunity to discuss three different approaches that might be taken and for community researchers to agree how their team would approach this phase of the research. The three options discussed were:

1. Researchers could capture images of what they believed, from their own experiences and knowledge, would be important to a good life in later years.

2. Researchers could use a short questionnaire to seek the opinion of others they know about what makes a good life in later years. Researchers would then go out and capture images that were representative of the views that they had identified.

3. Researchers could ask people that they know to provide images that represented a good life in later years.

Most of the researchers favoured option two but there were some that preferred to use the other options.

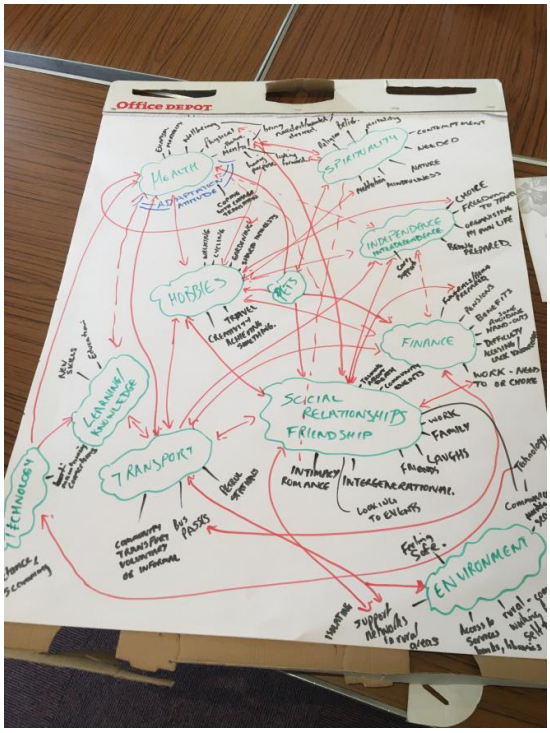
Across all the groups researchers gathered the views of 67 older people using a short questionnaire. Of those 67 responses the following observations were made:

- 46 responses were from females, 21 responses from males
- 19 responses were from carers
- 6 responses were from people living with memory problems
- 29 responses were from people aged 60-69, 17 from people aged 70-79, 13 from people aged 50-59, 6 from people aged 80-89 and 2 were from people aged over 90 years old.

A total of 127 images were gathered from across all groups and were used within the analysis. A small number of additional images had been captured but were of a very similar nature to the ones taken forward to analysis. Once images were gathered, each research team met to analyse them. The analysis involved two phases: first, each image was discussed to identify what the image was captured to represent and whether this image had any other meanings to the community researchers; then the group used a mind map to capture the key themes that were emerging. The themes identified would inform the questions that were to be asked in the second stage of the research – focus groups.

FIGURE 1: RESEARCHERS ANALYSING VISUAL IMAGES

FIGURE 2: EXAMPLES OF THE FOCUS GROUP MIND MAPS

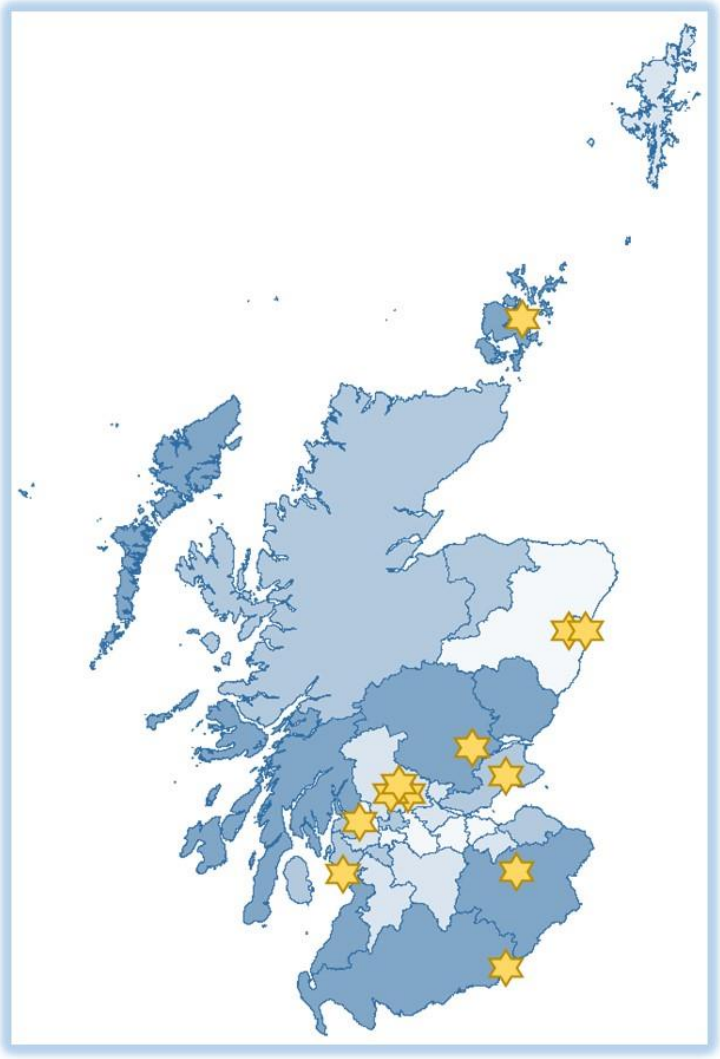


FOCUS GROUPS

Community researchers were provided with one-day training on designing and conducting focus groups. This session included dementia awareness training to ensure that community researchers were able to support people living with dementia to take part within the focus groups. During the session, community researchers also discussed how they would prefer focus groups to be run. Most agreed that focus groups would begin with an ice-breaker, where people would discuss images of what would make a good life in later years. This would be followed with an open discussion, based on the items raised in the ice-breaker.

Twelve focus group discussions took place across Scotland in October and November 2016, from Orkney in the North of Scotland to the Scottish Borders in the South. Participants were recruited by community researchers and through their networks, via contacts known to the university researchers and local news media. These discussions contributed additional perspectives to enrich the information gained through the visual methods. The locations of the 12 focus groups are shown by stars on the map in Figure 3:

FIGURE 3: MAP AND LIST OF FOCUS GROUP LOCATIONS



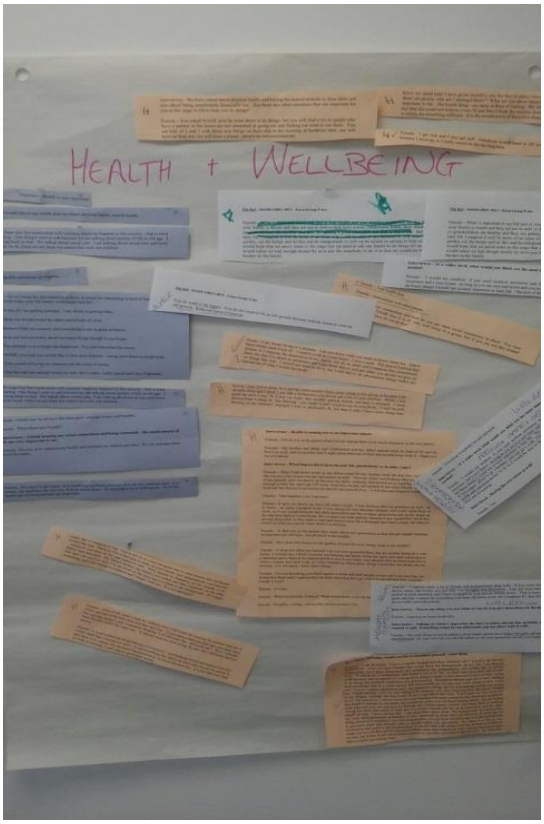
1. Orkney
2. Aberdeen
3. Aberdeen
4. Perth
5. Fife
6. Stirling
7. Stirling
8. Stirling
9. Kilmarnock
10. Glasgow
11. Newcastletown
12. Galashiels

We were keen to gather a diverse range of participants and therefore it was important to include organisations such as multicultural groups and housing associations. To take an inclusive approach, we ran two groups that focused on people living with dementia, and we ran a focus group in Chinese with translation support from researchers in one of our community research teams. We ran groups in a mixture of urban, rural and remote rural locations to capture different types of geographic areas.

We spoke to 66 people (41 female, 19 male, 6 unrecorded) in total during these 12 discussions. Seventeen people identified themselves as carers and 11 people disclosed having memory problems.

Each focus group discussion was transcribed professionally with identifying features of people and places removed from the transcripts. Each community research team was given between one and four transcripts to analyse during a session in October and November 2016. Key quotes were coded under themes previously identified from the visual analysis sessions. There was the opportunity to code new themes if these were found. While we did not find any new overarching themes, one of the broader themes identified from the visual analysis sessions was divided into two (separating education and learning from activities and pastimes) as it was felt that these two themes were distinct.

The transcripts from the different focus groups were printed on different coloured paper and the community researchers cut out interesting quotes that highlighted important themes emerging from the discussions. The picture below shows an example of quotes coded under the theme 'health and well-being' from the session at Stirling where the team analysed three focus group discussions.



At each analysis session, discussions for each theme focussed on what the quotes said about the essence of a good life in later years, differences between diverse groups, and what needed to be in place to achieve these aspects of a good life. These three discussion points were handwritten for each analysis session and then typed into a single document that drew together all the discussions across the five analysis sessions. This summary analysis was used to inform the development of a survey of good life that would be distributed across Scotland.

SURVEY

Community researchers and university researchers worked collaboratively on the development of the questionnaire. Each community research team had half a day of survey development training and spent a further half day working on developing questions around themes that would be covered within the questionnaire. A further survey development day was arranged, where community research teams came together, and designed questions around the remaining themes that would be covered within the survey. The themes to be covered within the survey were those that were identified after analysing the focus groups and the visual representations of a good life. These were as follows:

- About the respondent
- Communities
- Services
- Beliefs, spirituality, religion and faith
- Hobbies, pastimes and activities
- Learning and education
- Volunteering
- Work, paid employment and self-employment
- Social attitudes and values
- Social Relations and friendships
- Environment
- Health and wellbeing
- Technology and communication
- Housing
- Independence, choice and freedom
- Transport and travel
- Money and financial resources
- Preparing for end of life

At survey development sessions, researchers were supported with a mind-map of the themes that had emerged. They were asked to consider the issues that were most important to capture within the survey and worked together to formulate the format and content of the questions to be asked. The questionnaire also asked one standard question about overall quality of life, which comes from EUROSTAT European Survey of Quality of Life.

With so many sections, there were concerns about the final length of the survey and how this may not be accessible for some older people, and that it may be off-putting for many others. The groups discussed the following possibilities for managing this:

1. **To reduce the number of questions overall.** Whilst this would have provided a much shorter questionnaire, there were concerns that there would be insufficient detail captured from the survey to support the overall aims of the project
2. **To randomise questions and have only a proportion of themes provided to each respondent**. This would have meant that not everyone needed or had the choice to complete each of the sections. It was also decided that the management of this in paper copies might be difficult.
3. **To have two versions of the questionnaire: A shorter version and a longer version**. The preferred option was to have two versions of the questionnaire. A short version, which would measure quality of life but would be restricted in its ability to provide further detail, and a longer version that would ask the same questions with additional questions around each of the themes. This was the preferred option, as it provided individuals with a choice as to how they would like to engage with the project, and also provided the option to gather both detailed and summary information about a good life in later years.

Draft versions of a shorter and longer questionnaire were produced. These were then circulated around the research team and piloted by community researchers. Feedback from the pilot was gathered and questionnaires were modified accordingly. The final versions of the questionnaires were submitted for approval to Stirling University's General University Ethics Panel. The shorter version of the questionnaire would take 5-10 minutes to complete, whilst the longer version of the questionnaire would take between 35-45 minutes.

Distribution of survey

The survey was set up on Bristol Surveys Online and the link was distributed electronically through university researchers, community researchers, Age Scotland and the Life Changes Trust. Copies of the shorter questionnaire were also distributed in paper format to member groups of Age Scotland. Longer copies of the questionnaire were available on request and distributed by Age Scotland.

Survey returns and sample

A total of 748 questionnaires were returned. This included 370 online responses and 378 paper responses. Given the distribution strategy, it is not surprising that most of the paper responses were the shorter questionnaire (n=366, 96.8% of paper responses, 48.9% of all responses). Online, where both shorter and longer questionnaires were instantly available, there was greater completion of the longer version (n=196, 53.0% of online responses, 26.2% of all responses) than the shorter version (n=174, 47% of online responses, 23.3% of all responses).

Gender

Just over a quarter of respondents, who provided detail of their gender, were male (n=190, 25.7%) and three quarters were female (n=550, 74.3%). There were no differences between men and women in terms of preference for the type of questionnaire completed (i.e. online or paper).

Age

All but 10 people identified which age category they were in. Around a third of respondents (n= 227, 30.3%) were aged 60-69 years and another third were in the 70-79 age category (n=226, 30.2%). Whilst the survey was targeted at people over 50 years, a few respondents (10, 1.3% of responses) were from people under the age of 50.

FIGURE 4: AGE OF SURVEY RESPONDENTS

Age	N (valid %)
Under 50	10 (1.4%)
50-59	182 (24.6%)
60-69	227 (30.7%)
70-79	226 (30.6%)
80-89	81 (11.0%)
Over 90	12 (8.3%)

There was a relatively strong association between age and the type of questionnaire. As the table below shows, people in the older age categories were more likely to complete paper questionnaires than online questionnaires.

FIGURE 5: AGE AND QUESTIONNAIRE CHOICE

Age	Online N (Valid %)	Paper N (Valid %)
Under 50	7 (1.9%)	3 (0.8%)
50-59	140 (76.9%)	42 (23.1%)
60-69	132 (58.1%)	95 (41.9%)
70-79	67 (18.3%)	159 (70.4%)
80-89	19 (23.5%)	62 (76.5%)
Over 90	1 (8.3%)	11 (91.7%)

People providing care or support

Of those completing the questionnaires, 722 provided details on whether or not they provided care to a relative, friend or neighbour. Just under a quarter of those (n=176, 24.3 %) expressed that they did provide care, with the remainder (n=546, 75.6%) stating that they did not provide any care. There was no statistically significant association between carer status and the preference for type of questionnaire.

People living with long-term conditions

Long-term conditions are common in the people responding to our survey, with 44% (n=748) suggesting that they had one or more long-term condition. The most frequent condition was partial hearing loss or deafness, reported by 21.4% of respondents. Conditions, other than those listed in the questionnaire, were reported by 15.5% of the respondents. These included conditions such as cancer, Parkinson's disease, cardiovascular conditions, and diabetes.

FIGURE 6: LONG-TERM CONDITIONS

Long-term condition	N (valid %)
Partial hearing loss or deafness	160 (21.4%)
Other long-term condition	116 (15.5%)
Physical disability	111 (14.8%)
Memory problems	55 (7.4%)
Mental health problem	49 (6.6%)
Partial sight loss or blindness	29 (3.9%)
Learning difficulty e.g. Dyslexia	6 (0.8%)
Dementia	6 (0.8%)
Developmental disorder e.g. Autistic Spectrum Disorder	1 (0.1%)
Learning disability e.g. Down's Syndrome	1 (0.1%)

There were some relationships between long-term conditions and the choice for questionnaire. A lower percentage of people with memory problems (16.4%) completed the longer questionnaire than the percentage of people without memory problems (28.7%). A lower percentage of people with partial hearing loss or deafness completed the longer questionnaire (18.8%) than the percentage of people not reporting hearing loss (30.3%).

A higher percentage of people with mental health problems (42.9%) completed the longer survey than people who did not report having mental health problems (26.8%).

In this report, we will not look at the long-term conditions individually because for the longer questionnaire questions, the number of people selecting each of the options is likely to be very small especially for those conditions that are less frequently reported.

As such we will look to see if there are differences in the responses provided by people who have one or more long-term conditions, and also to see if there are differences for those with either memory problems or dementia and those not reporting having memory problems or dementia. The inclusion of the latter as a specific category is to provide more insight in relation to the questions that need to be addressed during the course of this project.

Ethnicity

The largest percentage of responses came from people who considered their ethnicity to be Scottish. However, responses came from across a range of ethnic groups. Those recording their ethnic group as other or white other, including Canadians, Australians, Europeans, other mixed ethnicity, and one individual who noted their ethnicity as “human”.

FIGURE 7: ETHNICITY

Ethnicity	N (Valid %)	Ethnicity	N (Valid %)
Scottish	495 (69.7%)	Chinese, Chinese Scottish or Chinese British	2 (0.3%)
British	120 (16.6%)	Pakistani, Pakistani Scottish or Pakistani British	1 (0.1%)
English	69 (9.2%)	Indian, Indian Scottish or Indian British	1 (0.1%)
White other	11 (1.5%)	African, African Scottish or African British	1 (0.1%)
Irish	8 (1.1%)	Italian, Italian Scottish or Italian British	1 (0.1%)
Welsh	5 (0.7%)	Arab, Arab Scottish or Arab British	1 (0.1%)
Other	5 (0.7%)		

The small number of people responding from some ethnic groups are insufficient to allow reliable analysis. Subsequently, for purposes of analysis, the following four categories will be used: Scottish; English, Welsh or Irish; British; and Other. There was no association between ethnicity and the length of questionnaire completed.

CAVEAT TO SURVEY ANALYSIS

The findings from the survey, and the findings from the other stages of our research, form an invaluable resource for understanding a good life in later years in Scotland. The findings have been drawn from research

that has consulted with 860 people over the age of 50 years old. The sample of those taking part has been diverse. We have included people across the age range of older people, with at least 14 people that are over the age of 90. We have also included the views of 78 people living with memory problems or dementia, and 207 that defined themselves as carers. We have spoken with people from different ethnic and cultural backgrounds, including people from the Chinese community.

However, whilst the responses came from a diverse sample, it is important to note that there are limitations to that diversity. This may be particularly true of the findings from the survey. The distribution of the survey was primarily through Age Scotland and so there is likely to be a higher proportion of responses from members of Age Scotland than if this were a random sample. People responding to this survey are therefore more likely to be connected to different groups and organisations than if the survey had been conducted using a random sample. This may have implications, especially in terms of feelings of social connectedness and in terms of being part of communities.

In addition, there was minimal representation of some groups (e.g. people over 90 years, people from certain ethnic groups, people living with dementia). This may be associated with the format in which the report was produced and delivered, and the fact that the survey was not translated into different languages. The limitations of the sample should be borne in mind when making sense of the findings.

3. Communities

THE IMPORTANCE OF COMMUNITIES

Being part of a community is considered vital for a good life. This was something that came through all parts of our research and, as such, community researchers would like to encourage the roll-out of resilient communities to support a good life in later years. Communities provide people with a sense of belonging. Out of 205 people asked if they agreed with this statement, 198 (96.6%) either strongly agreed or agreed. For some this was about belonging to a place, but for others it was about being part of a community, or cultural group that would support sharing activities and celebrating shared heritage:

> "The organisation also organises regular day trips so we can all go together on a day trip or sometimes the theatre or the Chinese New Year celebrations." (Focus group participant, translated from Chinese)

Communities are supportive (175 from 202 responses strongly agreed or agreed with this statement, 86.6%) and are enabling (159 from 195 responses strongly agreed or agreed with this statement, 81.6%). The following quote from one of the focus groups illustrates this:

> "Everybody in here looks after the new people coming in, that is what we do to help. We all help anybody new that [is] coming in: you are sympathetic to how they are feeling. If they are not very mobile everybody looks out for them…It allows people to help other people, which is really important – it is not always the Council doing it, but it is about the human touch." (Focus group participant)

The above quote illustrates not only how communities provide support in addition to that which formal services can offer, but also how it can be important for many people to be able to help others and make a

difference in the lives of others. In our survey, 92.5% (197 out of 202 responses) agreed that communities provided the opportunity to make a contribution or to give something back.

Resilient communities will work together, supporting when needed but, equally importantly, ensuring that people can contribute however they wish to and are able to.

This image of a glue stick, captured by one of the community researchers, represents the need for communities that work and stick together. It is about recognising the various roles that people within communities can take on and the benefits that can come from established communities. Communities that work together will look out for each other and will provide a vital source of support when needed. Appreciating the skills and experiences that people can bring to their communities is vital and the emphasis should always be on a “can do” rather than a “can’t do” attitude.

Communities should be inclusive and it was clear from our research that intergenerational aspects of community were particularly important. In the survey, 82.3% (163 people from 198 responses) strongly agreed or agreed that the most important community to them encourages generations to come together. Our focus groups further highlighted that people tended to see communities as intergenerational - their own quality of life was shaped by knowing that the quality of life of other generations, now and in the future, was being addressed.

> “It matters for me because I would worry about the next generation, what my grandchildren are going to do when they grow up…I wonder what quality of life they are going to have because there do not seem to be as many jobs available.” (Focus group participant).

RECOGNISING THE DIVERSITY OF COMMUNITY

There is no doubt that belonging to a community is important to the quality of life in later years but it is important to recognise that community can mean different things. In the survey we asked people whether certain types of community were important in later life. There was significant agreement that the local area and its people were important in later life (n=183, 88.0%).

FIGURE 8: COMMUNITIES THAT ARE IMPORTANT

What communities are important to you in later life? (n=208)	
Local area and its people	183 (88.0%)
Friends	181 (87.0%)
Family	175 (84.1%)
Groups and organisations	140 (67.3%)
Work	78 (37.5%)
Online	75 (36.1%)
Other	6 (0.03%)

However, when asked, which community was most important in creating a good life in later years, family was most often reported.

FIGURE 9: MOST IMPORTANT COMMUNITY

What community is most important to you in ensuring a good life in later years (n=199)	
Family	87 (43.7%)
Friends	45 (22.6%)
Local area and its people	35 (17.6%)
Groups and organisations	24 (12.1%)
Other	4 (2.0%)
Online	3 (1.5%)
Work	1 (0.5%)

Ethnic identity is associated with the community that is seen as most important.

Those suggesting that they were Scottish were more likely than other groups to record family as being the most important community. It is not clear why these differences were observed but this might be associated with shared cultures and/or heritages that shape our understanding of community.

FIGURE 10: ETHNICITY AND COMMUNITY

	Local area	Friends	Family	Work
Scottish (n=129)	19 (14.7%)	30 (23.3%)	63 (48.8%)	0
English, Irish or Welsh (n=22)	5 (22.7%)	3 (13.6%)	8 (36.4%)	1 (4.5%)
British (n=34)	8 (23.5%)	12 (35.3%)	10 (29.4%)	0
Other (n=12)	3 (25.0%)	0	5 (41.7%)	0
	Groups	Online	Other	
Scottish (n=129)	15 (11.6%)	1 (0.8%)	1 (0.8%)	
English, Irish or Welsh (n=22)	3 (13.6%)	1 (4.5%)	1 (4.5%)	
British (n=34)	3 (8.8%)	0	1 (2.9%)	
Other (n=12)	2 (16.7%)	1 (8.3%)	1 (8.3%)	

Whilst the importance of family and friends as a community when people get older is recognised here, the remainder of this section will not specifically consider family and friends. It will focus on discussing other forms of community and the actions that might be taken to further support the development of these communities. Family and community will be discussed in more detail in the social relations and friendship section of this report (see section 11).

SATISFACTION WITH COMMUNITY

Most of the respondents in our survey were either very satisfied (n=216, 29.7%) or satisfied (n=436, 60.0%) with the opportunity that they had to be part of a community or communities.

FIGURE 11: BEING PART OF COMMUNITY

Satisfaction with the opportunity to be part of a communities	
Very satisfied	216 (29.7%)
Satisfied	436 (60.0%)
Dissatisfied	43 (5.9%)
Very dissatisfied	3 (0.4%)
Not sure	29 (4.0%)

Most respondents were also satisfied with the opportunities that they had to make a contribution to communities.

FIGURE 12: ABILITY TO CONTRIBUTE TO COMMUNITY

Satisfaction with the opportunity to contribute to communities	
Very satisfied	208 (29.0%)
Satisfied	413 (57.5%)
Dissatisfied	54 (7.5%)
Very dissatisfied	5 (0.7%)
Not sure	38 (5.3%)

These findings were somewhat surprising to community researchers and some caution has to be exercised when making assumptions on the basis of the findings in terms of both satisfaction in belonging to and in being able to make a contribution to their communities. Our survey was distributed through Age Scotland's network and therefore many of those taking part would already be connected with various activities.

Further exploration into the data highlights how there are certain parameters that mean people are less likely to be satisfied with both the opportunity to belong to a community and the opportunity to make a contribution to the communities that they belong to. Age is related to the level of satisfaction relating to communities. Younger people were more likely to report being dissatisfied or very dissatisfied with the opportunities to belong to communities than those in older age groups. Those in the older groups (with the exception of those over 90) are more likely to report being very satisfied with the opportunities to be part of communities.

FIGURE 13: AGE AND BEING PART OF COMMUNITY

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
50-59	36 (20.1%)	114 (63.7%)	15 (8.4%)	2 (1.1%)	12 (6.7%)
60-69	71 (31.8%)	133 (59.6%)	12 (5.4%)	0	7 (3.1%)
70-79	75 (34.4%)	125 (57.3%)	11 (5.0%)	0	7 (3.2%)
80-89	28 (37.3%)	45 (60.0%)	0	0	2 (2.7%)
Over 90	2 (16.7%)	7 (58.3%)	2 (16.7%)	0	1

Age is also a factor in whether people are satisfied with the opportunity to make a contribution to their community. The percentage of people who are very satisfied or satisfied with their opportunity to make a contribution to their communities increases with the age group, with the exception of those over 90. Those over 90 are more likely to agree they are satisfied with this than other age groups, but are less likely to state that they are very satisfied.

FIGURE 14: AGE AND MAKING A CONTRIBUTION TO COMMUNITY

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
50-59	38 (21.2%)	109 (60.9%)	18 (10.1%)	1 (0.6%)	13 (7.3%)
60-69	71 (31.8%)	123 (55.2%)	15 (6.7%)	3 (1.3%)	11 (4.9%)
70-79	74 (34.6%)	116 (54.2%)	16 (7.5%)	0	8 (3.7%)
80-89	20 (27.4%)	47 (64.4%)	1 (1.4%)	0	5 (6.8%)
Over 90	0	7 (77.8%)	1(11.1%)	0	1 (11.1%)

It is not possible to know from the survey why these age differences exist. It may be that people in younger age groups have less opportunity

to be part of, or to make a contribution to, communities. If this is the case, then questions have to be raised about the potential longer term implications (particularly in terms of future social isolation and feelings of being valued) if the opportunity for this generation to become part of and make a contribution to communities becomes further constrained. An alternative explanation of the age differences is, that the opportunity to belong to communities in later years is the same or less than in younger years, but that people in older age categories have different expectations about the perceived extent of the opportunities that should be available to them and, subsequently, are more accepting that their current situation is satisfactory. If this is the case, then questions have to be asked about whether this is associated with disempowerment rather than a genuine satisfaction with the opportunities that are available.

CHANGING COMMUNITIES

There are occasions when people might have to change the communities that they belong to. Those completing the longer questionnaire (n=208) were asked to identify which elements might mean that they would have to consider altering the communities that they belong to. Physical and mental health were the most frequently reported circumstances that would mean people would consider changing their communities. The services available to the individual and family input or pressure were the least likely things to make people consider changing the communities that they belong to.

FIGURE 15: FACTORS LEADING TO CHANGING COMMUNITIES

Physical health	143 (68.8%)
Mental health	101 (48.6%)
Financial position	82 (39.4%)
Transport options	75 (36.1%)
Physical or mental health of a relative or friend	72 (34.6%)
Housing needs	65 (31.3%)
Healthcare options	63 (30.3%)
Bereavement	54 (26.0%)
Services available to you	51 (24.5%)
Family input or pressure	34 (16.3%)

Overall, the majority of people completing the longer survey felt that they would find it very easy or easy to join new communities.

FIGURE 16: EASE OF JOINING COMMUNITY

	Very easy	Easy	Difficult	Very difficult	Not sure
A new local area and its people (n= 204)	16 (7.8%)	87 (42.6%)	69 (33.8%)	11 (5.4%)	21 (10.3%)
A new circle of friends (n=203)	10 (4.9%)	81 (39.9%)	73 (36.0%)	21 (10.3%)	18 (8.9%)
New family members (n=178)	24 (13.5%)	95 (53.4%)	27 (15.2%)	10 (5.6%)	22 (12.4%)
New work situations (n =126)	9 (7.1%)	69 (61.9%)	31 (24.6%)	6 (4.8%)	11 (8.7%)
New groups and organisations (n =199)	18 (9.0%)	117 (58.8%)	45 (22.6%)	4 (2.0%)	15 (7.5%)
New online communities (n =161)	22 (13.7%)	82 (50.9%)	29 (18.0%)	6 (3.7%)	22 (13.7%)

There were, however, aspects associated with changing communities being more difficult. There was an association between gender and joining new work situations, with women being more likely to express that they would find joining new work situations difficult or very difficult (35.2% of women, n=31, compared to 16.2% of men, n=6). Women were also more likely to find joining new groups and organisations difficult (27.9% of women, n=39, compared to 10 17.5% of men, n=10).

Having a long-term health condition was linked to how difficult it would be to join new groups. Those with long-term conditions were also more likely to express that they would find it difficult or very difficult to join new groups and organisations than those that did not have any long-term conditions (27.9%, n=24, compared to 22.2%, n=25).

Finally, age was a factor in determining how easy it would be to join new family communities.

People in older categories are more likely to state that they would find it very easy to join new family communities and less likely to find it very difficult to join family communities than people in younger age categories.

FIGURE 17: AGE AND JOINING NEW COMMUNITIES

Joining new family communities					
	Very easy	Easy	Difficult	Very difficult	Not sure
50-59 (n=68)	3 (4.4%)	37 (54.4%)	9 (13.2%)	4 (5.9%)	15 (22.1%)
60-69 (n=68)	11 (16.2%)	38 (55.9%)	9 (13.2%)	6 (8.8%)	4 (5.9%)
70-79 (n=30)	5 (16.7%)	16 (53.3%)	7 (23.3%)	0	2 (6.7%)
80-89 (n=9)	5 (55.6%)	2 (22.2%)	1 (11.1%)	0	0
90+ (n=1)	0	1 (100%)	0	0	0

This followed discussions during the visual analysis where it was noted that having mobility and sensory impairments caused difficulty in joining new social situations. Furthermore, there is a need to consider that people with health conditions can often be met with social stigma. Social attitudes and values, which will be discussed in a separate section of this report (see section 13), may have a bearing on the extent to which people feel they are included or excluded from communities. This was observed in relation to people that had long-term conditions. Furthermore, for one focus group participant who was living with dementia, there was a sense of being excluded very directly and this might be associated with social stigma surrounding the condition:

> "Where I live people a lot of the time do not talk to you. I do not know whether it is something wrong with me. I can walk past and say hello and they will walk on. Have I done something wrong? Is it me?" (Focus group participant).

Effectively, whilst overall people will find joining new communities easy, there are certain situations where this might prove difficult. Consideration must be given to the factors that could support people that face difficulties in integrating into new communities. The survey asked what people felt would support them to integrate into a new community. Our survey indicated that the top three things that would make it easier to join new communities would be if people were welcoming, if there were a choice of activities or groups to join and if the individual felt that they had something to contribute to a new community.

FIGURE 18: MAKING IT EASIER TO JOIN COMMUNITIES

What would make it easier to join communities?	
People being welcoming	177 (85.1%)
Having a choice of activities or groups to join	151 (72.6%)
Having something to contribute or to offer a new community	134 (64.4%)
Inclusive communities	102 (49.0%)
Access to information	91 (43.8%)
Transport	86 (41.3%)
Finance	71 (34.1%)
Buddy or befriender	47 (22.6%)

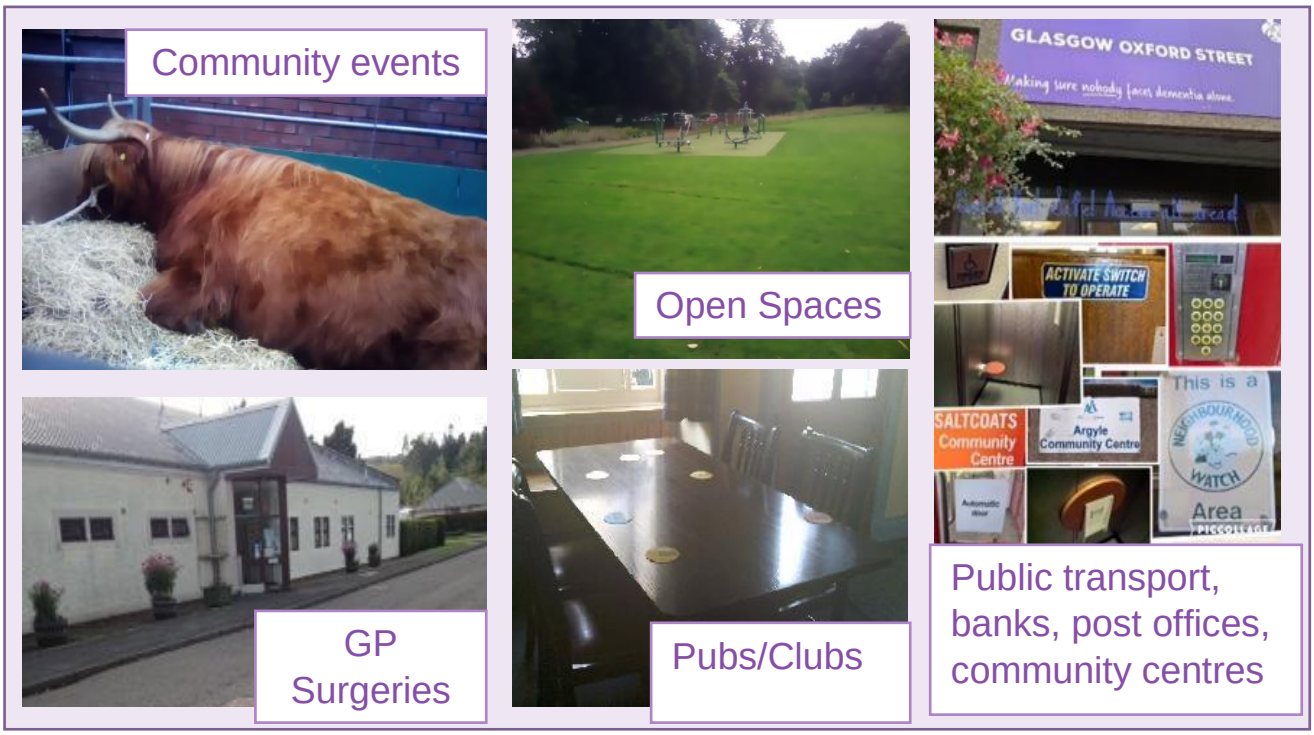
The contribution that older people can and do make to communities is often undervalued or underestimated. This can be especially true for those that are frail and unable to easily leave their home. The following image was taken by a community researcher to highlight how people who are housebound might still be able to play a vital and vibrant role in their community. It reflects the life of a lady, who used to be very involved within her local community groups, but because of a deterioration in health finds herself unable to leave her home. Despite this, she remains the “go to” person when people want a chat or to talk through their problems. This assumed role, keeps them very much connected with their community but it also makes them feel valued and able to continue to give back to her community.

Of course, inviting others into the home is a choice and not something that would suit or be welcomed by all. The decision and extent to which people integrate within their communities should be a personal choice. For others, rather than welcoming people into their home, having outdoor spaces linked to their home, or nearby, can support further opportunity for conversation and interaction. The following picture elicited a discussion amongst community researchers as to how being in a garden allows the opportunity to interact with other neighbours and passers-by, both young and old.

THE ROLE OF PUBLIC SPACE IN GROWING COMMUNITY

Having the space and opportunity to meet with others is important in nurturing social networks and, subsequently, natural community development. Our research highlighted a number of physical spaces that had the potential of supporting people coming together and community development, including:

- Community events
- Open spaces
- GP surgeries
- Pubs/clubs
- Public transport
- Banks
- Post offices
- Community centres



Local stores and businesses are also spaces where people can start to engage and interact with others. This makes a difference not only in terms of offering opportunity for communication, but also to learn about what is going on and to acknowledge different cultures.

> "I would say it is very important because, again, as [Name] said before about the culture, you go to different places all over Scotland, it is different ways of living. You go into a shop and all the people are very polite, you start chatting to them, it is amazing the information that you can collage just by going in for a bar of toffee. That is really good…Again it is something to do with knowledge, as well." (Focus group participant)

Ensuring that there are adequate local spaces, where people can meet either by chance or more formally, will support the development of organic and natural communities. Such spaces will help to support individuals in making and shaping their own communities, whether they are communities of shared interest, or communities of local people. If there is an absence of easily accessible spaces, the coming together of locals across generations and the natural development of communities could be threatened.

SUPPORTING NON-ORGANIC COMMUNITY GROWTH

Supporting resilient and vibrant communities is about being proactive, and creative and ensuring that, where people want it (and this is always an individual choice) that there are options for community integration. This needs to reflect situations where communities can develop in shared public spaces, but that alone will not be sufficient for community growth – there still remains a role for organisations to support community development in a more formal capacity. Within the focus groups, it became apparent that sometimes people want to work together in developing their own communities but they were met with barriers to this. These barriers might be a lack of resources, but are often about lack of information or not knowing where to gain the relevant information needed. It was suggested that supporting a good life, can be about supporting communities to do things for themselves. As one focus group participant noted:

> "I was going to say it is going to be down to us to help ourselves, but the Government should be helping us to help ourselves" (Focus group participant).

The type of and need for support might differ depending on geographical areas. As highlighted in the technology section of this report, there are many areas of Scotland that still have difficulty in accessing the Internet. Different ways of supporting people to help themselves may well be needed in rural areas. These differences might be in terms of how to ensure people are provided with the knowledge to help themselves, but also in terms of the infrastructures that might be implemented to support communities.

This research highlighted that rural areas often face specific challenges, for example, difficulties with local infrastructure and accessible transport are factors that were perceived to influence the quality of life of older people as well as younger generations who might migrate away from rural areas. Formal intervention would be welcomed to support communities remain vibrant and intergenerational.

> “Do they want people to live on the islands or not? Not just older people, but younger people. If they want people to live on the islands, then they should make the facilities – they should facilitate that” (Focus group participant).

Growing resilient communities therefore, requires a balance between people having the space and opportunity to meet but also for organisations to support those people to take action for themselves. This may be in the form of the provision of resources, the provision of space or the provision of information. A good life in later years will be supported where resilient communities, of varying ages and generations exist.

Conclusion

Joining and being part of a community is important for a good life in later years. Communities are based around local place (and its people) for many, but could also be based around social interests or culture and heritage, around work and employment or around family.

Communities serve a number of purposes. Bringing people together and providing a sense of belonging can help to prevent social isolation and promote inclusion. People, themselves, are important in terms of making and shaping communities. However, organisations and government can further support the growth of community. This might be in supporting people, who otherwise might find it difficult to engage in community, to come together and to meet each other. Where people have the chance to meet, for example in shared spaces, organic communities can develop. These communities can often have an intergenerational element. Many people viewed communities as intergenerational and were concerned for the quality of life of future generations as well as their own.

4. Health and wellbeing

Health and well-being were seen as central in being able to live a good life in later years. It was raised as an issue across all the stages within the project and included both mental and physical health. The word art below was compiled to demonstrate the aspects of health that were discussed in the qualitative comments provided by those completing the survey.

FIGURE 19: WORD ART OF QUALITATIVE COMMENTS ABOUT HEALTH

HEALTH OF PEOPLE PARTICIPATING IN THIS RESEARCH

Most of those taking part in this research considered themselves to be in good health. In the survey, the vast majority expressed having either very good or good physical and mental health.

FIGURE 20: SELF-REPORTED HEALTH

How would you rate your…	Very good	Good	Poor	Very poor	Not sure
Physical health (n=717)	161 (22.5%)	466 (65.0%)	62 (8.6%)	16 (2.2%)	12 (1.7%)
Mental health (n=712)	226 (31.7%)	423 (59.4%)	49 (6.9%)	2 (.03%)	12 (1.7%)

Whilst overall, most respondents were in good health there were some differences observed. Age was noted to be associated to whether people would rate their physical health as good or not. As people aged they were less likely to report their physical as very good and more likely to report their physical health as poor.

FIGURE 21: SELF-REPORTED HEALTH AND AGE

How would you rate your physical health?	Very good	Good	Poor	Very poor	Not sure
50-59 (n=181)	43 (23.8%)	119 (65.7%)	11 (6.1%)	3 (1.7%)	5 (2.8%)
60-69 (n=222)	62 (27.9%)	139 (62.6%)	16 (7.2%)	2 (0.9%)	3 (1.4%)
70-79 (n=216)	44 (20.4%)	139 (64.4%)	24 (11.1%)	7 (3.2%)	2 (0.9%)
80-89 (n=75)	9 (12.0%)	54 (72.0%)	6 (8.0%)	4 (5.3%)	2 (2.7%)
Over 90 (n=12)	0	8 (66.7%)	4 (33.3%)	0	0

Unsurprisingly, having a long-term condition was associated with how people rated their physical health and mental health. People with one or more long-term health condition were more likely to rate their physical and mental health as poor than those who did not have a long-term health condition.

FIGURE 22: SELF-REPORTED HEALTH AND HAVING A LONG-TERM CONDITION

How would you rate your physical health?					
	Very good	Good	Poor	Very poor	Not sure
One or more condition (n=235)	23 (9.8%)	152 (64.7%)	43 (18.3%)	13 (5.5%)	4 (1.7%)
No conditions reported (n=278)	82 (29.5%)	181 (65.1%)	8 (2.9%)	1 (0.4%)	6 (2.2%)
How would you rate your mental health?					
	Very good	Good	Poor	Very poor	Not sure
One or more condition (n=234)	37 (15.8%)	158 (67.5%)	35 (15.0%)	0	4 (1.7%)
No conditions reported (n=275)	108 (39.3%)	163 (59.3%)	1 (0.4%)	0	3 (1.1%)

The types of health condition that individuals completing the survey had were varied. Having partial hearing loss or deafness was the most frequently cited long-term condition and was reported by 160 (21.4%). A large proportion of people noted having what were classed as “other long-term conditions”, including cancer, Parkinson’s disease, cardiovascular conditions, and diabetes. Fifty-five (7.4%) of respondents noted that they had memory problems and a further 6 (0.8%) of respondents stated that they were living with dementia.

THE IMPORTANCE OF HEALTH TO QUALITY OF LIFE

Without good health, several people felt that it would be more difficult to sustain the quality of life that they currently have.

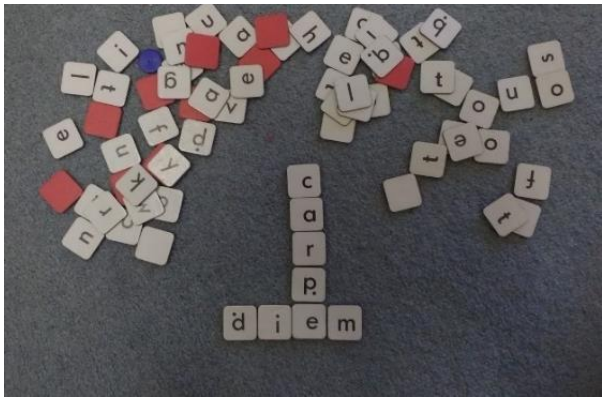
> “For me, everything is secondary, everything else hinges on if your healthy or you are fit enough to do things. Without that – your health is a starting point because and that is not only your physical health, but mental health as well. Without that, for example, none of those things from those pictures that we just looked at would get any traction.” (Focus group participant).

These concerns over how health might impact on a person’s ability to have a good life are not unfounded. Our survey asked about overall satisfaction with life. It shows that whilst people with at least one long-term health condition still recorded their overall satisfaction with life quite highly (mean=8.46, n=321), this was lower than for those that did not have a long-term health condition (mean = 9.06, n=407) (t=-4.663, df= 726, p<.000). Therefore, having a long-term health condition does have an impact on satisfaction with life. Having memory problems or dementia also impacts on satisfaction with life, as recorded by the individual. People living with dementia on average scored their satisfaction as 7.88 (n=59) on a scale of 0 (not at all satisfied) to 10 (extremely satisfied). This was in comparison to people that did not record having memory problems or dementia (mean= 8.88, n=668).

Having a long-term condition, including having memory problems or dementia, clearly impacts on whether somebody is having a good quality of life. However, it is important to emphasise that having memory problems/dementia or other long-term conditions does not equate to having a poor quality of life. The mean score in both these instances is still relatively high on the satisfaction scale, indicating that, generally, people living with a long-term condition and memory problems/dementia remain reasonably highly satisfied with their quality of life. As one respondent to the survey stated: “Life is what individuals make of it” (Survey respondent).

Making sure that there was opportunity for enjoyment and fun in life was particularly emphasised within the visual methods stage of this project. This image of a car was taken to show how a good life includes the opportunities for thrills and fun. It is about having opportunities to challenge yourself and to live life on the edge.

Furthermore, the following picture emphasised the importance of living for the moment and making the most of any opportunities that present themselves. It was about being able to continue to take an element of risk with a view to ensuring that life in the later years remains enjoyable and fun. Older people should be encouraged and supported in taking forward adventures and new experiences, even where individuals are living with health conditions.



THE IMPORTANCE OF RECOGNITION, ACCEPTANCE AND ADAPTATION

Health conditions should not be seen as a barrier to enjoying a good life in later years. However, there is a need to acknowledge and recognise how these might have an impact on what is realistic going forward. Being able to accept that ageing might result in changes to health and learning to live with changes was seen as something that was necessary to support a good quality of life.

> "Being able to accept myself as I am now rather than how I have been…Being content with who I am now." (Focus group participant)

> “I have a friend whose mum and dad were fine and independent and able then her dad had to have quite a big operation and could not drive and did not drive, then her mum had a heart attack and life just changed quite a lot and I think for a while because it was both of them, they got themselves a wee bit depressed. My friend was telling me they had a big talk one night and it was about living the life they have, not the one they used to have. That could sound lacking in aspiration, but I think there is a sense of realism there.” (Focus group participant)

Despite illness potentially making life more difficult, several people felt it was important to find new ways to live with their conditions, such as finding ways to do things differently.

> “I do value health, but I do not think that poor health stops you – it just makes life more difficult/more of a challenge if you want to do something. If you have an impediment you just work round it in a different way. I am grateful for the fact that I do not have these problems at the moment. That is all.” (Focus group participant)

Part of living a good life involved learning how to enjoy what they were able to do in the present rather than focusing on what they could not do now compared to earlier in life.

> There were three of us there, walking, and a couple came in and the man said “Well you are bird watching”. He obviously though we would not be doing anything more energetic. I said that we used to climb mountains then we climbed hills, which is true, and then he said nicely, “Now you climb stairs”, which was not far from the truth but a bit unkind, but it was very nicely done. We had a good conversation. But it is true, you cannot climb mountains or you cannot climb hills, but you can go for a walk (Focus group participant).

This image was taken to highlight how, sometimes as people age they may not be able to continue with the same activities that they once did in the same way. Individuals need to be aware of their own limitations, recognise when there is a need to take a break and when there is need to use supports and aids (such as this spring-loaded walking pole). It is about going at one's own pace and doing activities, such as walking at a level that is appropriate at this moment of time.

Recognition, acceptance and adaptation helps to ensure that people can continue to do activities that are of interest to them for as long as possible, and can help to maintain a good life even where health concerns are present.

FOCUSING ON KEEPING ACTIVE AND PREVENTING AILING HEALTH

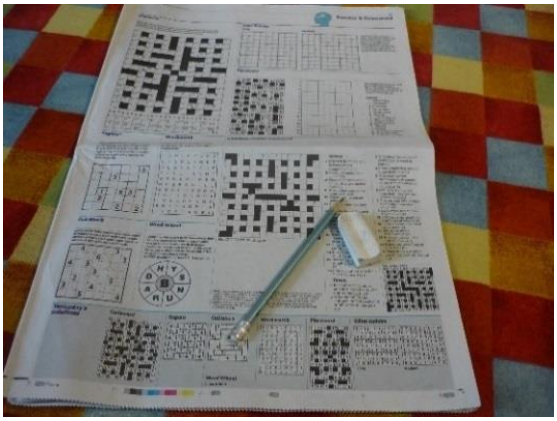
Across all of the stages in this research, people emphasised how they would take steps to support their own health.

FIGURE 23: HOW PEOPLE SUPPORT THEIR OWN HEALTH

	Yes	No	Not sure
Keep physically active (n=201)	186 (92.5%)	14 (7.0%)	1 (0.5%)
Eating healthy (n=205)	186 (90.7%)	13 (6.3%)	6 (2.9%)
Adopt a positive outlook (n=203)	182 (89.7%)	12 (5.9%)	9 (4.4%)
Keep socially active (n=204)	176 (86.3%)	21 (10.3%)	7 (3.4%)
Exercise	170 (83.3%)	29 (14.2%)	5 (2.5%)
Use complementary therapies (n=194)	62 (32.0%	130 (67.0%)	2 (1.0%)
Other (n=55)	24 (43.6%)	22 (40.0%)	9 (16.4%)

The largest majority of people responding to the longer questionnaire agreed that they would keep physically and mentally active, eat healthily, exercise and adopt a positive outlook on life. A smaller number would use complementary therapies, and some people reported taking other measures. These included leading activity and exercise programmes for others, volunteering, spirituality, meditation, weight loss and management, and travel or holidays.

People took part in a range of different activities to keep mentally and physically active. The picture below was taken to show that people can keep mentally active in a number of ways, from joining groups or activities but equally by engaging in activities within their own homes, such as completing crosswords and other puzzles.



A number of activities were discussed in relation to keeping physically active. Walking alone or as part of a group is something that came up several times as being an enjoyable activity that would help keep people physically fit. Line dancing and swimming were two further activities highlighted within the focus groups:

> "I have always been to keep fit, line dancing – you name it and I used to say to everybody, "I will be pole dancing in my nineties", because I was so physically fit." (Focus group participant)

> Yes, she takes me swimming. That is a case of keeping fit and supple so that I do not seize up. Because of the strokes I was wheelchair-bound at one point and with her working with me and working through things, I have become mobile again." (Focus group participant)

Another activity that was enjoyed by people taking part in this research was cycling. The images over the page were captured to represent how cycling is an activity that some older people do, which helps them to keep fit.

This enjoyable past time can be supported with cycle paths, which allow people to see the local countryside or attractions. It is also a way to engage with the outdoors. However, cycling can also support independence and provide a form of transport. Furthermore, it is an activity that can be done with friends and family from across the generations.

Many of the activities undertaken to maintain health include a social aspect to them. They involve ways of interacting and connecting with others in the community. This interaction, highlighted in Section 3, may foster the development of resilient communities, but the social aspects were also considered to have a direct impact on preventing ill-health. This research has shown how people consider that loneliness can be something that has a direct and negative impact on health. As one focus group participant suggested:

> “I suppose quite a lot of friends and acquaintances does help. If you were sitting in the house weary and lonely you get silly wee thoughts and depression” (Focus group participant).

The benefits of these types of activities on health may therefore be considered as twofold: firstly, in terms of the physiological impact of activity; and secondly, through secondary effects associated with increased social interaction with others. Ensuring that there are

adequate opportunities for keeping mentally and physically active, and ensuring that people are aware of what opportunities exist, can support people who want to take action to maintain their own health.

Conclusion

Health and well-being was seen by many as being central to a good quality of life in later years. This included having good physical and social health. Part of a good life, is about trying to maintain good physical and mental health through keeping physically and mentally active, as well as through maintaining social connections. Avoiding loneliness was also considered to be important in maintaining good health.

Making the most of opportunities that come forward and allowing time for fun and enjoyment were seen as very important. However, changes to health cannot be completely avoidable, and being able to accept and adapt to changing health conditions was seen as being an important element of having a good life in later years. Having access to good health services can also support people to maintain and manage health (see Section 5).

5. Services

Health services

Health issues cannot be completely avoided during life and when the unfortunate happens it is necessary for there to be adequate access to services. Most people completing the longer questionnaire indicated that they would know how to go about getting support if their health changed (n=163, 78.4%). This was true across all respondents and there were no associations between knowing how to get support and: gender; carer status; ethnic identity; age; whether or not people were living with memory problems or dementia; and whether or not people are living with a long-term condition.

The GP would be the most frequent place people would go to first for information or advice but, respondents also indicated they would access information and advice from a range of places. This included voluntary organisations, hospitals or hospice, online and family or friends.

FIGURE 24: ACCESSING INFORMATION AND ADVICE

Would you access information and advice from..	Yes	No	Not sure
GPs (n=205)	176 (85.9%)	23 (11.1%)	6 (2.9%)
Pharmacy (n=200)	168 (84.0%)	26 (13.0%)	6 (3.0%)
Online (n=192)	165 (85.9%)	23 (12.0%)	4 (2.1%)
Dentists (n=199)	157 (78.9%)	36 (18.1%)	6 (3.0%)
Opticians (n=197)	154 (78.2%)	39 (19.8%)	4 (2.0%)
Voluntary organisations (n=184)	102 (55.4%)	61 (33.2%)	21 (11.4%)
Local leisure centres (n=180)	89 (49.4%)	79 (43.9%)	12 (6.7%)
Local authorities (n=185)	87 (47.0%)	75 (40.5%)	23 (12.4%)
Citizen Advice Scotland (n=180)	78 (43.3%)	83 (46.1%)	19 (10.6%)
Community hospitals (n=173)	73 (42.2%)	81 (46.8%)	19 (9.1%)
Complementary therapists (n=182)	67 (36.8%)	93 (51.1%)	22 (12.1%)
Citizen hubs/ community centres (n= 178)	58 (32.6%)	96 (46.2%)	24 (11.5%)
Shops	54 (30.0%)	105 (58.3%)	21 (11.7%)

Analysis to identify differences between groups highlights that, in the main, whether people access information through these places is not associated with gender, carer status, age, ethnic identity, whether somebody has a long-term condition, or whether somebody has memory problems or dementia. There are two exceptions to this.

- A higher percentage of women will access information from citizen hubs/community centres (38.1% compared to 10% of men).
- A higher percentage of non-carers will access information from community hospitals (45.5% compared to 26.2% of carers).

With varying preferences of places to access information, it would be prudent for health-related information and advice to be accessible through a number of different places. This means that individuals can be supported in taking timely decisions when faced with a health concern. Having timely access to free health care when needed was something that was considered to make a difference to the overall quality of life, as the following two quotes from focus groups illustrate:

> "We hope that free medication will continue whatever happens to this country…One thing I want to ask because we are talking about quality of life in old age. I keep coming back on that. We talked about social care. I am talking about social care and home care. What do we do when we are there we cannot live with our children." (Focus group participant).

> "I would say that I cannot fault the NHS at all in the way that they have been there for me from day one. There has been quite a lot of illness in my life, but everything has been dealt with no problem, but I do hear of other people that have to wait ages for hip replacements and knee replacements so not everybody has the same view as I have, but for my situation, I cannot fault it at all. Any time that I have ever needed the National Health they have been there for me." (Focus group participant)

Having a health and social care system that can support people when they need it is important. Having a health system, which is free is something that people are appreciative off and want to see continue:

"Grateful for state help and our passes, free libraries, free prescriptions, free medical care, winter fuel allowance. Comfortable with what we have. Complaining about what we don't have is unfulfilling and counterproductive" (Survey respondent)

Although people are appreciative of free prescriptions, the research also raised how some people felt that there was a tendency for GPs to over-prescribe to people who are in their later years. Providing individuals with medications to counter ailments rather than to think about the alternative approaches was something that was discussed in relation to this image of tablet boxes. At times medication is important, but there are other times where medications are prescribed when there might be preferences for other treatments, for example, management of pain through deep muscle massage rather than through pain medication.

Older people, as with people in other age groups, need to have choice in the management of conditions and alternative or complementary treatments might be considered where appropriate.

Discussions during the visual analysis also indicated there was a need for services to respect individual differences and diversity. This may be in terms of culture but also in a recognition of needs. Services should be accessible and supportive for all, and in some instances, for example, where people have language difficulties or where English is not a first language, this may mean support from interpreters. Whilst the need for diversity is highlighted in the visual methods, our survey indicated a general satisfaction with health services across the board (Figure 25).

FIGURE 25: ACCESS AND QUALITY TO HEALTH SERVICES

		GPs	Dentists	Opticians
Access	Very satisfied	90 (43.5%)	102 (50.7%)	103 (51.0%)
	Satisfied	94 (45.4%)	85 (42.3%)	91 (45.0%)
	Dissatisfied	18 (8.7%)	12 (6%)	7 (3.4%)
	Very dissatisfied	4 (1.9%)	1 (1.0%)	1 (0.5%)
	Not sure	1 (0.5%)	0	0
Quality	Very satisfied	93 (45.1%)	96 (48.2%)	98 (49.7%)
	Satisfied	86 (41.7%)	89 (44.7%)	87 (44.2%)
	Dissatisfied	16 (7.8%)	8 (4.0%)	6 (3.0%)
	Very dissatisfied	8 (3.9%)	1 (0.5%)	2 (1.0%)
	Not sure	3 (1.5%)	5 (2.5%)	4 (2.0%)
		Pharmacies	Complementary Health	Healthcare services at home
Access	Very satisfied	123 (60.0%)	19 (14.6%)	14 (14.4%)
	Satisfied	79 (38.5%)	44 (33.8%)	36 (37.1%)
	Dissatisfied	2 (1.0%)	12 (9.2%)	12 (5.8%)
	Very dissatisfied	1 (0.5%)	4 (3.1%)	3 (3.1%)
	Not sure	0	51 (39.2%)	32 (33.0%)
Quality	Very satisfied	114 (55.9%)	20 (17.5%)	8 (9.0%)
	Satisfied	86 (42.2%)	42 (36.8%)	32 (36.0%)
	Dissatisfied	2 (1.0%)	7 (6.1%)	9 (4.3%)
	Very dissatisfied	0	5 (2.4%)	6 (2.9%)
	Not sure	2 (1.0%)	40 (35.1%)	34 (38.2%)

Although overall there were high levels of satisfaction with the various health services we asked about, there were some variations observed. A higher percentage of carers compared to non-carers are dissatisfied with the quality of dental services and quality of health care services at home. Those not providing care were more likely than carers to be unsure about whether they were satisfied with the quality of health care services at home, which may be because these are services that non-carers have not used in the past.

FIGURE 26: BEING A CARER AND SATISFACTION WITH DENTISTS

Satisfaction with the quality of dentists					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Carer (n=46)	14 (30.4%)	27 (58.7%)	4 (8.7%)	0	1 (2.2%)
Non-carer (n=145)	78 (53.8%)	58 (40.0%)	4 (2.8%)	1 (0.7%)	4 (2.8%)

FIGURE 27: BEING A CARER AND SATISFACTION WITH HEALTHCARE SERVICES AT HOME

Satisfaction with the quality of healthcare services at home					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Carer (n=25)	4 (16.0%)	9 (36.0%)	5 (20.0%)	3 (12.0%)	4 (16.0%)
Non-carer (n=62)	4 (6.5%)	23 (37.8%)	4 (6.5%)	3 (3.2%)	29 (46.8%)

Satisfaction with access to pharmacies was related to whether individuals had a long-term condition and whether the person identified themselves as a carer. A higher percentage of those with long-term conditions than those without long-term conditions report being very satisfied rather than satisfied with access to pharmacies. A higher percentage of those providing care than those not providing are likely to record being very satisfied rather than satisfied with access to pharmacies.

A final difference in satisfaction related to complementary health. Around a third of people responding to the questionnaire were not sure about the access or quality of complementary health services. However, more males than females were unsure about access to these services. The higher level of uncertainty is perhaps indicative that complementary health is used more by females than males amongst people over the age of 50.

FIGURE 28: SATISFACTION WITH PHARMACIES AND BEING A CARER/HAVING A LONG-TERM CONDITION

Satisfaction with access to pharmacies	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Long-term condition (n=90)	60 (66.7%)	27 (30.0%)	2 (2.2%)	1 (1.1%)	0
No long-term condition (n=115)	63 (54.8%)	52 (45.2%)	0	0	0
Satisfaction with access to pharmacies	**Very satisfied**	**Satisfied**	**Dissatisfied**	**Very dissatisfied**	**Not Sure**
Carer	123 (60.0%)	79 (38.5%)	2 (1.0%)	1 (0.5%)	0
Non-carer	114 (55.9%)	86 (42.2%)	2 (1.0%)	0	2 (1.0 %)

FIGURE 29: GENDER AND COMPLEMENTARY HEALTH

Satisfaction with the access to complementary health					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Male	4 (10.5%)	8 (21.1%)	2 (5.3%)	3 (7.9%)	21 (55.3%)
Female	15 (16.3%)	36 (39.1%)	10 (10.9%)	1 (1.1%)	30 (32.6%)

Overall, the findings from the survey were indicative that there was general satisfaction for health services. During the focus groups, we identified that there may be differences in terms of the access to and satisfaction with health services in rural areas. People living in rural areas felt they were on the periphery of services:

> “One of the things that has been a real struggle is people who are out in rural areas because I think the focus is the City (the bigger cities) and then trying to reach those people who are in the peripherals is something that is still quite limited.” (Focus group participant)

Access to services could be particularly challenging for remote rural locations, such as on one island where the resident doctor service had been removed, and people had to travel to the mainland in order to access health services. The difficulty of maintaining an infrastructure was felt particularly keenly by islanders, with some feeling they did not receive the same services or resources as people on the mainland, despite contributing the same, and so they had to be much more self-sufficient:

> “On the mainland UK, for example, if you wanted to get people to work and you wanted to get people to go to shop and to spend money and so on, and it was not working very well you would make sure the infrastructure is up to scratch. On the mainland, you would say, okay, that is going to cost a million quid a mile to build a motorway - okay, we will do that / get that done / sorted. They do not do that up here. They do not have the same thing going on. They should be covering everything. The idea of putting in a turbine, presumably, we had to pay for that at the time, but if the island was given a turbine you have to make yourselves self-sufficient and the Government said we have done that, sorted. Do you know what I mean? To me, it is not fair. We are all paying taxes. We are all paying our National Insurance, but you are not getting the same as others.” (Focus group participant)

People also expressed concerns about whether this level of service will be sustained. This was noted particularly in relation to dementia services, within one of the focus groups:

> "At the point of diagnosis now you have to get a post diagnostic team to come along and it used to be for a year. You would have a lay person that you could contact any time for a year and that has been cut now to six months because of the numbers of people. The latest campaign is to get the same thing set up in the late stage (people going into palliative care) to get that one person that they can contact which would make life very smooth, but that is not in place yet – it is a campaign at the moment, but the gap between is taken as self-managing, but it is so important to have a point of contact." (Focus group participant)

Where services have not been satisfactorily received in a timely manner, these can have devastating impacts for the individual, as described by this person with dementia:

> "I have been diagnosed, officially, coming on to the third year now. When I think about things going back to my working life (I have a very stressful and dangerous job) and things were starting to go wrong which I was putting down to maybe I was tired. The word dementia never even crossed my mind. I did not know what it meant…I had a nasty accident when the crane went over with me inside. Had I been given information or diagnosis then probably that would not have happened, but these were the build-up. Even though they have only diagnosed me for three years, I feel this all started to happen a long time before that." (Focus group participant)

A greater awareness of dementia, alongside appropriate services may have produced a different outcome in the situation described above. Raising awareness would further improve the support for people living with dementia.

> “I know that we have just a course in [the local] area for first aid for mental health, but it was also looking at dementia. They were hoping that the likes of hairdressers and things like that would come along to the course because they are the people meeting these people and they can actually see them deteriorating.” (Focus group participant)

This approach to dementia training links into a model that sees services being provided both formally (e.g. through social care) and informally (e.g. by others in the community). Such a model would reflect the demands of an aging population who have differing preferences on who they would like to receive support from.

> “Female: But then I would not want my daughter or my son doing personal care for me. I would rather it were a stranger.
>
> Female: There is that. There is somebody coming in to help you and things like that, but I think there is also the community of, as you say, popping in with a hot meal – I am going to the shops I wonder if next door needs anything – that type of thing“. (Focus group participants)

Some people wanted to feel a sense of community support that might be more typical of previous generations:

> “Take it back a generation. I was brought up in [urban area] which, despite its reputation, was a brilliant place to live. It was very community minded and neighbours looked after neighbours. Families looked after families and our modern way of life has destroyed that. It is maybe pie in the sky, but if we could get back to communities and community living and community care, people living as a community and helping each other. Not looking for £200 from the Government to do this or that, but to do it because we are all human beings living on this planet together and we should be helping each other to achieve the best life that we can get. That is my philosophy in life.” (Focus group participant).

While people felt home care was important to support people to continue living at home, they wanted paid carers to have more time to provide quality care in the community:

> "Female - I think supported something, but not this somebody coming in and they only have five minutes.
>
> Female - I do not know what they do in five minutes, but you hear so much about that - people on a timer. That to me is not caring and it is not productive. I would rather have nobody than somebody running in and running out like that, but that is me." (Focus group participants)

SOCIAL CARE SERVICES

Satisfaction with access to and quality of social care services was less than that observed for health care services.

FIGURE 30: SATISFACTION WITH SOCIAL CARE

		Care homes	Social care	Social care by voluntary organisations
Access	Very satisfied	10 (12.7%)	4 (16.0%)	6 (6.6%)
	Satisfied	16 (20.3%)	9 (36.0%)	34 (37.4%)
	Dissatisfied	9 (11.4%)	5 (20.0%)	8 (8.8%)
	Very dissatisfied	13 (16.5%)	3 (12.0%)	5 (5.5%)
	Not sure	31 (39.2%)	4 (16.0%)	38 (41.8%)
Access	Very satisfied	6 (8.3%)	4 (4.7%)	8 (9.3%)
	Satisfied	13 (18.1%)	17 (19.8%)	26 (30.2%)
	Dissatisfied	11 (15.3%)	20 (23.3%)	6 (7.0%)
	Very dissatisfied	8 (11.1%)	10 (11.6%)	5 (5.8%)
	Not sure	34 (47.2%)	35 (40.7%)	41 (47.7%)

Carers, in comparison to those not providing care, were more likely to be dissatisfied with the access and quality and access to social care provided by voluntary organisations.

FIGURE 31: BEING A CARER AND SATISFACTION WITH SOCIAL CARE

Satisfaction with the access to social care					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Carer (n=28)	1 (3.7%)	7 (25.9%)	8 (29.6%)	8 (29.6%)	3 (11.1%)
Non-carer (n=55)	4 (6.8%)	14 (23.7%)	9 (15.3%)	4 (6.8%)	28 (47.5%)
Satisfaction with the quality of **social care**					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Carer (n=27)	1 (3.6%)	5 (17.9%)	12 (14.3%)	4 (14.3%)	6 (21.4%)
Non-carer (n=59)	2 (3.6%)	12 (21.8%)	7 (12.7%)	5 (9.1%)	29 (52.7%)
Satisfaction with the access to **health and social care provided by voluntary organisations**					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Carer (n=25)	2 (8.0%)	10 (40.0%)	5 (20.0%)	3 (12.0%)	5 (20.0%)
Non-carer (n=63)	4 (6.3%)	23 (36.5%)	3 (4.8%)	1 (1.6%)	32 (50.8%)

Indications as to why there were higher levels of dissatisfaction with the access and quality of social care came from the focus groups. Within the focus groups it emerged that there was a desire for better signposting to services. People wanted services to be proactive in providing information about support, benefits and resources. There was also discussion about the necessity for printed materials in conjunction with online information, given that not all older people have easy access to the internet.

Due to the complexity of social security and recent changes to benefits such as the disability living allowance, some people relied on the Citizen's Advice Bureau to help them complete forms for applying for welfare. Having information on what support is available to people at home was also considered important to ensure that people with dementia could live safely at home:

> "If people knew what was available, and if families knew – if it was readily available to them you could get a temperature sensor so that if the person has turned their heating off then somebody knows and can do something about it… These things are available, but people just do not know." (Focus group participant)

Having support, such as telecare, can provide individuals with reassurance in their home. The following quote demonstrates how this has been provided for one person and how the individual is comfortable making a contribution towards that service.

> "They would send someone to come and ask you where you want the alarm to be installed. You tell them your telephone number and they will give you something like this, a wristwatch or pendant so that wherever you go in the house, for example, if you fall and then, say, break your leg or arm or something like that, you just press the button and the information will be sent to the centre. They will call you back by phone and if you do not answer your phone within five minutes or so they will send people/ they will redirect the information to the police. All you have to pay is £4 a month. You can pay by direct debit or you can pay half yearly so it is very easy." (Focus group participant)

When people discussed positive experiences of using services that support them, this was associated with joined up working across a number of different agencies with a single point of contact:

> "She would come in and chat anyway…and assess her situation and when she went she would say when she was coming back and if we are having changes she would come back in a week or a fortnight…but I would ring her if needed. Because she met [name] and she would chat to him, and he would change the medication, and he would tell the doctor and I would go the chemist, and I would go and get it so I did not have to go and annoy people in their offices. It just all worked." (Focus group participant)

Whilst it is acknowledged that the integration of health and social care was beneficial when it worked, in practice this did not always work well and had caused concerns amongst older people. As one focus group participant stated:

> "One of the major things that was mentioned to me recently was that people were having problems getting their medication. That has become a big issue because they cannot decide whether it is health or social care who are taking care of that, people are overdosing on their medication or they are not getting their medication and that is quite serious in the sense that if people are unable to make sure that they have taken their medication properly there are health consequences for that." (Focus group participant)

Conclusion

Overall, there are a number of aspects of social care that were viewed as unsatisfactory. Opportunities for improvement include aspects such as ensuring a smoother integration, ensuring that there is choice in the services that are offered and in ensuring that people are aware of the services that are available to them. Health services were seen more positively, but there was acknowledgement that the experiences of those taking part in this research may not be the experiences of all older people.

Rural areas, in particular, may not have the same access to services as urban areas. Ensuring there is timely access to good health and social care services across Scotland is vital in supporting a good life in later years. However, there also needs to be the opportunity for choice in terms of treatments that are available, particularly around the use of medications and alternative treatment/management options. A balance between preventative and responsive approaches to the treatment and management of conditions could also support people to live a good life in later years.

6. Hobbies, pastimes, and activities

Hobbies, pastimes and activities are important to quality of life in later years. The research shows that these are generally not undertaken simply for enjoyment purposes but also have specific benefits. As one focus group participant put it:

> "An activity like this is satisfying, for me, the three main needs: physically active, mentally active and to have friends. An activity like that you are doing all of these and it is brilliant." (Focus group participant)

Of those completing the longer survey 97.5% (n=201) suggested that hobbies help to keep people mentally active and 86.3% (n=176) indicated that hobbies help to keep people physically active. Hobbies help people to maintain and improve their health, whilst avoiding future health concerns:

> "Female: I exercise every morning in the swimming pool – batter away in the water – I find that very good for strengthening my back and that sort of thing – it is really good.
>
> Male: I think quite a major factor, as well as keeping active and maybe preventing dementia and reducing your likelihood of getting it is, obviously, just generally look after yourself – make sure you have a good diet and taking exercise." (Focus group participants)

Age was a determining factor in whether people agreed that hobbies would help to keep physically active. As age category increased, the view that hobbies contribute to physical activities decreased.

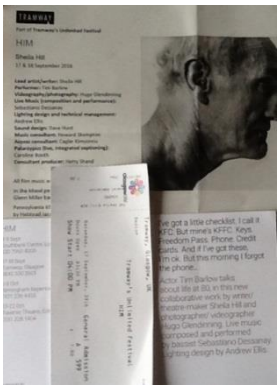
FIGURE 32: AGE AND KEEPING ACTIVE THROUGH HOBBIES

	Yes	No	Not sure
50-59	64 (87.7%)	8 (11.0%)	1 (1.4%)
60-69	67 (89.3%)	8 (10.7%)	0
70-79	35 (85.4%)	3 (7.3%)	3 (7.3%)
80-89	6 (63.6%)	4 (40.0%)	0
Over 90	1 (100.0%)	0	0

Similarly, having a long-term condition was related to whether people felt that hobbies helped them to keep physically active (n=71, 80.7% compared to n= 105, 90.5% of people not reporting having a long-term condition). In contrast, there were no observations made relating to differences in keeping mentally active. Across different ages, gender, ethnicity and health status, people considered that hobbies would be beneficial in supporting them to keep mentally active.

The types of activities discussed in this project were diverse but only represent a small number of the interests and choices of hobbies that people might engage with in later years. One hobby highlighted was music, which can be important to people of all ages. It can provide entertainment and enjoyment for people within their homes. Music can help alter mood of people, lifting spirits or relaxing when needed. Yet music can be enjoyed socially, and provide the basis for leisure and enjoyment away from the home. There can however be a cost element to having music as a hobby, either in the collection of CDs/Records or in terms of attending events and gigs. Visiting the pub can be an enjoyable activity for some. This can be a place where people can enjoy the companionship of others, are able to relax and meet with others. At the pub, people might enjoy music and enjoyment, entertainment, laughter and humour.

Other people enjoy visiting theatres, galleries and museums. Cultural appreciation can bring a lot of enjoyment to the lives of many. These provide the opportunity for new experiences and where theatre is concerned this gives a chance to “lose the self” in all-encompassing performances. It is an opportunity to keep involved in things that are going on and be part of something that is accessible across generations and ability. In later life, people may wish to continue to interact with wider communities and generations. This not only allows people to engage in conversations that they may not necessarily have with their own age group, but it also helps people to avoid stereotypes of ageing and in demonstrating that they are not frightened to try new things or embrace new experiences.



Hobbies and pastimes, also provide the opportunity for people to continue to develop personally as they age. Crafts was one way in which people were able to experience new things and to have the opportunity to formally learn about certain activities, such as weaving. For some people, the activities they do will be those they have always done and there may be fear around trying new things. Through hobbies people can not only develop themselves personally but also have the opportunity to share learning experiences.

One focus group participant noted:

> "Basically, it is this idea of learning together in later life, not for exams – for enjoyment." (Focus group participant)

Having the opportunity to meet people and to develop friendships across different generations is something that also linked to hobbies. They provide the opportunity to develop social networks and links with others with similar interests.

> "Hobbies, I would say, give you a network of people that do the same thing from the male point of view. I say that because my friend's husband is a golfer). He goes to golf and he goes on golfing holidays and it is a big social thing. I suppose women dancing - women go to a dancing group (country dancing or whatever) you have a social network within the hobby, I would think." (Focus group participant)

The extent to which social benefits are derived from hobbies was age dependent. A smaller percentage of those in the 50-59 age group (n=57, 78.1%) and those in the 80-89 age group (n=6, 66.7%) reported benefits from meeting new people than those in the 60-69 age group (n=71, 95.9%) and the 70-79 age group (n=39, 97.5%). Given these figures it might be inferred that once people leave work, hobbies and pastimes can serve as a means for developing new relations and connections to others within their community.

Exercise and physical activity was another route through which people connected with different age groups. Various types of physical activity were discussed within this project including exercising at a gym, cycling, walking, swimming, golf, dancing and gardening.


These opportunities for physical activity also often serve as a way in which people can get out and about with friends or simply enjoy being in the natural environment and away from home.

> "The fresh air is so good too. Saves you sitting in the house all the time. I do like the bowls. I play in the winter too, but it is not so good because it is indoors, but I prefer the outdoors." (Focus group participant)

> "Gardening is one of my things. I have quite a big garden. I actually do quite a lot of it sitting down. I always have a chair near at hand and it is amazing what you can do from that position or getting up for a wee while and then sit again. Actually, somebody professional confirmed to me that that is a good thing to do. I was just doing that instinctively because I like getting my hands dirty and I like propagating and I like planting things. It is what you were saying about finding a different way of doing stuff. I have raised beds and things in pots." (Focus group participant)

Places and opportunities for hobbies

Having places where people could access a wide variety of activities, such as sports centres, community centres, evening classes, volunteering opportunities or even activities within sheltered housing complexes or day centres were important in providing an easily accessible site where many different activities could be offered:

> "Everything - line dancing, Zumba, Thai Chi - everything - you name it, we have got it. [NAME] come on a Friday." (Focus group participant)

Some places, such as sheltered housing complexes or retirement estates, had places which acted as 'hubs' – spaces where people could congregate and activities could be offered.

In many cases these were provided by local services such as the council or organisation that owns a housing complex. In some cases, these hubs were set up by members of the community, such as this hub within an inner-city part of Glasgow.

> "The bit garden there was just a quagmire of mud, so we funded ourselves and we got these things done. We make sure that in the summer everybody has a hanging basket because there is no doubt about it that it gives you cheer; it makes you feel valued; it also gives you aspiration that you can always get better. Having a hub likes this where we can get our heads together and decide. If I am not here these brilliant people will definitely survive, but they do not have the focal point of me contacting everybody in a moment. I would imagine that people would go into their houses and things would fragment slightly. Again, it is all down to money." (Focus group participant)

Respondents felt that budget constraints and cuts have threatened the opportunities available for hobbies and pastimes. As communal places where people could take part in activities have closed, this has reduced access to activities and led to a higher likelihood of loneliness.

> "They used to have two lovely greens, but with the cutbacks they can only maintain one green. One has gone to seed. They have lost their numbers and next year will be the last year that they can afford to run unless new people join because young are not joining. They looked at merging with [Place], which is not very far away, but the [Place] Park people said they are not going to travel all the way to the [Place]." (Focus group participant)

> "Maybe evening classes, but the mobile library service. It has been cut drastically. We used to get the mobile library once every four weeks and now we are only going to get it every eight weeks." (Focus group participant)

Despite cuts in funding these types of venues and activities, generally people were either satisfied or very satisfied with the access and quality of leisure facilities (e.g. gyms, libraries, parks and community centres).

FIGURE 33: SATISFACTION WITH LEISURE FACILITIES

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Satisfaction with access (n=202)	70 (34.7%)	107 (53.0%)	16 (7.9%)	5 (2.5%)	4 (2.0%)
Satisfaction with quality (n=199)	54 (27.1%)	118 (59.3%)1	14 (7.0%)	5 (2.5%)	8 (4.0%)

Whilst looking at the entire sample indicates people are generally satisfied or very satisfied with access and quality of community and leisure facilities, further analysis shows that people with certain characteristics may be less likely to be satisfied. There is a relationship between the level of satisfaction with access to community and leisure facilities and having a long-term condition. People with long-term conditions are more likely to report being dissatisfied or very dissatisfied with access to community and leisure facilities than those who do not have a long-term condition.

FIGURE 34: HAVING A LONG-TERM CONDITION AND SATISFACTION WITH LEISURE FACILITIES

Satisfaction with the access to **leisure facilities**					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Long-term condition (n=88)	28 (31.8%)	41 (46.6%)	11 (12.5%)	4 (4.5%)	4 (4.5%)
No long-term condition noted (n=114)	42 (36.8%)	66 (57.9%)	5 (4.4%)	1 (0.9%)	0

There was also a relationship between age and the level of satisfaction with access to community and leisure facilities. As age category increases, the percentage of people being very satisfied increased but the percentage of people being satisfied decreased. There was also a relationship between the level of satisfaction with the quality of community and leisure activities and age. As the age category increased (except for the over 90 category), the percentage of people being very satisfied increased. The percentage of people being dissatisfied increased until the 80-89 age category, and the percentage of people being not sure increased from the 60-69 category.

FIGURE 35: AGE AND SATISFACTION WITH LEISURE FACILITIES

Satisfaction with the access to **leisure facilities**					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
50-59 (n=72)	24 (33.8%)	39 (54.9%)	5 (7.0%)	2 (2.8%)	1 (1.4%)
60-69 (n=74)	27 (34.6%)	39 (50.0%)	9 (11.1%)	2 (2.6%)	1 (1.3%)
70-79 (n=40)	15 (36.6%)	24 (58.5%)	1 (2.4%)	0	1 (2.4%)
80-89 (n=8)	3 (37.5%)	3 (37.5%)	1 (12.5%)	0	1 (12.5%)
Over 90 (n=1)	0	0	0	1 (100.0%)	0
Satisfaction with the quality of **community and leisure facilities**					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
50-59 (n=72)	21 (29.2%)	46 (63.9%)	4 (5.6%)	1 (1.4%)	0
60-69 (n=74)	16 (21.6%)	44 (59.5%)	6 (8.1%)	4 (5.4%)	4 (5.4%)
70-79 (n=40)	13 (32.5%)	21 (52.5%)	4 (10.0%)	0	2 (5.0%)
80-89 (n=8)	3 (37.5%)	4 (50.0%)	0	0	1 (12.5%)
Over 90 (n=1)	0	0	0	0	1 (100.0%)

There is a further relationship between ethnicity and access to community and leisure facilities. People who considered themselves to be Scottish were less likely to be dissatisfied with access to community and leisure facilities than those from other categories, with a higher percentage of those in other ethnic identities reporting being dissatisfied with the access to community and leisure facilities. Whilst this is the case, it is important to emphasise that the majority of people in all categories are either satisfied or very satisfied with access to community and leisure facilities.

FIGURE 36: ETHNIC IDENTITY AND SATISFACTION WITH LEISURE FACILITIES

Satisfaction with the access to **community and leisure facilities**					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Scottish (n=132)	46 (34.8%)	76 (57.6%)	4 (3.0%)	3 (2.3%)	3 (2.3%)
English, Welsh or Irish (n=21)	12 (57.1%)	7 (33.3%)	2 (9.5%)	0	0
British (n=35)	6 (17.1%)	19 (54.3%)	7 (20.0%)	2 (5.7%)	1 (2.9%)
Other ethnic identities (n=12)	5 (41.7%)	4 (33.3%)	3 (25.0%)	0	0

ACCESS AND SUPPORT TO SOCIAL GROUPS

Most people either strongly agreed or agreed (n=156, 75.9%) that there were opportunities to engage in hobbies and pastimes locally. Most also strongly agreed or agreed that they could access hobbies and pastimes at times of the day that suited (n= 149, 68.1%). Generally, people are satisfied or very satisfied with the access to and quality of social activities and groups.

FIGURE 37: SATISFACTION WITH SOCIAL ACTIVITIES

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Satisfaction with access (n=195)	49 (25.1%)	114 (58.5%)	15 (7.7%)	2 (1.0%)	15 (7.7%)
Satisfaction with quality (n=193)	51 (26.4%)	103 (53.4%)	19 (9.8%)	1 (0.5%)	19 (9.8%)

There are no relationships between the level of satisfaction with quality of social activities and groups and age, gender, ethnic identity, being a carer, or having one or more health condition. There were no relationships between the level of satisfaction with access to social activities and groups and gender, ethnic identity, being a carer, having a long-term condition, and having memory problems or dementia. There was however a relationship between age and access to social activities and groups. It appears that in younger age categories people are more dissatisfied and less likely to be very satisfied with access to social activities and groups. As the age categories increase more people seem to be very satisfied and fewer people dissatisfied. This change only occurs until the 80-89 category, where people once again become less likely to report being very satisfied and more likely to report being not sure about the level of satisfaction with access to social activities.

FIGURE 38: AGE AND SATISFACTION WITH SOCIAL ACTIVITIES

Satisfaction with the access to **social activities and groups**					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
50-59 (n=72)	12 (17.4%)	40 (58.0%)	9 (13.0%)	1 (1.4%)	7 (10.1%)
60-69 (n=74)	22 (29.3%)	45 (60.0%)	5 (6.7%)	0	3 (4.0%)
70-79 (n=40)	13 (33.3%)	22 (56.4%)	1 (2.6%)	0	3 (7.7%)
80-89 (n=8)	2 (25.0%)	4 (50.0%)	0	0	2 (25.0%)

SATISFACTION WITH OPPORTUNITIES FOR HOBBIES

Whilst people had concerns about budget cuts that might currently threaten the opportunities for hobbies and interests, our survey shows that there were currently very high levels of satisfaction with the existing opportunities.

FIGURE 39: SATISFACTION WITH OPPORTUNITY TO TAKE PART IN HOBBIES

How satisfied are you with the opportunities you have to take part in hobbies, pastimes and activities that interest you? (n=728)	
Very satisfied	270 (37.1%)
Satisfied	370 (50.8%)
Dissatisfied	65 (8.9%)
Very dissatisfied	6 (0.8%)
Not sure	17 (2.3%)

Gender is related to the level of satisfaction with the opportunity to take part in hobbies. More males were very satisfied with the opportunities and more females were dissatisfied with the opportunities to take part in hobbies, pastimes and activities of interest.

FIGURE 40: GENDER AND SATISFACTION WITH OPPORTUNITIES TO TAKE PART IN HOBBIES

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Males (n=184)	77 (41.8%)	86 (46.7%)	11 (6.0%)	4 (2.2%)	6 (3.3%)
Females (n=536)	191 (35.6%)	279 (52.1%)	53 (9.9%)	2 (0.4%)	11 (2.1%)

Age is related to the level of satisfaction with the opportunity to take part in hobbies, pastimes and activities. As age categories increase (until the over 90 category), the percentage of people stating they are very satisfied also increases.

FIGURE 41: AGE AND SATISFACTION TO TAKE PART IN HOBBIES

Satisfaction with the opportunity to take part in hobbies, pastimes and activities					
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
50-59 (n=180)	64 (35.6%)	85 (47.2%)	28 (15.6%)	0	3 (1.7%)
60-69 (n=223)	83 (37.2%)	115 (51.6%)	15 (6.7%)	1 (0.4%)	9 (4.0%)
70-79 (n=217)	88 (40.6%)	109 (50.2%)	15 (6.9%)	3 (1.4%)	2 (0.9%)
80-89 (n=76)	32 (42.1%)	38 (50.0%)	2 (2.6%)	1 (1.3%)	3 (3.9%)
Over 90 (n=12)	1 (8.3%)	10 (83.3%)	1 (8.3%)	0	0

Ethnic identity is not related to the level of satisfaction with the opportunity to take part in hobbies, pastimes and activities. People from all ethnic groups will record similar patterns of levels of satisfaction.

Being a carer is related to the level of satisfaction with the opportunity to take part in hobbies, pastimes and activities. Carers are less likely to report being very satisfied and more likely to express being dissatisfied with the opportunities available to them to take part in hobbies, pastimes and hobbies.

FIGURE 42: CARER AND SATISFACTION TO TAKE PART IN HOBBIES

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Sure
Carer (n=174)	54 (31.2%)	90 (52.0%)	25 (14.5%)	1 (0.6%)	3 (1.7%)
Non-carer (n=531)	207 (39.0%)	267 (50.3%)	39 (7.3%)	4 (0.8%)	14 (2.6%)

There was no association between people with one or more long-term conditions and the level of satisfaction to take part in hobbies, pastimes and activities.

HAVING TIME TO TAKE PART IN HOBBIES

The majority of respondents either agreed or strongly agreed that they had the time to take part in hobbies, pastimes and activities.

FIGURE 43: HAVING THE TIME TO TAKE PART IN HOBBIES

I have the time to take part in hobbies, pastimes and activities that interest me (n=207)	
Strongly agree	71 (34.3%)
Agree	87 (42.0%)
Disagree	35 (16.9%)
Strongly disagree	8 (3.9%)
Not sure	6 (2.9%)

There was a relationship between age and agreement with the statement that “I have the time to take part in hobbies, pastimes and activities that interest me”. People in older age categories are more likely to strongly agree that they have time to take part in hobbies, pastimes and activities.

FIGURE 44: AGE AND HAVING TIME TO TAKE PART IN HOBBIES

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
50-59 (n=73)	18 (24.7%)	24 (32.9%)	25 (34.2%)	5 (6.8%)	1 (1.4%)
60-69 (n=79)	26 (32.9%)	39 (49.4%)	8 (10.1%)	3 (3.8%)	3 (3.8%)
70-79 (n=41)	20 (48.8%)	18 (43.9%)	1 (2.4%)	0	2 (4.9%)
80-89 (n=10)	5 (50.0%)	5 (50.0%)	0	0	0
Over 90 (n=1)	1 (100.00%)	0	0	0	0

There is also a relationship between agreeing to this statement and being a carer. A higher percentage of carers disagree that they have the time to take part in hobbies, pastimes and activities, than non-carers.

FIGURE 45: BEING A CARER AND HAVE TIME TO TAKE PART IN HOBBIES

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
Carer (n=47)	11 (23.4%)	14 (29.8%)	15 (31.9%)	5 (10.6%)	2 (4.3%)
Non-carer (n=153)	59 (38.6%)	70 (45.8%	18 (11.8%)	3 (2.0%)	3 (2.0%)

CONCLUSION

Overall, people enjoy a range of hobbies, activities and pastimes. Generally, there are high levels of satisfaction with the opportunities and time that people have to take part in hobbies. People are also generally satisfied with the access that they have to social activities and groups. However, these findings are not applicable across all groups. The research has shown that carers, and younger people are more likely to be dissatisfied with opportunities to undertake hobbies.

Given the observed benefits that are brought about by hobbies, there is a need to consider ways in which hobbies can be accessible to all. They will not only support a good life through increasing the chance for enjoyment, but will also have other additional benefits, such as providing the opportunity for personal development and learning, and developing social networks and communities. Ensuring that people not only have spaces for hobbies but also the time to engage with these will contribute to a good life in later years.

7. Learning and education

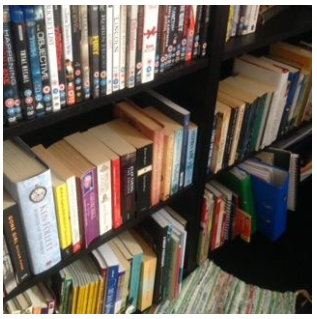
Learning and education is something that is important to many people as they get older. Most respondents to the longer survey agreed that learning allowed the individual to continue to develop and to keep mentally active, and for three quarters of respondents it also provided people with the chance to meet new people.

The types of learning and education that people undertook varied. Some people attended formal courses, such as those offered by the University of the Third Age (U3A). This picture was captured to represent learning that might take place on formal courses. It is of a piece of metal work art that an individual made during a blacksmith course that they recently attended.

Formal learning is not for everybody. As one focus group participant noted:

> "So, I joined the U3A and for the six months I hated it because I was sitting at lectures and things." (Focus group participant)

Different styles of learning suit different people. Some people prefer less formal approaches to learning. This picture of books depicted how reading can support learning and expanding knowledge. This type of learning benefits from people having access to libraries, or library buses.



Learning is often for a purpose and allows individuals to learn new skills that may be useful to them. Having the opportunities to learn about digital technologies, such as computers, the internet or tablets, was particularly valued by those that took part in focus groups:

> “I have an IPad about three years ago and, of course, they just hand it to you and that is no good to me, I do not know how to switch it on, so they put me through that and then I thought (I was in the U3A anyway) and I asked if they could run an IPad class. They had the class at my house and we did not have any experts, but everybody had a bit of expertise about computers or IPad and they helped and I learned through that.” (Focus group participant)

SATISFACTION WITH OPPORTUNITIES FOR LEARNING

Overall people were very satisfied or satisfied with the opportunities that they had to take part in learning and education.

FIGURE 46: SATISFACTION WITH OPPORTUNITIES TO LEARN

How satisfied are you with the opportunities that you have to take part in learning and education? (n=684)	
Very satisfied	186 (27.2%)
Satisfied	380 (55.6%)
Dissatisfied	79 (11.5%)
Very dissatisfied	7 (1.0%)
Not sure	32 (4.7%)

Most people agreed that there should be access to learning and education locally and it is clear that the opportunity to learn is supported by an ability for people to use the internet. Technology was seen as something that supported learning amongst those who completed the longer survey. All but 4% of respondents indicated that they were able to use the internet to access learning and education. The visual analysis also highlighted how technology would support learning amongst people in their later years.

FIGURE 47: BEING ABLE TO LEARN LOCALLY

Learning and education are available locally (n=192)	
Strongly agree	35 (18.2%)
Agree	95 (49.5%)
Disagree	32 (16.7%)
Strongly disagree	7 (3.6%)
Not sure	23 (12.0%)

However, a higher proportion of carers disagreed or strongly disagreed that they were able to access learning locally (17 carers (37.8%) disagreed that learning was available locally compared to 21 people not providing care (15%). This was associated with a higher percentage of carers not considering that they were able to use the internet for learning purposes (4 carers (8.7%) disagreed that they were able to use the internet to access learning compared to 1 non-carer (0.7%).

Carers were also less likely to agree that they had time to take part in learning and education. A higher percentage of carers disagreed that that they have time to take part in learning and education.

FIGURE 48: BEING A CARER AND HAVING TIME TO LEARN

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
Carer (n=46)	6 (13.0%)	15 (32.6%)	20 (43.5%)	3 (6.5%)	2 (4.3%)
Non-carer (n=145)	37 (25.5%)	70 (48.3%)	30 (20.7%)	4 (2.8%)	4 (2.8%)

Overall, it appears that carers are limited in comparison to others in the opportunities available to them to take up learning and education. People in younger age groups are also curtailed in their ability to engage in learning and education. The survey findings show that those in younger age groups are less likely to agree that they can afford to take part in learning and education and are more likely to disagree that they can afford to take part in learning and education.

FIGURE 49: AGE AND TIME TO TAKE PART IN LEARNING

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
50-59 (n=73)	13 (17.8%)	21 (29.8%)	33 (45.2%)	4 (5.5%)	2 (2.7%)
60-69 (n=75)	14 (18.7%)	41 (54.7%)	15 (20.0%)	3 (4.0%)	2 (2.7%)
70-79 (n=38)	12 (31.6%)	21 (55.3%)	2 (5.3%)	0	3 (7.9%)
80-89 (n=9)	4 (44.4%)	4 (44.4%)	1 (11.1%)	0	0

FIGURE 50: AGE AND BEING ABLE TO AFFORD TO TAKE PART IN LEARNING

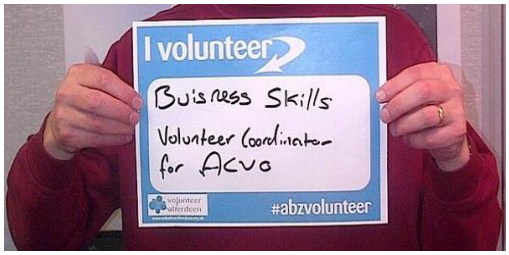
	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
50-59 (n=73)	13 (17.8%)	29 (39.7%)	21 (28.8%)	2 (2.7%)	8 (11.0%)
60-69 (n=74)	16 (21.6%)	36 (48.6%)	14 (18.9%)	2 (2.7%)	6 (8.1%)
70-79 (n=38)	15 (39.5%)	18 (47.4%)	3 (7.9%)	0	2 (5.3%)
80-89 (n=9)	6 (66.7%)	3 (33.3%)	0	0	0

CONCLUSION

Learning and education are likely to contribute to quality of life in later years, through providing an activity that brings enjoyment and supports the development of new knowledge and skills. It can help to keep mentally active. Furthermore, sharing learning experiences with others can support social interaction and community development. However, it is clear that younger people and carers are currently not able to access these opportunities to the same degree as others. Ensuring younger people and carers can afford to and have the time to access learning would mean more parity in the opportunity for learning to have positive impacts on their experience of life.

8. Volunteering

A number of participants in this research highlighted the importance of volunteering. During our visual analysis it became clear that volunteering covered a range of different activities. Some of these were formal, such as volunteering for an organisation. Other opportunities were informal, such as using your skills and knowledge to support the communities you are part of. The image of the spade and tools was taken to show how one older person was repairing drainage issues for a local club he belonged to.



People discussed how volunteering had a number of benefits in later life. For a number of participants in this research, part of a good life involved giving back to their local communities, along with the associated feelings of being needed and feeling useful within the community. A common issue among people who had retired was the loss of activity and feeling of being useful and needed after giving up work:

> "Male – Ultimately, if you want aims, you have a nine until five routine and you fill your life with that – a lot of it.
>
> Female – But then it stops
>
> Male – And then it stops and so then, what do you do after it stops?" (Focus group participants)

Finding something other than work that gave a sense of purpose, or resulted in people feeling needed was an important goal for some:

> "The initial reaction to retirement is great I can do anything when I want and then suddenly you are not needed for anything and some people I think have a problem with that," (Focus group participant)

> "I think it is very important for the older generation of which I am one. Just to have importance in life, whatever that may be – something of focus in your day besides do it today/do it tomorrow, whatever. To have that sense that you have a purpose and you can focus on that. It gives you a reason to be in this world." (Focus group participant)

Just under half (48.9%, n=63) of those responding indicated that volunteering could support them to make the move from paid employment to retirement. However, there was greater agreement that volunteering supports individuals to have a structure and routine with 61.7% (n=103 out of 167 responses) agreeing that volunteering would provide them with a structure and routine. As age increases people are more likely to strongly agree with this statement. This increased agreement occurs until people are aged 80-89, where there seems to be a trend of reducing agreement.

FIGURE 51: AGE AND AGREEMENT THAT VOLUNTEERING PROVIDES A STRUCTURE AND ROUTINE

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
50-59 (n=57)	9 (15.8%)	17 (29.8%)	23 (40.4%)	3 (5.3%)	5 (8.8%)
60-69 (n=67)	12 (17.9%)	32 (47.8%)	15 (22.4%)	2 (3.0%)	6 (9.0%)
70-79 (n=32)	14 (43.8%)	11 (34.4%)	4 (12.5%)	1 (3.1%)	2 (6.3%)
80-89 (n=7)	2 (28.6%)	3 (42.9%)	1 (14.3%)	1 (14.3%)	0

A further reason for volunteering, which more people agreed with, was that this provided the opportunity to give something back to their local communities – 159 respondents (87.9%) considered that volunteering was important as they were giving something back. Most also considered that it was important in supporting people to make a contribution to community (179, 91.8% of respondents agreed).

Being able to give something back and make a contribution to community was of particular importance to people who classed themselves as Scottish, English, Welsh, Irish or British, and less important to people of other ethnic identities. It is possible this is linked to how volunteering is defined. During our visual analysis, it became clear that participants from the Chinese community would be involved in a number of activities that gave something back and made a difference to their community but this wasn't necessarily seen as "volunteering" because it was done informally. The observed differences could therefore relate to variation in what constitutes volunteering and what is not.

FIGURE 52: ETHNIC IDENTITY AND GIVING SOMETHING BACK

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
Scottish (n=115)	63 (54.8%)	42 (36.5%)	5 (4.3%)	1 (0.9%)	4 (3.5%)
English, Welsh or Irish (n=22)	11 (50.0%)	9 (40.9%)	2 (9.1%)	0	0
British (30)	17 (56.7%)	9 (30.0%)	3 (10.0%)	0	1 (3.3%)
Other ethnic identity (n=12)	3 (25.0%)	3 (25.0%)	1 (8.3%)	3 (25.0%)	2 (16.7%)

FIGURE 53: ETHNIC IDENTITY AND MAKING A CONTRIBUTION

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
Scottish (n=126)	57 (45.2%)	62 (49.2%)	1 (0.8%)	1 (0.8%)	5 (4.0%)
English, Welsh or Irish (n=21)	10 (47.6%)	10 (47.6%)	0	0	1 (4.8%)
British (33)	13 (39.4%)	17 (51.5%)	2 (6.1%)	0	1 (3.0%)
Other ethnic identity (n=13)	3 (23.1%)	5 (38.5%)	0	2 (15.4%)	3 (23.1%)

The following extracts from the focus groups illustrates how giving something back to communities is important to people as they age:

> "Yes I think it is important that you put back in. You have taken a lot out, but you need to put something back." (Focus group participant)

> "I have started (I retired in June) looking about to see where I can volunteer as my son said to me last night, "You like helping people". I feel we take as we are younger and the whole of life goes round so give back…I think if you are feeling down the best thing to do is go and help out somebody that is worse than you are and then you feel great." (Focus group participant).

Giving back gave people the opportunity to use their skills and abilities, but also gave them a reason to be active and to take part in things. Rather than being inactive, giving back to families, friends or communities was providing a reason to get out of the house and participate in life. It provided enjoyment and the opportunity to meet with others.

> "You are using the skills that you developed throughout your working life and we are not just going to sleep and say, well, that is it, we have done that, I am retired, I am going to sit in an armchair now – we are out there meeting people, doing things, enjoying it in lots of different ways – enjoying what we are doing and mixing with people is just so important. If we sat in an imaginary armchair at the fireside, we would just be vegetating, but because we are volunteering we are out there and out and about and meeting all these different people. It is just so exciting. I met somebody who was at school with me 50 years ago and it is incredible – that sort of thing – we never thought our paths would cross. It is fascinating." (Focus group participants)

It is clear that volunteering can support a good life in later years. Most people are satisfied or very satisfied with the opportunities available to them to volunteer (n=581, 86.6%). Most agreed that there were opportunities to volunteer locally (n=158, 81%) and that they were able to afford to take part in volunteering (n=170, 87.1%). However, fewer people had the time available to volunteer (n=133, 68.2%). People who were younger were less likely to agree that they had time to volunteer, as were carers.

FIGURE 54: AGE AND HAVING TIME TO VOLUNTEER

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
50-59 (n=70)	12 (17.1%)	24 (34.3%)	26 (37.1%)	7 (10.0%)	1 (1.4%)
60-69 (n=78)	20 (25.6%)	38 (48.7%)	12 (15.4%)	3 (3.8%)	5 (6.4%)
70-79 (n=37)	17 (45.9%)	14 (37.8%)	4 (10.8%)	1 (2.7%)	1 (2.7%)
80-89 (n=6)	3 (50.0%)	2 (33.3%)	1 (16.7%)	0	0

FIGURE 55: BEING A CARER AND HAVING TIME TO VOLUNTEER

	Strongly agree	Agree	Disagree	Strongly disagree	Not Sure
Carer (n=45)	4 (8.9%)	14 (31.1%)	17 (37.8%)	6 (13.3%)	4 (8.9%)
Non-carer (n=143)	47 (32.9%)	64 (41.5%)	41 (21.8%)	11 (5.9%)	3 (2.1%)

Although there are differences in the time available to volunteer, it appears that this does not impact on the satisfaction for opportunities to volunteer. There were no relationships identified between carer status or age and the level of satisfaction with the opportunities to volunteer. As expressed above, there is general satisfaction with the opportunities available and people who want to appear to be able to engage with volunteering.

One caveat to this however, is that there is currently a lot of pressure placed on volunteers. This can result in people withdrawing from volunteering roles. There was a sense that the increasing demands being placed on volunteer and volunteer organisations were becoming too much to carry on with:

> "I did once for nearly half a year, but finally I gave it up because the lady I helped…complained a lot and gradually I felt it became too much and I felt down so stopped. I am not strong enough in my mind especially when winter comes, I feel down and I feel more and more stressful." (Focus group participant)

> "The problem with fundraising, which this island is very used to raising funds everywhere for whatever it wants, but the big problem is that if it is volunteers that are doing it, the demands on time that is needed makes it almost impossible. The true cost of volunteering for something like that – people get stressed out trying to do – having somebody in post/a paid person to do that would be superb." (Focus group participant).

Conclusion

Volunteering is something that can be important to many individuals. There are a number of benefits that might come from volunteering, including providing a structure and routine and supporting people to move from paid employment to retirement. Through volunteering, people can feel like they are making a contribution and giving something back. However, there is diversity in the extent to which people agree that these benefits of volunteering exist. There is also variation in the extent to which people have the time to be able to take up volunteering. In addition, there is a balance to be had from ensuring that there are enough volunteer opportunities for people and ensuring that unnecessary demands are not placed upon those that want to and have the time to volunteer.

9. Work, paid employment and retirement

Definitions of old age are often associated with retirement from work but there is a recognition that as working lives are extended there may well be variation needed in determining who might be considered as older:

> "If you are talking about folk 50 and over, these age band things are all going to change because the working life is changing. Maybe you will when you are 68 be more valued than you were ten years ago because you are still in the working age bracket." (Focus group participant)

Being in work can provide people with higher self-esteem and work still played an important part in the lives of many people in this research. Just over a third of those completing the longer survey were in paid employment (n=70, 35.2%), a further 19 people (9.5%) were in self-employment and a small number (n=7, 3.5%) were in both paid employment and self-employment.

Having home offices, as depicted in this picture, can support people who have difficulty in getting to a physical workplace to remain in paid employment for longer. Flexible working patterns and making the most of technological advances that support distant working, were ways in which it was considered that older people might remain connected with the world of work.

Just over half of respondents wanted to be in paid employment (n=52, 31.3%), self-employment (n=18, 10.8%) or both paid employment and self-employment (n=18, 10.8%). There is a relationship between being in employment or self-employment and wanting to be in employment and self-employment. Most people in work want to be in work.

FIGURE 56: BEING IN EMPLOYMENT AND WANTING TO BE IN EMPLOYMENT

	Like to be in paid employment	Like to be in self-employment	Like to be in paid employment and self-employment	Don't want to be in paid employment or self-employment
Currently in paid employment	42 (80.8%)	5 (9.6%)	4 (7.7%)	1 (1.9%)
Currently in self-employment	0	9 (64.3%)	4 (28.6%)	1 (7.1%)
Currently in paid employment or self-employment	0	2 (33.3%)	4 (66.7%)	0
Not currently in paid employment or self-employment	10 (10.8%)	2 (2.2%)	6 (6.5%)	75 (80.6%)

However, the increasing pension age means that some people feel that they are trapped in work when they don't want to be. There were only two respondents with this view but it is a factor that might impact on some people's decision about whether they want to work. As one focus group participant noted:

> "I will not get it now until I am 66. My plan for retirement included my state pension and I am losing six years of it is the way I am feeling." (Focus group participant)

Yet, it is also worth noting that many of those that are currently not working (paid employment or self-employment) 10.8% (n=10) want to be in paid employment, 2.2% (n=2) want to be in self-employment and 6.5% (n=6) want to be in both paid employment and self-employment. For the rest of this section, and because of the small number of cases, analysis will be done by combining all those who wanted to be in paid employment, self-employment or both paid and self-employment together.

Men and women are no different in terms of whether they are currently in work and they are no different in their desire to be in work.

There is a relationship between being an unpaid carer and whether people are in work. There is a higher percentage of people providing care currently in work (n=29, 63.0%) than non-carers (n=64, 43.8%). A higher percentage of carers also want to be in work (n=27, 69.2%) compared to non-carers (n=59, 48.4%). Further consideration should be given as to how carers might be supported in finding and sustaining work if they want to.

There is a relationship between age and whether people are currently in work. Unsurprisingly as the age categories increase the percentage of people in employment reduces.

FIGURE 57: AGE AND BEING IN EMPLOYMENT

	In work	Not in work
50-59 (n=73)	60 (82.2%)	13 (17.8%)
60-69 (n=78)	25 (32.1%)	53 (67.9%)
70-79 (n=38)	8 (21.1%)	30 (78.9%)
80-89 (n=7)	1 (14.3%)	6 (85.7%)

There is also a relationship between age and whether people want to be in work. Again there are lower percentages of people in older categories wanting to be in work than in the younger age categories. However, the findings do illustrate that there is a sizeable percentage of people aged 70-79 (31.3%) and 80-89 (28.6%) that want to be in some form of paid or self-employment.

FIGURE 58: AGE AND WANTING TO BE IN EMPLOYMENT

	In work	Not in work
50-59 (n=57)	50 (87.7%)	7 (12.3%)
60-69 (n=67)	25 (37.3%)	42 (62.7%)
70-79 (n=32)	10 (31.3%)	22 (68.8%)
80-89 (n=7)	2 (28.6%)	5 (71.4%)

Whilst work might be a desired experience for many older people, the experience of work is not always positive. There still remain issues of ageism as described by one focus group participant:

> "But often you can go to things where nobody knows what you did in the past and they will come up with such utter tripe about something…you were experienced in and I think just let them get on with it. I do not want to reveal this as it becomes demeaning." (Focus group participant)

Workplaces should be free from ageism and should respect workers of all ages. This will support older people who want to continue in paid employment as they get older.

RETIREMENT

Many respondents in the survey were quite clear of their position as being in retirement and that they were not interested in thinking about paid employment or work. Others may have been considering their options for retirement. Our survey asked questions about retirement. Around half of the respondents felt that they had had enough support to help them plan for their retirement, with 36.2% of the respondents suggesting that they had not had enough support.

FIGURE 59: SUPPORT TO PLAN RETIREMENT

Have you enough support to plan your retirement? (n=177)	
Yes	90 (50.8%)
No	64 (36.2%)
Not sure	23 (13.0%)

There is a relationship between gender and whether people felt that they had enough support to plan for their retirement. A smaller percentage of females felt that they had had enough support (n=34, 45.5%) compared to men. Women were also more likely to report being not sure whether they had had enough support.

FIGURE 60: GENDER AND SUPPORT TO PLAN RETIREMENT

	Yes	No	Not sure
Male (n=53)	34 (64.2%)	16 (30.2%)	3 (5.7%)
Female (n=123)	56 (45.5%)	48 (39.0%)	19 (15.4%)

There is also a relationship between age and agreeing that enough support for retirement had been received. Those in younger age categories were less likely to agree with this than those in older age categories.

FIGURE 61: AGE AND SUPPORT TO PLAN RETIREMENT

	Yes	No	Not sure
50-59 (n=64)	21 (32.8%)	29 (45.3%)	14 (21.9%)
60-69 (n=72)	42 (58.3%)	25 (34.7%)	5 (6.9%)
70-79 (n=33)	22 (66.7%)	8 (24.2%)	3 (9.1%)
80-89 (n=5)	5 (100.0%)	0	0

Carers are also less likely to state that they have had enough support to plan their retirement.

People with a long-term condition are less likely to state that they have had enough support to plan for their retirement.

FIGURE 62: BEING A CARER AND SUPPORT TO PLAN RETIREMENT

	Yes	No	Not sure
Carer (n=43)	14 (32.6%)	24 (55.8%)	5 (11.6%)
Non-carer (n=127)	73 (57.5%)	37 (29.1%)	17 (13.4%)

FIGURE 63: HAVING A LONG-TERM CONDITION AND SUPPORT TO PLAN RETIREMENT

	Yes	No	Not sure
Long-term condition (n=80)	35 (43.8%)	37 (46.3%)	8 (10.0%)
No long-term condition (n=97)	55 (56.7%)	27 (27.8%)	15 (15.5%)

There were no associations between having memory problems or dementia and stating that enough support to plan for retirement had been received.

FIGURE 64: SAVINGS FOR RETIREMENT

Do you anticipate having enough savings for your retirement? (n=195)	
Yes	101 (51.8%)
No	48 (24.6%)
Not sure	46 (23.6%)

A higher percentage of males (n=38, 66.7%) than females (n=63, p=46.0%) agreed that they anticipated having enough savings for their retirement. People in younger age categories were less likely to believe that they will have enough savings for their retirement than those in older age categories.

FIGURE 65: AGE AND SAVINGS FOR RETIREMENT

	Yes	No	Not sure
50-59 (n=73)	26 (35.6%)	25 (34.2%)	22 (30.1%)
60-69 (n=78)	48 (61.5%)	17 (21.8%)	13 (16.7%)
70-79 (n=35)	22 (62.9%)	5 (14.3%)	8 (22.9%)
80-89 (n=6)	5 (83.3%)	0	1 (16.7%)

A lesser percentage of carers (n=17, 37.0%) said they anticipated having enough savings for their retirement than non-carers (57.3%).

Having a long-term condition was associated with agreement that there would be enough savings for retirement. Those with long-term conditions were less likely (n=35, 41.2%) than those not reporting a long-term condition (n=66, 60.0%) to anticipate having enough savings for retirement.

CONCLUSION

For those of working age, employment and the opportunities it brought, both financial and social, were important to living a good life.

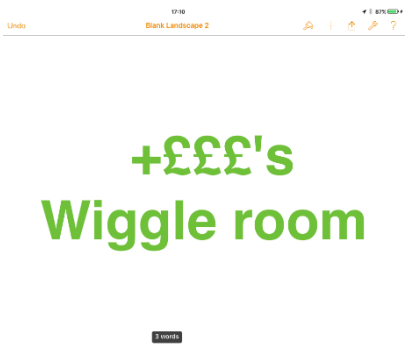
Those in employment considered that work enabled people to generate an income, as well as being a source of self-esteem and value. It was acknowledged that as pension ages change, this is having implications both for the length of time older people will have to work, but also for the types of jobs they will do.

Generally, people feel well-prepared and considered that they had enough support for their retirement, but finance post-retirement appears to be more of a concern. Around a quarter of individuals didn't think that they would have enough resources for retirement, and another 23.6% were not sure whether they would have enough or not. There are clear gender differences in financing retirement. Age was also a defining factor. Those in younger categories were less likely to consider they had enough resources, indicating that in the future there may be more need for people to remain in employment for longer.

While issues of pensions are important in terms of working lives and incomes, increasing working age could also bring opportunities as well as problems for older people. There was a given expectation that older people will have to work for longer. How older people can be supported within a changing workplace in the future requires further research and consideration within policy. However, this analysis suggests that the requirement to work for longer is not viewed by older people as universally negative and people across the age groups welcome the opportunity to be in paid work.

10. Money and financial resources

Money and financial resources are important in later life. Discussions during the visual analysis illustrated that having enough money to provide heating and food is essential. It is also important to have a little extra that allows people to cope with unexpected costs. Feeling financially secure will make for a better life.



Money can support independence. Without money people would not be able to take part in the hobbies or travel that can contribute to having a good life in later years, and importantly, that can have a positive impact on mental health.

The importance of money was discussed within the focus groups. People's sense of having enough money to be able to live comfortably, without having to worry about paying bills, the mortgage, or meeting other financial commitments was of key concern:

> "I think having enough money in old age is important as well because it lifts all your worries. You do not need to be rich, but as long as you have enough for your needs." (Focus group participant)

> "If you have a pension or benefits or whatever. As long as you have enough; it does not matter if you have loads, but as long as there is enough." (Focus group participant)

Having enough money enabled people to live in relative comfort, and released them from worries about their finances. Having enough money also enabled people to pay for various forms of assistance, which may not be available to those who were financially struggling;

> "There will be things that if you have money you can get more help with. You can pay for it yourself, but people who do not have that might not even have access to what grants they could apply for so it is definitely more difficult." (Focus group participant)

> "To stop you having that worry, to pay a bill." (Focus group participant)

Most people in the survey were able to afford the quality of life that they wanted to (n=514, p=71.2%), had not had to choose between food and heat in the last 12 months (n=680, 94.2%), and were confident or very confident in paying the bills at the end of the month (n=180, 87.4%). Furthermore, most people completing the survey were satisfied or very satisfied with their current financial position. However, 10.5% were dissatisfied and a further 4.1% were very dissatisfied with their current financial position. Females in particular were more likely to be dissatisfied with the current financial position.

FIGURE 66: GENDER AND FINANCIAL POSITION

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
Males	52 (28.8%)	112 (59.9%)	12 (6.4%)	9 (4.8%)	2 (1.1%)
Females	110 (20.5%)	324 (60.4%)	65 (12.1%)	20 (3.7%)	17 (3.2%)

People in younger age categories are more likely to be dissatisfied with their current financial position than those in older age categories.

FIGURE 67: AGE AND FINANCIAL POSITION

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
50-59	27 (15.1%)	103 (57.5%)	29 (16.2%)	15 (8.4%)	5 (2.8%)
60-69	62 (27.6%)	128 (56.9%)	23 (10.2%)	7 (3.1%)	5 (2.2%)
70-79	46 (20.7%)	144 (64.9%)	22 (9.9%)	3 (1.4%)	7 (3.2%)
80-89	20 (26.7%)	50 (66.7%)	1 (1.3%)	2 (2.7%)	2 (2.7%)
Over 90	6 (50.0%)	5 (41.7%)	1 (8.3%)	0	0

Carers are more likely to be dissatisfied with their current financial position that non-carers.

FIGURE 68: BEING A CARER AND FINANCIAL POSITION

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
Carers	31 (17.9%)	98 (56.6%)	25 (14.5%)	11 (6.4%)	8 (4.6%)
Non-carers	127 (23.8%)	232 (62.2%)	49 (9.2%)	16 (3.0%)	10 (1.9%)

Having a long-term condition is related to satisfaction with current financial position. People with long-term conditions are less likely to be very satisfied with their current financial position.

FIGURE 69: HAVING A LONG-TERM CONDITION AND FINANCIAL POSITION

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
Long term condition	55 (17.1%)	200 (62.1%)	44 (13.7%)	13 (4.0%)	10 (3.1%))
No long term condition	108 (26.5%)	241 (59.1%)	33 (8.1%)	17 (4.2%)	9 (2.2%)

It is clear that whilst, overall, people are generally satisfied with their current income levels, there are certain factors that mean people are less likely to be satisfied. However, it is not only the individuals own financial satisfaction that is important to creating a good quality of life. All but 5.1% of respondents agreed that having reassurance about employment and financial stability of children and grandchildren is important in shaping a good life.

FIGURE 70: INTERGENERATIONAL FINANCIAL POSITION

Knowing my family (children and grandchildren) have sufficient opportunity to be in employment and earn sufficient money is important to me having a good quality of life.	
Strongly agree	111 (62.4%)
Agree	58 (32.6%)
Disagree	5 (2.8%)
Strongly disagree	2 (0.6%)
Not sure	3 (1.7%)

CONCLUSION

People's discussions about money were linked to them having enough money to live relatively comfortably, and not having to worry about struggling financially in their retirement. Knowing that children and grandchildren were financially comfortable was also important in ensuring that people have a good life in later years.

For those with financial security, a retirement income could be taken for granted, enabling them to live the kind of life they wanted. However, many noted that not everyone was as fortunate and there are real implications of not having adequate money. Younger people, carers, and people living with one or more health condition (including people with memory problems or dementia) were least likely to be satisfied with their current income, and this may well have an impact on the overall experience of their quality of life.

11. Social relations and friendships

Friendships and social relationships are invaluable to many people as they age. The following word cloud was created using phrases provided about friendship in the comments of respondents answering the survey.

FIGURE 71: WORD ART OF QUALITATIVE COMMENTS ABOUT SOCIAL RELATIONS

Friendships help to ensure that people do not face social isolation and loneliness, albeit that friendships alone do not eliminate loneliness:

> “Living alone is not easy. Even if one volunteers (I do), go to friends, theatre (I do) most of your life is lived in an empty house, eating solitary meals, and TV is your main companion, neighbours are working, family are busy, they phone and visit occasionally” (Survey respondent).

Around a quarter (n=53, 25.5%) felt that they had been lonely at some point in the last week, 3.4% (n=7) most of the time and 1.0% (n=2) all the time. Having friends can help to reduce the amount of time feeling lonely, even if it is not possible to eliminate this.

Some people also looked ahead to very late life and were concerned about the potential impact of frailty, and of outliving family and friends:

> “I did see my mother when she got older and she was not able to go out and walk her dog and things like that, I did feel that her life (she is 97) and everyone around her had died and all her relatives had gone, I did think there was a great big gap there in her life and I thought I hope that never happens to me because when you are infirm, you cannot always do what you want to do. There is not always somebody there to help you” (Focus group participant)

Having company and friendship was identified as important for most participants, to talk and share experiences. People wanted their social connections and networks to continue as they aged:

> “I chose these because lots of people think I am sociable and I love having lots of different friends and as I get older I hope they do not leave me alone and still keep in touch with me. I like to share my experiences and talk about different things and share all the good and the bad and enjoy life.” (Focus group participant)

An active social life was considered important for well-being, with social interaction linked to maintaining confidence:

> "Male - I would say social life is of paramount importance, particularly amongst the retired population because I know when I look at my grandparents and my grandmother in particular, she was a very sociable person and a lot of that was through activities she enjoyed. There were the local flower club; there was the inner wheel, which was the rotary club; she was incredibly active in these things and she had a wonderful social life. We could tell she had a good wellbeing through that.
>
> Interviewer - What about for yourself? Is social connection important for you for your quality of life?
>
> Male - Definitely, because, as you say, confidence and social interaction positively correlate because, obviously, if you are less inclined to interact socially for whatever reason, your confidence is going to be low and you will really struggle, even to go around the shops and asking people things, so it is important to be able keep that dynamic alive - social interaction." (Focus group participants)

Friendships and speaking with other people was considered important for staying healthy mentally, particularly to avoid depression:

> "I think friends are very important because if you do not have friends you just sit there. I do not know how much you have, how fit you are, but still you feel depressed. You have to have friends to talk to you." (Focus group participant)

Sharing experiences and finding commonality could be supportive for people, and one person emphasised the value of peer support for carers to help them keep going with their role:

> “Female - That is one of the really positive things from a lot of these groups that people say is sharing those experiences and maybe realising that someone else has gone through a similar positive experience or an equally negative one and finding solace in that. Even just talking and getting things off your chest really helps and it has made a lot of these groups really quite popular and, in fact, quite necessary.
>
> Female - For a carer, that is essential because meeting other carers has been really important to me. That is from anybody with any illness. If you are supporting somebody else it is good to know that you have that support to keep going.” (Focus group participants)

Keeping mentally and socially engaged was considered important for people with dementia, including people living in care homes, and there was concern about the lack of stimuli:

> “I am here because I am supporting various age groups and genders of friends who are in various stages of incapacity in older age. I have chosen Scrabble because I feel that even though maybe the body has given up a bit and people are not as physically agile, if they can keep mentally active and stimulated in older age, that is a benefit and I find my mother has Alzheimer's and there is no stimulus with that, or very little stimulus in the care home. I feel quite strongly about that.” (Focus group participant)

Socialising could involve going out for a drink in the evenings:

> “I have got a bottle of wine and two empty glasses which, for me, means company. I like conversation, I like wine. I always think sitting down for a drink in the evenings with a friend, maybe a bit of music, is one of the most relaxing things you can do and, for me, friendship is desperately important and it is a lovely thing to do with a friend and just sharing together.” (Focus group participant)

For others, meeting for a coffee during the day was important to see friends and neighbours, whether through meeting informally with friends or at organised coffee mornings:

> "Coffee mornings always have this picture of old biddies sitting around tables drinking cups of tea and doing knitting. We can easily get 20 people here. It is men and women, drinking coffee. Some of us make cakes. It is a real good buzz here. We have cyclists that come in. We have people who drop in. That coffee morning is desperately important as a place where we can all get together as neighbours." (Focus group participant)

This image was captured by a community researcher to highlight the opportunity for meeting up and dining with friends. Having days in the diary to meet up can provide something to look forward to and celebrate.

For others, friendships were celebrated within each other's homes and in sharing meals. The following image was taken to represent how a group of Chinese friends would come together to share food.

These opportunities promoted informal learning about different cooking approaches but also the opportunity to share cultural experiences.

Sports activities could also provide a focus for socialising:

> "You find that lawn bowls also has a strong social aspect. Lawn bowls is good for you in terms of meeting a lot of people and keeping your friends." (Focus group participants)

Meeting people was seen as a way to get out of the house and to keep involved:

> "I would just be stuck at home all the time and sooner or later you start to stagnate - it would get very boring" (Focus group participant)

> "Getting out and about. What was the word you used? Socialising - it is very important to meet people and be able to have a little chat about things." (Focus group participant)

Overall, friendships contribute to the experience of life in a number of ways. The vast majority of people completing the survey agreed or strongly agreed that friends are an important part of their life.

Gender was associated with the extent to which people agreed that friends were important. More females (n=137, .94.5%) agreed friends were important that males (n=50, 84.8%).

FIGURE 72: IMPORTANCE OF FRIENDSHIP

	N (Valid %)
Strongly agree	124 (60.2%)
Agree	65 (31.6%)
Disagree	11 (5.3%)
Strongly disagree	0
Not sure	6 (2.9%)

Friendships for many can be long lasting. However, there are situations where older people have to meet new people and develop new relationships, for example, when moving to a different area or where people face bereavement:

> "Female - Once you are left on your own. I was widowed 12 years ago. We always had separate things that we did anyway, but I think you have to make the effort to do them even more once you are on your own.
>
> Interviewer - So it is important to you.
>
> Female - You need to have a purpose. You need to be, not necessarily needed by somebody, but you need to have something in your life that makes you want to do things.
>
> Female - To make you get up in the morning otherwise you would just stay in bed" (Focus group participants)

We asked people how satisfied they were with the opportunity to develop new friendships. Most people were either very satisfied or satisfied (n=594, 82.3%). Satisfaction with the opportunity to develop new friendships was not related to age, gender, ethnic identity, having a long-term condition or having memory problems or dementia.

There was, however, a relationship between ethnic identity and the level of satisfaction with the opportunity to develop new friendships. People in the Other Ethnic Identity category were more likely to be dissatisfied or very dissatisfied with the opportunities available to them for this.

FIGURE 73: ETHNIC IDENTITY AND OPPORTUNITY FOR FRIENDSHIP

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
Scottish (n=485)	114 (23.5%)	285 (58.8%)	47 (9.7%)	6 (1.2%)	33 (6.8%)
English, Welsh or Irish (n=76)	26 (34.2%)	37 (48.7%)	6 (7.9%)	0	7 (9.2%)
British (n=115)	24 (20.9%)	71 (51.7%)	13 (11.3%)	3 (2.6%)	4 (3.5%)
Other ethnic identity (n=25)	4 (16.0%)	14 (56.0%)	5 (20.0%)	2 (8.0%)	0

Supporting people across the board, who have difficulty in making new friendships, is important to a good life. Formal services such as befrienders are one way in which this might be addressed. Befriending was discussed as a potential solution to support people who did not have family or friends nearby, which was linked to families being more dispersed and mobile. As discussed in the section on communities, people described the role of community members to support each other:

> "But it made me wonder how many other people are alone because of that that would benefit from somebody, say, phoning up to ask how they are doing / do they want to go out / will I come in?" (Focus group participant)

Such services need to ensure diversity is respected and be accessible to all cultures and to people from all ethnic backgrounds.

RELATIONSHIPS WITH FAMILY

In addition to friendship, family was very important for the quality of life for most people, whether with siblings, children or grandchildren:

> "Families are very important. We have just welcomed our second great grandchild" (Focus group participant)

> "I feel that family is very important. I come from quite a large family. There are five girls in our family and we still meet up every Saturday. Mum and dad are now dead, but we have still kept it going that we meet at one of my sister's houses. I am very close to both my children." (Focus group participant)

Many pictures (including those below) which were taken in the visual methods stage of the project captured how important these connections were with family. Through family, people were able to experience joy and happiness. They were able to connect with people from across different generations.

Celebrations and holidays were described as times for getting together with family who were further away.

Although people described feeling some sadness at leaving their family, they were content that their children and grandchildren were living their own lives and that they were not being a 'burden' on them:

> "It is because it is your family life, like, this Christmas we will all pack into cars and we will all head down south because [NAME] has a huge house. Family from Edinburgh will come and [NAME's] family will come as well. We will all meet together and we do that every so often. I will go on holiday with the family, each one of them. It is nice when we all get together, but it is quite sad when you have to go away and leave them. That is the where I find it quite sad and yet I would not like to be a burden on any of them because then you would feel you were kind of holding them back. It is just not fair. They are young. I am quite happy sitting in the house watching the television and a nice wee cup of tea and things like that and they want to go out and do things." (Focus group participant)

Despite not always being near family, some people talked about feeling involved in their family's lives because they could connect using social media:

> "Yes, it is nice to be involved and watch our children grow and your grandchildren growing up and learning a musical instrument, and then they will play you a wee tune, as long as you can recognise it, and things like that - I think that is nice. My family although they are not close they phone every week so I get to know what is happening. Of courses, Face Book, I can find out things that I should not find out." (Focus group participant)

For people in later life who had children who were still dependent – for instance due to learning disabilities – it mattered that they knew their child would be looked after once they were no longer alive, with formal care arrangements made to avoid the onus of care falling on the child's siblings:

> “I had a sister in law who has a severely handicapped daughter and she cannot walk or talk. … She is in one of these houses where they have carers 24 hours a day. My sister in law (who has now got leukaemia) is quite happy that if anything happens to her, her daughter will be looked after. She has been in the home for years now so she is used to people and that is a big weight off my sister in law's mind knowing that as long as she is there she knows that if anything happens to her she is not putting the burden on her daughter, because she has a daughter who is married and works, and she did not want to leave the daughter with the burden of having to look after her sister. That has worked out alright.” (Focus group participant)

As discussed in the section on communities, a good life therefore concerns not only the individual, but knowing that future generations will be cared for, especially those who required particular support. Having ‘peace of mind’ is important for a good quality of life.

The importance of intergenerational relationships was emphasised in the focus group with the Chinese community, particularly the importance for some of living with their children when they became older. The importance of older and younger people interacting together was also emphasised by others, including the focus group with the island community:

> “I think it is important for the generations to be together, to interact and I think that people forget when they get older that they [need] interaction with younger people, as well as with older people and the same that younger people to interact with older people.” (Focus group participant)

Pets

While family and friends were vital for most people to have a good life, some people also expressed how important their pets were for companionship, especially if they lived alone:

> I stay on my own and… I had to give up work in 2008 because of my health. I do share a dog with NAME, but I also found that I was not able to take it out for a walk, but when he left at seven o'clock at night, that was me on my own until he came back again in the morning, so I got myself a cat just for company - somebody to speak to." (Focus group participant)

The following picture was taken to represent how pets, which includes many different animals, can support people in later years. Pets can offer companionship and unconditional love. They can provide an opportunity to feel needed and to be able to provide care and nurture. They can provide an incentive to leave home and to connect with others. Pets were also, however, seen as a way through which it was possible to enhance intergenerational relations. For example, to show children where eggs come from with the hens in this picture.

INTIMATE RELATIONSHIPS

In discussing relationships within the visual analysis, it became clear that being able to have intimate relationships in later years still remained important. We didn't ask about this within the survey as community researchers felt that it was inappropriate to ask about such personal matters. The omission of this was something that was picked up by respondents of the survey:

> "You didn't ask about sex or intimate relationships - why not?" (Survey respondent)

Sex and intimate relationships were also listed by some respondents, when asked to tell us of up to five things that contribute to a good life in later years:

> "Love and sex and health and friendship" (Survey respondent)

In thinking about relationships and friendships, it is therefore important not to overlook the importance of intimate relations.

Conclusion

Family and friends of all ages are important to people in later life. Good relationships were considered important for well-being and for ensuring reciprocal support, whether peer support or befriending. Being able to interact with others provided people with a sense of purpose and was important to avoid loneliness, which was expressed as different to 'being alone'.

Having pets could also provide companionship when people lived alone. While maintaining links with family was important, people did not want to feel a 'burden' and emphasised the role of friends as well as family for support. People described the context of families being geographically dispersed, with social media useful to keep connected at a distance. People also looked ahead to the impact of diminishing networks as they age. Physical frailty, lack of mobility, sensory impairments and dementia were considered challenges for keeping connected, and in such circumstances efforts could be made to keep people socially and mentally engaged through interaction and befriending.

12. Technology and communication

Within society, technology was considered to be becoming the norm, and some participants felt everyone was expected to be connected. Within our research, technology questions were mainly asked within the longer questionnaire, which was accessed predominantly online. This means that our findings relating to technology from the survey may well be biased to those that are already users of technology. Findings from the visual analysis and focus groups however, serve to provide a wider range of opinions about the use of technology.

Most of those completing the survey indicated that technology was important to their quality of life (n=173, 85.2%) and were comfortable in using technology (n=185, 89.0%). However, it was observed that people who were older were less likely to agree that they were comfortable using technology.

FIGURE 74: AGE AND IMPORTANCE OF TECHNOLOGY

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
50-59	38 (52.1%)	31 (42.5%)	3 (4.1%)	0	1 (1.4%)
60-69	37 (46.8%)	34 (43.0%)	4 (5.1%)	0	4 (5.1%)
70-79	10 (24.4%)	24 (58.5%)	5 (12.2%)	0	2 (4.9%)
80-89	3 (30.0%)	3 (30.0%)	2 (20.0%)	1 (10.0%)	1 (10.0%)
0ver 90	0	1 (100.0%)	0	0	0

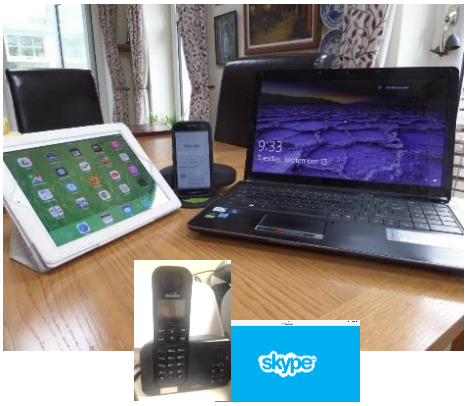
Age was not a factor in terms of the extent to which people trusted technology or feared technology – overall most people disagreed with the statement that they don't trust technology (n=155, 84.7%) and disagreed with the statement that they were afraid of technology (n=153, 90.0%). All but a few respondents indicated that technology was an aid in everyday life (n= 181, 89.1%). Technology was primarily used to keep in touch with friends, search for information or to keep in touch with

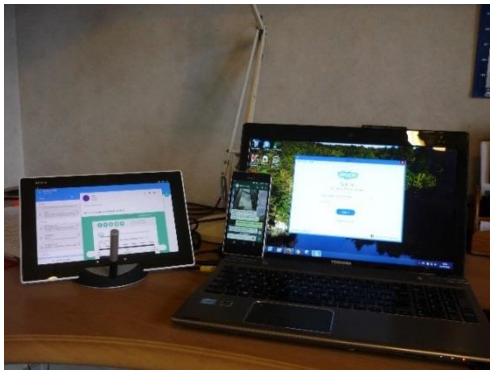
family. It was least likely to be used for managing pensions and benefits, and for supporting health and wellbeing.

FIGURE 75: REASONS FOR USING TECHNOLOGY

	N (Valid %)
Keeping in touch with friends	197 (94.7%)
Searching for information	193 (92.8%)
Keeping in touch with family	190 (91.3%)
Entertainment	185 (88.9%)
Learning about news and current affairs in the UK	185 (88.9%)
Learning about news and current affairs in other countries	171 (82.2%)
Banking	159 (76.4%)
Education and learning	143 (68.8%)
Managing utilities	139 (66.8%)
Keeping in touch with local community	123 (59.1%)
Work	100 (48.1%)
Supporting health and wellbeing	91 (43.8%)
Managing pensions and benefits	74 (35.6%)

These findings were echoed in the visual methods, with photographs of computers and tablets supporting the notion of technology helping to keep in touch with distant family and friends. The ability to see and hear relatives and friends via technology was something that was welcomed. In addition, people spoke about how the internet was valuable for finding information and learning about different things. For people in the Chinese community, this helped them to feel connected and keep informed with activities that were happening in China.





Similar discussions took place in the focus groups. For those typically in their 50's, 60's and early 70's, technology is a taken for granted part of everyday life. Several described using smart televisions, mobile phones, laptops and tablets to take part in a range of activities such as shopping, playing games, banking, accessing services or talking to friends:

> "A lot of people on the island my age do use the internet a lot. I have got to the stage where I have to shut it out, but then I have my IPad sitting next to me. I will keep working that at the end of the night. I am actually glued to it." (Focus group participant)

Tablet computers such as the iPad were particularly popular, being easy to use often with little training, and bringing several benefits to those using them. One participant talked about regularly talking to family living overseas via Skype on her tablet:

> "My sister is in Australia, I am here and my brother is in Dubai and when my sister moved to Oz about three years ago she bought my mum an IPad and taught her how to use Skype. Now, mum Skypes all of us regularly and I Skype her regularly, and I Skype my sister and brother. It is a fantastic thing. She has learned to do so much on her IPad. It is really opened her life up which is fantastic and she is 80." (Focus group participant)

The future benefits of technology were also noted, including those technologies which could help them to remain independent in the future such as smart homes:

> "Hopefully, there are lots of different things in the world that would help me or somebody similar. Nowadays everything is technical and they can do loads of things. Make things computerised or you can say a word and your lights come on, put the television on." (Focus group participant)

The most common benefit of technologies was that they enabled people to easily communicate and stay connected to the wider world. Skype was repeatedly highlighted as a means through which people could keep in touch with family, friends and their local communities:

> "It brings you closer. People do not write letters now so you have to have Skype. Without that we would not keep in touch with our sons - one is in Australia and one is in the south of England, but you do use it as back up if you do not see them." (Focus group participant)

> "I know there are a lot of islanders who use the internet to keep in touch with family. The islanders have kept themselves well up on that…For some it replaces being able to go out and about in the island because they have contact with people. They need that as well and it widens their horizons." (Focus group participant)

Overall, technology appears to have been accepted and is used by many individuals across Scotland to support a good life in later years. People were keen to reject the notion that older people were uninterested in technology. Instead they were happy to learn about and embrace new technologies:

> "We are not luddites: we are quite happy to embrace technology. Look at the things we have nowadays with television, mobile phones and tablets." (Focus group participant)

There was discussion about how this was a "transition generation". Many in this generation were happy to use technologies. However, there was a significant proportion of people who were less likely to engage with technology. There are still some older people who choose not to use technology, and rely on children or younger generations to do this on their behalf.

> “I cannot use any technology. It is all beyond me now.” (Focus group participant)

> “A lot of the older ones say they do not have an idea what is going on because they do not have (internet) or they are not interested in going on the internet.” (Focus group participant)

> “I am one of these ancient people that are not computer literate. I do use my computer, but I normally let my daughter do it (it is second nature to her).” (Focus group participant)

Several people were concerned about the consequences of not being computer literate, such as the risk of being exposed to scams or other forms of ‘cyber-crime’, which older people were described as being particularly vulnerable to:

> “One of my main concerns regarding the increasing use of technology is the increasing vulnerability of older people towards cybercrime and scams because I know we see a lot of that at (place) Citizens Advice Bureau, but the bureaus across Scotland and across the UK are seeing a rise of this…sadly, it is a tendency for the older population to do that because they get a phone call saying it is the bank and automatically they worry. It is that vulnerability that concerns me.” (Focus group participant)

Furthermore, several people also noted that the increasing prevalence of online services meant that those who did not or were unable to use technology may be restricted in their ability to access services:

> “It annoys me that a lot of organisations presume that you have a computer. It really bugs me. It is something that is a bee in my bonnet. They should not presume that people have a computer and access to a computer.” (Focus group participant)

The most common barrier to accessing information and communication technologies were problems with the quality of connections to the infrastructure necessary to a networked society. Those living in geographically isolated areas, such as the Highlands, Islands and Borders found that poor mobile and broadband connectivity posed the greatest barrier to accessing technologies:

> "It is a good mobile phone network because we had a very poor one before and particularly because so many of the family have mobile phones - we did not have a reception and they did not like to use the landline for some reason, but I think those two things - technological communication are important and will become increasingly important as the older generation become more technology savvy." (Focus group participant)

Given the difficulties that some people face in getting online and in using technology, it is imperative that information and advice is available in paper and electronic format. Failure to do so will result in the exclusion of many individuals from gaining access to the information and resources, which as highlighted earlier, are necessary in supporting people to shape their own good life.

Conclusion

The older people who took part in focus groups were shown to be highly engaged with information and communication technologies, using them frequently and in often diverse and innovative ways. Technology enabled access to information and to services. Most importantly they helped people to communicate with family and friends who were often geographically dispersed. For those who are online, having access to a good quality, reliable and fast mobile and broadband infrastructure was important to their ability to live a good life. However, it is important to remember that while this research suggests that a significant and growing proportion of older people in Scotland are online, many choose not to be online. As this transition generation continues to age, the number of people in this group is expected to decline. However, those who choose not to, or are unable to be online, should not be left behind.

13. Social attitudes and values

Social attitudes and values were linked closely with identity, self-esteem and confidence. Feeling valued, and having respect for the person and their life experience, but without condescension, were important:

> "Most of us want to feel valued and not in any kind of patronising way, but actually truly valued just for who we are." (Focus group participant)

Respect in later life could extend to respect for heritage and ancestry, which are important to members of the Chinese community that took part in this research. Participants described a wish to be respected in the way that other societies respect elders in their communities:

> "Just respect for age because I think this country could learn a lot from other countries in respecting that everybody is going to be old one day and not stereotype everyone." (Focus group participant)

Many people expressed the feeling that they were no longer valued now that they were older, with a sense that Scottish society only values those who are working. Some attributed this attitude to middle-aged people more than younger people. For some people, the loss of valued social roles in later life might have an impact on their identity:

> "It can be something men find particularly difficult to deal with. Loss of working roles and things like that." (Focus group participant)

> "This was something that came up was where do you get your sense of identity from. If you have always been a mother, a nurse or a teacher then once the kids have flown the nest or once you have retired, what are you / who are you" (Focus group participant)

This image represents how older people can sometimes feel swept aside. The negative stereotypes of ageing can impact on how older people feel and act within society. There is a need to challenge those attitudes to ensure that people can live a good life in later years.

Across the board, many people agreed that they are treated as individuals by a number of different parties.

FIGURE 76: BEING TREATED AS AN INDIVIDUAL

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Overall (737)	238 (32.3%)	447 (60.7%)	35 (4.7%)	4 (0.5%)	13 (1.8%)
Family (202)	113 (55.9%)	82 (40.6%)	4 (2.0%)	1 (0.5%)	2 (1.0%)
Friends (207)	123 (59.4%)	81 (39.1%)	0	0	3 (1.4%)
Healthcare workers (203)	62 (30.5%)	117 (57.6%)	9 (4.4%)	2 (1.0%)	13 (6.4%)
People met socially (206)	82 (39.8%)	115 (55.8%)	1 (0.5%)	0	8 (3.9%)
Local/national government (197)	31 (15.7%)	67 (34.0%)	50 (25.4%)	10 (5.1%)	39 (19.8%)
Social care workers (121)	21 (17.4%)	47 (38.8%)	25 (20.7%)	5 (4.1%)	23 (19.0%)
Businesses (199)	39 (19.6%)	73 (36.7%)	36 (18.1%)	13 (6.5%)	38 (19.1%)

Whilst the majority either agreed or strongly agreed with each of the following categories it is worth observing that there were higher numbers disagreeing that they were treated as individuals by:

- Local and national government (25.4% disagreed and 5.1% strongly disagreed)
- Social care professionals (20.7% disagreed and 4.1% strongly disagreed)
- Businesses (18.1% disagreed and 6.5% strongly disagreed)

As mentioned before, technology was considered to be becoming the norm, and some participants felt that everyone was expected to be connected, despite some people not being used to technology. This could make people feel like they are not part of things. People in later life were also conceptualised as becoming invisible, linked both to ageing and being perceived as no longer contributing to society, and to no longer being part of a couple for those who had been widowed:

> "As you get older and become single (again) - I do not quite know how to put this, but you are shunned in the community (that is not right word), but you enter a different category besides the one you used to be in, and you are inclined to become slightly invisible because older people are not seen. It is like you have nothing to contribute and I think there are older people that do still have things to contribute, but there is this" (Focus group participant)

> "And it becomes more difficult to go to any community thing whereby you once would have gone as a couple. Suddenly, you have to face this on your own, so you just do not bother because I cannot put myself through this, so you just stay home." (Focus group participant)

Despite concerns about how society devalues people in later life, focus group participants did not feel they had a poor relationship with the younger generation:

> “Generally, they understand that this is sheltered housing around about here and you do not get gangs running through. You do not get any problems like that. I think we have a good relationship with the younger generation.” (Focus group participants)

While there was a sense that, socially, people are not so valued in later life, some participants described a sense of not *feeling* their age although their body was *physically* ageing:

> “The mind-set thing too: I know that I came up to Yoga or something up here one time and my arthritis did not like me on the floor so this woman that was next to me reached out to me and said, "You are not enjoying this. You come with me after this class", and she took me over to dancing, and do you know my mind (and I have given myself a row for this so many times) was saying, "Who are all these old people, why am I amongst them?" What are you about thinking that? The number is not important to me. The health thing - my body is kind of trailing. My daughter said to me the other day that she could not believe I was 70 and then I think the number does not faze me, but my body is telling me something different. It is the coordination of those two things that is quite difficult.” (Focus group participant)

Most people agreed that they were valued overall, by family, by friends, and by people they meet socially. Most people agreed that healthcare professionals made them feel valued but many people also disagreed (21.3%) or strongly disagreed (4.6%) that this was the case. In terms of local or national government bodies and social care professionals it was most frequently reported that people disagreed they were made to feel valued.

- Local and national government (27.5% disagreed and 13.8% strongly disagreed)
- Social care professionals (38.9% disagreed and 8.8% strongly disagreed)
- Businesses (24.0% disagreed and 9.6% strongly disagreed)

FIGURE 77: FEELING VALUED

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Overall (729)	146 (20.0%)	478 (65.6%)	59 (8.1%)	7 (1.0%)	39 (5.3%)
Family (201)	90 (44.8%)	92 (45.8%)	10 (5.0%)	2 (1.0%)	7 (3.5%)
Friends (200)	79 (39.5%)	112 (56.0%)	0	0	9 (4.5%)
Health care workers (174)	12 (6.9%)	72 (41.4%)	37 (21.3%)	8 (4.6%)	45 (25.9%)
People met socially (196)	26 (13.3%)	125 (63.8%)	16 (8.2%)	2 (1.0%)	27 (13.8%)
Local/national government (167)	6 (3.6%)	34 (20.4%)	46 (27.5%)	23 (13.8%)	58 (34.7%)
Social care workers (114)	5 (4.4%)	30 (26.3%)	33 (38.9%)	10 (8.8%)	36 (31.6%)
Businesses (167)	10 (6.0%)	48 (28.7%)	40 (24.0%)	16 (9.6%)	53 (31.7%)

Although people resisted dominant negative stereotypes, people expressed individual concern about reduced fitness, particularly if they needed to use physical aids to access facilities and services. These were considered worthwhile even if embarrassing to maintain independence:

> "I am independent enough: I do take myself out, but I am limited with the physicality of it now. There are certain things I cannot do. I go to exercise classes at the doctor referral level and I could not get into the swimming pool for instance and for two years I refused to take the hoist and then all of a sudden I thought, just a minute - if that lets me get into the water I have to take this hoist. So, I sat in it and by that time I knew the women, which was extremely important and would never do it in a new group. What a difference. I sat in the chair and put on my Esther Williams clothes and they all laughed so I just ignored them and got in, and that was fine." (Focus group participant)

"So you are back to the embarrassment thing again (the lady in the wheelchair) - using aids is difficult. A lot of people find that quite difficult at the time." (Focus group participant)

Across the board, many people agreed that they are treated with dignity by a number of different parties. Whilst the majority either agreed or strongly agreed with each of the following categories, it is worth observing that there were higher numbers disagreeing that they were treated with dignity by:

- Local and national government (17.9% disagreed and 5.8% strongly disagreed)
- Social care professionals (13.9% disagreed and 6.6% strongly disagreed)
- Businesses (12.4% disagreed and 5.2% strongly disagreed)

FIGURE 78: TREATED WITH DIGNITY

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Overall (734)	168 (22.9%)	499 (68.0%)	39 (5.3%)	5 (5.3%)	23 (3.1%)
Family (201)	103 (51.2%)	87 (43.3%)	6 (3.0%)	2 (1.0%)	3 (1.5%)
Friends (204)	112 (54.9%)	90 (44.1%)	0	0	2 (1.0%)
Healthcare workers (201)	55 (27.4%)	122 (60.7%)	9 (4.5%)	3 (1.5%)	12 (6.0%)
People met socially (205)	71 (34.6%)	126 (61.5%)	1 (0.5%)	0	7 (3.4%)
Local/national government (190)	25 (13.2%)	72 (37.9%)	34 (17.9%)	11 (5.8%)	48 (25.3%)
Social care workers (122)	19 (15.6%)	50 (41.0%)	17 (13.9%)	8 (6.6%)	28 (23.0%)
Businesses (193)	34 (17.6%)	83 (43.0%)	24 (12.4%)	10 (5.2%)	42 (21.8%)

Knowing that a good quality of life could be maintained right through to the end of life was considered important for some, particularly in relation to maintaining independence:

> "I think I have come to realise that both my sons have high powered jobs and they are very busy and they have their own family, so they will not have the time to look after me. I do not say that they would not put me somewhere in a home or something if I needed it and paid for it, I believe they might do that, but I would rather I was able to live out my life, like my mum did, independently and when it was my time it just happened and I was not dependent on anybody. It might not be like that. I might end up depending on somebody, I mean, who knows? That would be my wish for my life to end it the way I am living it at the moment without asking anybody's help." (Focus group participant)

Being able to maintain independence was associated with maintaining relatively good health or having the resources to access adequate care if support was required. Respecting services offered to support people was considered important. This would help to ensure that people did not abuse those supports e.g. parking in disabled spaces when not disabled. Some people used day care, however, they were aware of the social stigma that could be a barrier to people using such services:

> "I think there is a lot of stigma attached to day care as well. People see it as being for those people. It is not seen to be something that people would necessarily want to do and that can be a barrier. There has been talk as well around making "day care" more user friendly, maybe getting out with people, going places, seeing what people want to do and consulting people around what it is they want rather than just saying, okay we are dumping you here for the day, basically, so that your carer can get respite. I may be saying that in a flippant way, but that is the message sometimes." (Focus group participant)

Some participants expressed concern about developing dementia, especially for those who had a relative with the condition. In addition to concerns around developing dementia, some groups discussed a general concern for how people with dementia are treated in society. The need for improved public awareness and understanding was highlighted. Negative social attitudes to people with dementia were contextualised in wider public discourses around ageing and older people being considered responsible for society's social problems:

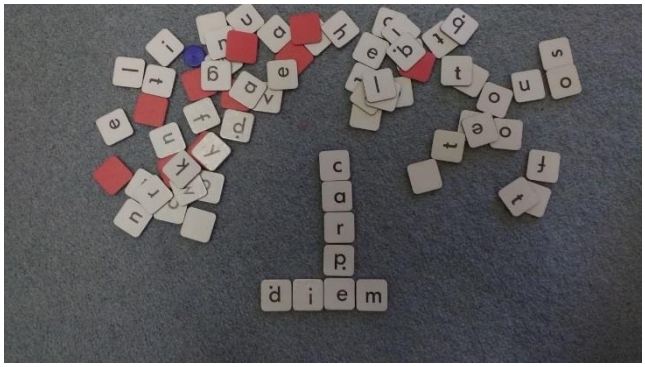
> "There is a big worry with governments because they know the aged population is getting so top heavy and there are no people down here to help and it is going to get heavier and heavier so they have to think the unthinkable because there is not infinite finance. There is no doubt about it, they will be expecting folk to accept some cuts and I am afraid that probably we are going to be one of the first in line because I think despite all the rhetoric there is a bit of disrespect for the older community. You have heard the term, "bed blocker", and stuff like that. It has crept in; people do not respect older people as much - they are blocking up a bed for a young person. That is where we have come to. People say you are getting old. Your machine is 85-years-old; it is going to be sore; you are going to have this; try and accept it. An element of that is true, but a broken hip is a broken hip. Whether dementia is how it happened. Every physical ailment gets blamed on the dementia, the confusion and the age of the person and you find you are no longer a person. You are somebody with age related conditions." (Focus group participant)

Individuals, however, resisted negative stereotypes, to highlight ongoing capacity as well as diversity in the experience of later life:

> "Male - It is people concentrating on what you cannot do rather than what you can still do.

Female - This is it - you do not feel any different inside yourself. Not everybody that is older is a quaint, lovely person. They come in every shape, size and [personality]. There are nice ones: there are horrible ones. You are just people who happen to have an older face. Do not blame me for my face." (Focus group participants)

The visual analysis reinforced this with a Carpe Diem philosophy that might be accepted in later years. Making the most of opportunities that present themselves and being able to take an element of risk, are all factors that can help in ensuring that life in later years is enjoyable and fun.



The qualitative feedback from the questionnaire also highlighted attitudes to life. Many emphasised the role of action, individual drive and motivation as an element of making 'a good life':

"Life is what individuals make of it" (Survey respondent)

"Attitude to life no chip on shoulder" (Survey respondent)

"Many noted the key to having a good life is remaining positive in yourself" (Survey respondent)

"Important to maintain a positive & outgoing attitude while developing inner strength. (same as any phase of life)" (Survey respondent)

"Keeping positive in attitude and not being obsessed with health" (Survey respondent)

The majority of people agreed or strongly agreed that they are viewed positively overall and by family, friends, healthcare professionals and by people met socially. However, the largest response in relation to local or national government bodies, social care and businesses was that people were not sure if they were viewed positively:

- Local and national government (25.7 disagreed and 13.5% strongly disagreed)
- Social care professionals (22.3% disagreed and 10.7% strongly disagreed)
- Businesses (22.1% disagreed and 11.6% strongly disagreed)

FIGURE 79: VIEWED POSITIVELY AS I AGE

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Overall (742)	123 (16.6%)	426 (57.4%)	89 (12.0%)	19 (2.6%)	85 (11.5%)
Family (201)	61 (30.3%)	111 (55.2%)	12 (6.0%)	2 (1.0%)	15 (7.5%)
Friends (204)	62 (30.4%)	127 (62.3%)	3 (1.5%)	0	12 (5.9%)
Healthcare workers (186)	16 (8.6%)	78 (41.9%)	31 (16.7%)	12 (6.5%)	49 (26.3%)
People met socially (200)	24 (12.0%)	119 (59.5%)	18 (9.0%)	1 (0.5%)	38 (19.0%)
Local/ national government (159)	2 (1.2%)	33 (19.3%)	44 (25.7%)	23 (13.5%)	69 (40.4%)
Social care workers (121)	3 (2.5%)	31 (25.6%)	27 (22.3%)	13 (10.7%)	47 (38.8%)
Businesses (172)	10 (5.8%)	47 (27.3%)	38 (22.1%)	20 (11.6%)	57 (33.1%)

While participants in the focus groups emphasised that they were indifferent to the negative stereotypes of older people, there was discussion around whether participants were more active and confident than the average older person, who might lack confidence. Consequently, this lack of confidence was perceived as a potential barrier to people being involved in activities and communities:

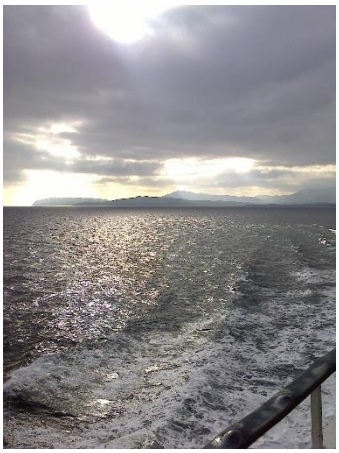
> "Yes and a lot of people would not realise that a lot of the people that we are talking about are lacking confidence because they look quite happy; they are going to the shops; they are doing this, that and the other; they have a good life - they are doing fine. No, there is a lot of scared people out there who are not living as actively as they could be because they are closed in." (Focus group participant)

While discussions emphasised the negative social value placed upon people in later life, in contrast participants expressed gratitude and enjoyment at this stage of life:

> "That is one of the joys of getting to a certain age that you can actually appreciate things that have always been there, but you did not particularly appreciate before, but they bring a whole new joy to your life that is fantastic." (Focus group participant)

Being adaptable was considered important for thriving in later life, which is more than just surviving:

> "I was not always like that. I graduated into it, but I do not dislike it at all. There are preferences I would have, but that was not my choice, but I like to adapt and survive although I do not feel I am surviving, I am thriving." (Focus group participant)



The visual analysis brought this out strongly, with ideas and images around reflection and appreciation of life as being important. This image also captures the importance of tranquillity. It represents the importance of feeling confident and being able to travel and explore as wide as possible. A good life will mean people are supported in taking forward their own adventures even where there are physical limitations. Long-term conditions and ill-health might limit the opportunities for travel but should not prevent choice and freedom of movement.

Conclusion

It is important for people in later life to feel respected and valued. Many people felt that older people were stereotyped, which could impact on their quality of life and the way older people are accepted within society. People with dementia could face particular stigma. Despite negative discourses and policy rhetoric, people felt it was important that older people are not just seen as a ‘burden’ and want to be responsible for their own fate. People described resisting the negative attitudes surrounding them, striving to maintain independence and enjoy later life, with age viewed as only a number that defined a diversity of experience.

14. Environment

Accessing the environment and outdoor spaces were highlighted as important elements in quality of life in older age. Locality as well as the urban and rural setting can impact positively on friendship, access and walking. Outdoor spaces and the environment can help to create a good life in later years.

This picture represents the freedom associated with being able to walk in open spaces but also the changing seasons. Ability to access and enjoy the outdoors might, for some, be restricted by weather conditions. Snow and ice can be problematic in the winter, winds and rain in the autumn.

Bad weather also plays a role in how safe people feel going out into their local area. More people reported feeling unsafe accessing their local area in bad weather (18.1%) than reported feeling unsafe at night (5.1%).

FIGURE 80: FEELING SAFE

	Overall	At night	In bad weather
Very safe	363 (49.4%)	260 (35.7%)	154 (21.1%)
Safe	345 (46.9%)	411 (56.4%)	414 (56.6%)
Unsafe	14 (1.9%)	37 (5.1%)	132 (18.1%)
Very unsafe	3 (0.4%)	6 (0.8%)	5 (0.2%)
Not sure	10 (1.4%)	15 (2.1%)	26 (3.5%)

Overall, most people reported feeling safe when out and about in their local area.

However, people living with memory problems or dementia were less likely than those without memory problems or dementia to feel very safe and more likely to feel unsafe overall in their local area. People with memory problems or dementia are also less likely to feel very safe and more likely to feel very unsafe at night in their local area. There was no difference in the responses for people with memory problems or dementia, and those without memory problems or dementia, and how safe they feel in bad weather.

FIGURE 81: MEMORY PROBLEMS AND FEELING SAFE

Feeling safe overall					
	Very safe	Safe	Unsafe	Very unsafe	Unsure
Memory problems or dementia (n=57)	18 (31.6%)	32 (56.1%)	3 (5.3%)	1 (1.8%)	3 (5.3%)
No memory problems or dementia (n=677)	245 (51.0%)	312 (46.1%)	11 (1.6%)	2 (0.3%)	7 (1.0%)
Feeling safe at night					
	Very safe	Safe	Unsafe	Very unsafe	Unsure
Memory problems or dementia (n=57)	14 (24.6%)	34 (59.6%)	3 (5.3%)	2 (3.5%)	4 (7.0%)
No memory problems or dementia (n=671)	346 (36.7%)	376 (56.0%)	34 (5.1%)	4 (0.6%)	11 (1.6%)

Feeling safe outdoors is important as being outdoors can bring enjoyment to many people as they get older. Enjoyment of the outdoors was expressed by several people for the benefit of seeing the Scottish countryside as well as for keeping fit:

> “I have a bicycle (I have two) and I do enjoy being out in the fresh air and I think it is a super way to see the countryside apart from some of the hills that are here that can be very, very challenging, but also a good way to keep fit, but not just necessarily on my own - with someone who cycles with me.” (Focus group participant)

All but 5.4% of those responding, were satisfied with the local green spaces such as parks and countryside. The level of satisfaction with green spaces was similar across all respondents. It was not related to age, gender, ethnic identity, being a carer or having a long-term condition.

FIGURE 82: SATISFACTION WITH STREET FURNITURE

Satisfaction with street furniture (n=194)	
Very satisfied	92 (44.7%)
Satisfied	103 (50.0%)
Dissatisfied	8 (3.9%)
Very dissatisfied	2 (1.0%)
Not sure	1 (0.5%)

Getting outside provided opportunities for socialising around sports activities:

> "Getting out and being in the outdoors and meeting people and walking groups. We do walk a lot in Spain on holiday and we meet up with different people, which is great." (Focus group participant)

Activities such as hillwalking were perceived as beneficial for people of different abilities and ages:

> "My hill walking club, you are talking ability, we have different stages in our hill walking club and I am secretary of this, so I do all the administration of it, as well as doing the physical side of it. One of our members who still comes out regularly (every third Sunday) is 92 years old and she still comes out hill walking. They are the C group, but we call them the Ladies' Group and they have lots of stops for cups of tea. They come out on the bus with us and they meet us coming back - we meet up with them, but they are still part of our group." (Focus group participant)

Having access to local indoor leisure facilities was also considered important to support all levels of fitness and interests, and to be inclusive of older people:

> "For me, the problem is finding something safe that is physical that is an activity. I have actually just been referred to go back through the doctor. In XX, we are lucky because we have got a little bit of gym and a leisure centre, but all the really keen ones go to the campus, the school. So, the little one is fine for older people, but there is no way I would join a gym because I would feel fat, slow etc. with all those young people. I think one great thing is walking football and, in a way, I would like to think that there were more things like that happening." (Focus group participant)

People living with dementia also discussed the value of getting out, and discussed using technology to support independent wayfinding, especially when signage in town centres is poor, although there was a concern that services supporting this no longer existed:

> "Female - Would it give you confidence to go out knowing that if you did get lost that somebody could help you?
>
> Female - If I had it in my pocket or something I could take it out and use it - that would be fine.
>
> Female - They do them as a strap on your wrist as well.
>
> Female - That would be unobtrusive if you used something like that.
>
> Male - I think that the department that did that has dissolved… unfortunately, it was well run." (Focus group participants)

Scottish weather could have an impact on people's moods. With the cold, dark winters, some people from the Chinese community described spending time away from Scotland to make them happier:

> "Such as me when winter comes I feel down and depressed, so that is why I need to do a lot travelling that makes me cheer up." (Translated from focus group participant)

Some people were concerned with the environment in the city where they lived, for instance pollution from idling engines, litter, dog fouling, misuse of disabled bays, parking on pavements, a lack of safe crossing places, and poor street lighting. They felt that complaints were not addressed by either the police or council. These concerns were contextualised within a recent urban redevelopment project.

Our survey showed that 10.2% of respondents were dissatisfied with the local area and a further 1.6% noted being very dissatisfied. However, the majority of people were very satisfied or satisfied with their local area.

FIGURE 83: SATISFACTION WITH LOCAL AREA

Overall satisfaction with local area (n=729)	
Very satisfied	234 (32.1%)
Satisfied	402 (55.1%)
Dissatisfied	74 (10.2%)
Very dissatisfied	12 (1.6%)
Not sure	7 (1.0%)

Satisfaction with the local area was not associated with age, ethnic identity, being a carer, or having a long-term condition. However, gender was related to the overall satisfaction with the local area. Males were more likely than females to be satisfied and very dissatisfied. Females were more likely than males to be very satisfied or dissatisfied with the local area.

FIGURE 84: GENDER AND SATISFACTION WITH LOCAL AREA

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
Male (n=188)	52 (27.7%)	110 (58.5%)	16 (8.5%)	8 (4.3%)	2 (1.1%)
Female (n=533)	180 (33.8%)	288 (54.0%)	56 (10.5%)	4 (0.8%)	5 (0.9%)

Some participants expressed the wish for a calm and relaxed environment to promote a good life:

> "The first half of life is so hard and so exciting and too much that the latter half should have a more calm and relaxed environment for them to relax and enjoy the life - not too much excitement and quiet." (Translated from focus group participant)

Being able to get outdoors and to appreciate the surrounding landscapes can support a good life. Being in environments such as this, can help people feel peaceful and enjoy moments of tranquillity.

As will be discussed further in the section on transport, access to good transport links was considered an important aspect of the environment that contributed to quality of life:

> "We live in an area with good transport. We can get to London on the train - from a village - amazing. You can get to Glasgow, Edinburgh or basically anywhere in Scotland from [Place], which is very fortunate and that is an important thing for old people." (Focus group participant)

The remoteness of some rural areas of Scotland could be a particular issue, such as in this example of someone needing to spend several hours on public transport to access a food bank:

> "It is quite interesting last year we did a project [Workplace] on food poverty in [Place] and one thing that we looked at was the issue of remoteness and it was quite scary. [Place] which is probably the most is northerly, isolated part of [Region] as you said, it could take about three or four hours to get down from there to [Place] on public transport which is equivalent to you getting in your car from Perth and driving down into the Midlands - it took that long with the changes you had to make etc." (Focus group participant)

Discussions around the environment were not only limited to outdoors but also to internal environments. For example, the visual analysis shows that pubs could be inclusive environments, where people of all ages can mix and enjoy each other's company. They were seen as wide open and available spaces for all in the community to enjoy. Being able to go to a local pub can, for many, help lift people's spirit and provide them with a motive and reason for going out.

Most people were either satisfied or very satisfied with pubs, working clubs or legions within their local area. However, 18.4% were dissatisfied and a further 5.7% of respondents were very dissatisfied with these.

FIGURE 85: SATISFACTION WITH PUBS, CLUBS AND LEGIONS

Satisfaction with pubs, working clubs, legions (n=141)	
Very satisfied	24 (17.0%)
Satisfied	74 (52.5%)
Dissatisfied	26 (18.4%)
Very dissatisfied	8 (5.7%)
Not sure	9 (6.4%)

The satisfaction with pubs, working clubs and legions, was not related to age, gender, ethnic identity, being a carer, having a long-term condition or having memory problems or dementia.

CONCLUSION

The environment contributed to a good life when people were able to enjoy the outdoors for leisure, socialising and to keep fit and when they could have access to inclusive local indoor leisure facilities.

Pollution and other environmental concerns impacted negatively on people's quality of life in urban areas. Conversely, the remoteness of some rural locations could be problematic, particularly for people who relied on public transport and services such as food banks which were located many miles away.

People with dementia described the importance of technology for helping them to get around outdoors. While the Scottish countryside was valued for its attractiveness and opportunities for leisure activities, the weather sometimes affected people's mood adversely.

15. Transport and travel

Transport and having the ability to travel featured heavily in people's accounts of what constituted a good life. People had access to a range of transport options, and recognised that the ability to travel, both in their local communities and across Scotland were important to their ability to live a good life. People spoke of a variety of transport options, including car travel, public transport, or walking and cycling.

FIGURE 86: WORD ART OF QUALITATIVE COMMENTS ABOUT TRANSPORT AND TRAVEL

Although most people are satisfied or very satisfied with the transport options in their local area, there were 20.7% that were dissatisfied and a further 8.9% that were very dissatisfied. There were no associations between satisfaction with transport options and gender, age, ethnic identity, being a carer, having a long-term condition, and having memory problems or dementia.

FIGURE 87: SATISFACTION WITH TRANSPORT

How satisfied are you with the transport options in your local area?	
Very satisfied	142 (19.6%)
Satisfied	347 (48.0%)
Dissatisfied	150 (20.7%)
Very dissatisfied	64 (8.9%)
Not sure	20 (2.8%)

The ability to travel using a range of options was important in enabling people to live the life they wanted to:

> "In terms of practicality I would go for transport, big time, because without having my car, but mostly the bus nowadays and a bus pass…I would not do half / not even a miniscule of what I do. I use the bus a great deal going to stuff - social and stuff like this, but I use my car when it is inaccessible places." (Focus group participants)

The longer survey asked respondents to think about different forms of transport and to answer whether they thought these had a positive impact on life. Walking, own car and train were the most frequently reported as having a positive impact on life. Cycling, car sharing and community transport were reported by many as not having a positive impact on life.

FIGURE 88: POSITIVE IMPACT OF TRANSPORT ON LIFE

	Yes	No	Not sure
Walking	189 (92.6)	14 (6.9%)	1 (0.5%)
Cycling	72 (45.6%)	81 (51.3%)	5 (3.2%)
Own car	175 (91.6%)	14 (7.3%)	1 (0.05)
Family/friends car	95 (57.9%)	63 (38.4%)	6 (3.7%)
Community transport	43 (30.9%)	90 (64.7%)	6 (4.3%)
Bus	157 (78.9%)	36 (18.1%)	6 (3.0%)
Train	154 (80.6%)	30 (15.7%)	7 (3.7%)
Planes	128 (70.3%)	44 (24.2%)	10 (5.5%)
Ferry	76 (50.3%)	65 (43.0%)	10 (6.6%)
Car sharing	40 (29.4%)	88 (64.7%)	8 (5.9%)

Access to transport could easily be taken for granted. However, if people lost access to easy travel (for example using their own car), then the difficulties of getting around without their own transport became visible. This was particularly common for people living in isolated or rural areas such as the Highlands and Islands.

> "You take transport for granted when you have it and you can use it easily. It is something that I certainly like to do (travel) so I am very aware of how important it can be for my own wellbeing, as well as for other people. When you are rural areas like Fife or where I am from, it can be really hard to get places if you do not have a car or access to somebody who can drive you around. You are talking about living up a road where there is not necessarily a bus and you have people who are coming and helping you get out and picking you up. I wonder how it would be if you did not have those sorts of rides?" (Focus group participant)

The most common forms of transport used by participants were people's own cars, and local bus services. Most participants received a free bus pass. The free bus pass was highly valued across almost all focus group participants.

> "This bus pass is the best thing since sliced bread. I use it a lot. I get to lots of meetings using the bus pass and I do occasionally just go away on a day trip. To me, it keeps the older people active. It probably saves the NHS a fortune." (Focus group participant)

Created by one of our community researchers, this collage illustrates the importance of transport in later years. Whilst good transport links are important to all in society, there is a recognition that perhaps preferences are changing with younger people preferring not to travel by bus. The bus pass is something greatly appreciated by people in later years as this can open up opportunities to become involved.

However, buses need to be easy to use and reliable and there is an acknowledgement that rural areas may not have access to adequate bus/transport services and concern that bus services are being cut even in urban areas. Cost of travel is also seen as a barrier in later years and the maintenance of bus passes was seen as essential and that this should be extended to cover other forms of travel such as the train.

Free bus travel enabled people to easily travel around their local communities, and to access local services. Free bus travel enabled people to access public spaces easily and therefore take part in all facets of public life.

> "Having a bus service and having the bus pass is a wonderful thing because I will go into town on the spur of the moment, and I do not abuse the bus pass, but I would use it. I might not be going in for any purpose, but when I am in town I will go for my lunch or coffee or I spend money, so somebody is benefiting from me going into town." (Focus group participant)

Interestingly, free bus passes also enabled people to engage in leisure based travel across Scotland. A number of people living in Glasgow told stories of using bus passes to travel across Scotland or go on days out away from their local communities. The bus pass therefore enabled people to get away from their local areas and travel more widely for leisure.

> "The thing to me is the bus pass enables us to go anywhere in Scotland which I think is a godsend, especially for people that cannot afford holidays, but they can jump on a bus and go away, have a day out and then come back and it does not cost a penny, maybe a cup of coffee and a bun." (Focus group participant)

> "I know that a lot of my tenants will jump on the bus to Oban, get a fish tea and then come back again. It takes up the whole day and it some glorious bus ride as well." (Focus group participant)

While access to free public transport was valued, problems with accessing public transport also emerged. While transport was free, for many, particularly (but not exclusively) those living in rural areas of Scotland, access to public transport was variable, with several respondents not being easily able to travel using the infrequent services that were available to them.

> "But if you live in places like I do, I actually live seven miles from the village, so even to get a bus I have to drive down to the village and then the buses are only a couple of times a day. It is a very cut off existence. I could not live where I live if I did not drive." (Focus group participant)

> "[Place] only has two buses a day coming in the morning." (Focus group participant)

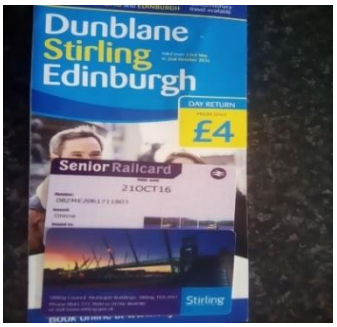
The biggest barrier that is faced by those using or wanting to use public transport is timetabling. This was a barrier for 35% of the respondents.

FIGURE 89: BARRIERS TO TRANSPORT

	Yes	No	Not sure
Timetabling	69 (35.0%)	124 (62.9%)	4 (2.0%)
Distance to get to public transport	43 (21.6%)	155 (77.9%)	1 (0.5%)
Physical access to public transport	19 (9.7%)	176 (89.8%)	1 (0.5%)
Affordability/cost of public transport	19 (9.7%)	175 (89.3%)	2 (1.0%)
Need assistance to use public transport	4 (2.1%)	189 (96.9%)	2 (1.0%)
Safety concerns	3 (1.6%)	184 (95.3%)	6 (3.1%)

The distance to get to public transport was also a barrier for many (21.6%). Safety concerns and the need for assistance to use public transport were the barriers that people were least likely to face.

The visual analysis shows clearly that public transport can help people to get to different activities in places further from their home. It allows people to remain connected. However, for some people it can be difficult to get on and off buses and there is a need to ask for help. Transport should be accessible to promote independence. It also needs to be affordable and the bus pass can help in making bus travel affordable.



Having travel opportunities can contribute to a good life in later years. This can give freedom and enable people to be able to travel to volunteering, work or leisure activities. However, the options for travel are not the same across Scotland, with some areas having much poorer bus services and no train service. Buses can also be inaccessible to those with physical disabilities. Not all buses are accessible, and there are restrictions on the number of wheelchairs/scooters/buggies that may be taken onto buses. There is also no guarantee as to whether the buses on any given route will be accessible or not.

Other people living in urban areas noted difficulties getting to main bus routes; while public transport was available, they had difficulties, particularly if personal mobility was a problem, in getting to the main public transport routes.

> "Definitely. This is the main problem. It is getting people from the house onto the main bus route. That is the link that is missing. Sure there are plenty of buses; sure there are trains etc, but it is getting folk and very often it does boil down to either a neighbour or a friend or a relative or a taxi. There are lots of taxis buzzing around here. Even to get to the Forge, I think it is about £2 or £3." (Focus group participant)

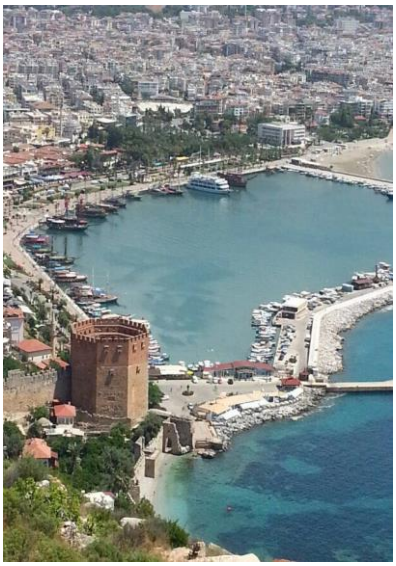
In many areas, public transport was difficult to access. In such areas community transport services often took their place. Community transport, whether formally provided through for example social

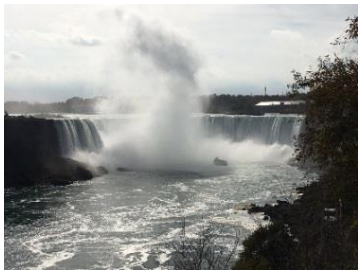
enterprises, or even just friends giving each other lifts was valued in communities where public transport options were less frequent.

> “In the village it is a very self-sufficient community and I think it has learnt to be and yet there are a lot of people that will give folks a lift whether it is formal or informal with the community transport…People will say, "How are you getting in today" and, "I will give you a lift. Do not worry about it", other people cannot manage so well. There is a lady who has lost her sight and must be well into her eighties by now, but she has been to the hall for donkeys' years and why should she stop. We enable folk not to have to stop their lives.” (Focus group participants)

> “We are unique I think in the fact that the development trust has provided us with an out of hours’ ferry service for the evenings. Without that we cannot go to things in [Place] in the evening.” (Focus group participants)

Finally, a good life might include the opportunity to travel to different places. To learn about different cultures and to see new sites. Experiencing different cultures and being able to take holidays can help to challenge current viewpoints, and is good for expanding one’s knowledge and for overall mental health.





Conclusion

Access to travel and transport options were clearly important in enabling people to live a good life. Regardless of whether people had access to their own transport options, having access to free travel via the bus pass was highly valued, with most people seeking to avoid losing the free travel available to them. Where public transport options were poor, community transport options were valued, although there was recognition that these services could not replace a well-funded public transport system.

Accessing local services were important aspects of transport. However, easily accessible transport options were also important as they enable people to access to Scotland in its entirety, and to engage in a wide range of leisure activities across Scotland. This suggests that debate and planning around transport should move beyond a focus on accessing services, towards a greater recognition of the importance of travel to people's wider lives.

16. Independence, freedom and choice

Underlying many of the themes that are discussed in relation to a good life, is the desire of older people to remain independent and to avoid being a burden on others.

> "We touched on independence too. All of us need to stay independent." (Focus group participant)

A number of different dimensions to independence emerged within focus groups. Firstly, independence was about having freedom. Freedom included having the ability to go where people wanted, or do what they wanted of their own free will, without needing other people's assistance:

> "The independence for a start. You are driving around the country somewhere, you can stop when you want - country pubs and eating places - just things like that. Even a drive from here to [PLACE] it gets you out and about although the way the roads are now you would probably get lost." (Focus group participant)

> "I chose that as well because I am the same, I like to travel and I like to go and visit relatives and friends and, as I get older, you have more time usually (apart from me I do not have much because I volunteer a lot) - that is why I thought that is a good sign when you are older: as long as you are fit and you are able to travel, that to me is a luxury because you do not have that when you are working and bringing up children, so that is why I chose the world." (Focus group participant)

Freedom also meant being free of demands from other people, and being able to live life as they chose. People did not want to be a burden on their families, but also did not want to be burdened themselves, either by illness, or by the demands placed upon them by friends or family.

Some people did not want to have to compromise how they lived for other people:

> "It stands for independence. I think it stands for the unique personality which I hope [name] and I will always be able to hold onto that that will not be taken away from us through dementia or whatever. I recognise its isolation as well and I think in my case I like isolation to a degree. I do not want to have to cave in. I do not want to have to compromise too much as I get older. Even now, I hate compromise, but I am forced to do it quite often living in this society." (Focus group participant)

Independence was also closely linked to having choices about life. Linked to freedom, an important part of independence was being able to make choices about life, and having control over these choices. Independence was associated with being able to choose what people wanted and did not want to do, and being able to choose when and where to do these things:

> "For me, it is choice. I say having choice so I suppose my independence and my health because then I have the choice to be with friends and choice to go out for a walk - the choice to sit and put my feet up and watch television or spend the afternoon on my crochet or music." (Focus group participant)

> "Having control. I think we are all a bit of a control freak and you want to decide for yourself about things. That is why I do not know if I would like to live with family because I would not be in control then because I think if you live with family then they are the ones that are in control and I do not think I like that." (Focus group participant)

Losing the ability to choose when and how to do things could be associated with growing older, however people felt it was important to retain as much choice over life as possible.

The loss of choice over life, whether due to illness, or due to declining access to local facilities was associated by many with a poorer quality of life:

> "We have talked about things that you lose as you get older, but there is something about still having the ability to do the things that you want to do to the level that it makes you feel okay about your existence and sometimes as people get older they lose so much that their existence does not feel good any more…There comes a point for some folk where they lose so much of their independence, or health, or social circle where it does not feel like that anymore." (Focus group participant)

Lack of choice was also associated with declines in the range of facilities available to people. Older people had different needs which may not be reflected in the facilities or forms of support available to people. Further, people may have so much choice, that they do not know where to start, or how to weigh up different sources of information. This lack of choice in support options could also restrict older people's freedom to choose and therefore their quality of life:

> "But that choice thing is a wonderful thing because it gives at least a feeling of independence even although your choice is within certain parameters. It is how do we get that choice element to people? How do you make them aware of what is available and what the options are? I think that is where I came from at the very beginning - it is how do I get that information or how would I get it to someone? It seems to be scattered. There is maybe one organisation giving information about something, but somebody else is giving information." (Focus group participant)

> "But again having choices within that because I think sometimes the supports that are on offer for people one size does not fit all." (Focus group participant)

A third element of independence was autonomy, or people's ability to carry out activities on their own, independently of friends and family. The ability to 'fend for yourself' was mentioned by several participants. A good life was often associated with people able to do some things on their own, or being able to 'manage' without assistance from other people or services. Being able to 'manage' with little to no assistance was generally viewed as a good thing.

> "Even if your family stayed around your doorstep you are still better being independent because you cannot depend on anybody and why should you because they have their own lives to lead. You have to be independent and fend for yourself. Fix out your own life and that way, alright, if they come and help you that is a bonus, but if they do not come and help you, and you do not want to put yourself upon them, you see to your own stuff and that is where these outside things would come into play" (Focus group participant)

> "I keep coming back to having your independence. That is where my wife says she is going to come with me and I say, no, I am going on my own - I prefer that. Occasionally, I do not mind her coming, but my preference is that this is something that I have to do and I will do it myself." (Focus group participant)

Being able to do things for oneself shaped a number of activities older people did, including where people would grow their own food This image represents how growing fruit and vegetables is one way in which the desire for independence and self-sufficiency might be achieved.

Our survey shows that most people feel like they have the choice and freedom to make decisions about how they live their life (n=657, 88.9%).

There is a relationship between age and feeling like there is freedom and choice to make decisions. People in the 50-59 age category were the most likely to disagree with this statement, although even in that category the majority felt like they had the freedom to make decisions. There were no other associations noted during the analysis.

The questionnaire asked if the following would have an impact on the ability to have choice. Good health and mobility were the key factors that related to independence. Where mobility and health are a factor, there may be issues of interdependence as well as interdependence in achieving a good life. Most people do not need care or support to help them to do the things that they want to (n=177, 85.5%). However, a small number (n=3, 1.4%) require support all the time, most of the time (n=4, 1.9%) and sometimes (n=21, 10.1%). Two people (1.0%) were not sure if they needed care or support to do the things that they want to.

FIGURE 90: FACTORS IMPACTING ON ABILITY TO HAVE CHOICE

	Yes	No	Not sure
Health	174 (86.6%)	19 (9.5%)	8 (7.9%)
Mobility	156 (80.7%)	29 (14.7%)	12 (6.1%)
Finance	131 (67.2%)	53 (27.2%)	11 (5.6%)
Technology	57 (32.2%)	95 (53.7%)	25 (14.1%)
Digital culture	40 (22.9%)	97 (55.4%)	38 (21.7%)
Family and friends	112 (61.5%)	55 (30.2%)	15 (8.2%)

We asked people if they had heard and/or used Self-Directed Support (SDS). Over half of respondents have not heard of self-directed support (n=114, 54.8%). Only 2.9% (n=6) had used SDS and the remainder had heard about this but had not used it (n=88, 42.3%).

CONCLUSION

Independence was linked to a good life in terms of giving people choices within their lives, and giving people control over these choices.

Furthermore, for many the ability to live autonomous lives with little to no support from outside agencies or other people, including friends and family was also important, although for some this also ran the risk of loneliness and isolation, particularly if they needed support.

Retaining independence in the form of control over choices may be a more realistic way of promoting independence in older people over encouraging people to live autonomous lives. Such control over choice can be enabled by providing people with choices over how they can participate in society, or choice in how they access services. There should be choice in independence but also in terms of interdependence where this is needed.

17. Housing

Housing was an integrated and important theme across Scotland. Housing was continually linked to mobility, transport, health care, security and community. In the focus group analysis, the links between housing and community highlighted the impact of appropriate housing on quality of life as well as social networks. The quantitative questionnaire indicated that generally people were satisfied with their housing, but they were less satisfied if they had a health issue, memory problem or were a carer. There were also concerns about the cost of heating, safety and security as well as the importance and emphasis of living independently for as long as possible. The visual analysis and qualitative questionnaire questions reinforced the concerns about access to community services, security and also mobility.

FIGURE 91: WORD ART OF QUALITATIVE COMMENTS ABOUT HOUSING

For the wider picture, the questionnaire asked respondents about their current housing situation. Of the 722 people who provided details, the majority (n=546, 75.6%) lived in a house or bungalow and a further 138 (19.1%) lived in a flat, maisonette or apartment.

FIGURE 92: TYPE OF HOUSING

	Number	Valid %
A house or bungalow (not supported accommodation)	546	75.6%
A flat, maisonette or apartment (not supported accommodation)	138	19.1%
Supported accommodation (including sheltered housing)	30	4.2%
Care or nursing home	4	0.6%
A room or rooms (not supported accommodation)	2	0.3%
A caravan, lodge, mobile home or houseboat	1	0.1%
Other (tied accommodation)	1	0.1%

Interestingly, the majority of people are satisfied (38%) or very satisfied (55%) with their current home or the place that they stay.

FIGURE 93: SATISFACTION WITH CURRENT HOME

Satisfaction with current home (n=731)	
Very satisfied	405 (55.4%)
Satisfied	281 (38.4%)
Dissatisfied	34 (4.7%)
Very dissatisfied	7 (1.0%)
Not sure	4 (0.5%)

However, carers are more likely to be dissatisfied with their current home/place where they stay.

FIGURE 94: CARER AND SATISFACTION WITH HOUSING

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
Carer (n=174)	83 (57.7%)	75 (43.1%)	13 (7.5%)	2 (1.1%)	1 (0.6%)
Non-carer (n=532)	315 (59.2%)	191 (35.9%)	18 (3.4%)	5 (0.9%)	1 (0.6%)

Issues with housing, therefore, were a little more nuanced. Maintaining a house larger than a person needed was an issue – in practical and financial terms, as well as a perception that older people were not downsizing to help younger people access the housing they needed. However, people did not feel there were suitable alternatives for them:

> "Complaining about these old people who have got big houses and I have a big house and I have half an acre of garden and I would like a smaller house and a smaller garden, but unless you are eligible for special housing, I do not think they build two or three-bedroom bungalows any more. If you try and get a two or three-bedroom bungalow anywhere near Edinburgh, people have expanded it, it is almost impossible to move, and heating big houses as well." (Focus group participant)

The cost of heating was a challenge that several people described:

> "I would like to make the point about the cost of heating hereabouts. As far as I am concerned that is quite an important factor. It takes quite a chunk out of my… My house is pretty well insulated. I have just had new double glazing put in. I have been in that house for 40 years and I would not move. It is a superb area [location] and it is in walking distance of the town, and you can walk up here no problem. It suits me fine, but electricity and the cost of heating your home is a concern. That is the point I was going to make when you asked that question." (Focus group participant)

Moving to an area that offered appropriate housing but that was outside a person's existing community was also considered to be detrimental to a person's quality of life:

> "If your circumstances change as a result of health or finance and you have either got to move out of your house whether it be downsizing or something that is more physically suitable and you cannot get something in an area that you would like to be in or that you know people in, I think it would be a huge impact psychologically, as well as physically, but I would definitely profile the psychological side of it above [physical] because that will affect everything. The sheer thought of actually packing up house and moving anyway would be traumatic." (Focus group participant)

Being able to access appropriate housing within a person's existing community was therefore a priority:

> "You want some sort of supported housing within your local community" (Focus group participant)

And, as people looked to their later life, they wanted to maintain independence through suitable accommodation and being able to access existing social networks:

> "No one has spoken about independent living and doing away with care homes. I know we will never be able to do that, but independent living means a lot to most people and you want to be independent for as long as you possibly can, if not forever. I do not think there is enough of that type of living accommodation around. Most of us will probably live in three-bedroom houses or houses that are too big for us and you would like to move, but you want to move to somewhere that you are still going to be able to look after yourself and that there will be lots of people there, and social life, and that sort of thing." (Focus group participant)

People felt that although extra support or sheltered housing was helpful for safety and security, this type of housing was often socially isolating. Nevertheless, as the following quote identifies, there are some models of sheltered housing that can help promote social activity:

> "The main thing with this place and you will find in most places round about, but I do not know about other places, those sheltered houses are absolutely just like graveyards because people go into them, and there are no social things going on. They go in and they shut their door and they do not see a soul week in and week out. They do not have anybody to come and visit them. If they are not able to get out too much, they are isolated. In here, people mix, they socialise and they do activities and that is a big thing because the rest of places there is nothing. This is a model thing. This is great." (Focus group participant)

Moreover, sheltered housing was not always perceived to be physically accessible for people to get out of their homes to enjoy the garden or to meet their neighbours:

> "We have quite a lot to do with the folk who live in one of the state of the art housing with extra support (they are rubbish). It is the most isolating complex I have ever come across. There will be some people there who never get fresh air, or rarely, because they cannot find their way from their flat down to the garden, but they actually need someone to take them. They cannot work the lift or they cannot remember how to work the lift. That is not valued in the way things are planned for them." (Focus group participant)

Issues around health, therefore, were interrelated to housing and housing satisfaction. Having a long-term condition is also associated with the level of satisfaction with the current home.

People with long-term condition are less likely to be very satisfied and more likely to be satisfied with current home than people not reporting having long-term conditions.

FIGURE 95: HAVING A LONG-TERM CONDITION AND BEING SATISFIED WITH CURRENT HOME

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
Long-term condition (n=322)	161 (50.0%)	138 (42.9%)	15 (4.7%)	5 (1.6%)	3 (0.9%)
No long-term condition (n=409)	244 (59.7%)	143 (35.0%)	19 (4.6%)	2 (0.5%)	1 (0.2%)

Having memory problems or dementia was also related to the level of satisfaction with the current home. People with memory problems more frequently reported being very dissatisfied with their home, but were equally as likely to report being very satisfied as people without memory problems or dementia.

FIGURE 96: HAVING MEMORY PROBLEMS AND SATISFACTION WITH THE CURRENT HOME

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
Memory problems/ dementia (n=56)	31 (55.4%)	18 (32.1%)	2 (3.6%)	3 (5.4%)	2 (3.6%)
No memory problems/ dementia (n=674)	374 (55.5%)	262 (38.9%)	32 (4.7%)	4 (0.6%)	2 (0.3%)

Within the focus group data, practical elements, such as lack of storage and physical access for wheelchairs and motability scooters were considered problematic for older people with mobility problems:

> "It would have been nice if there were befrienders or something set up that just now and again went and checked on these people. It is quite sad and it is hard to see in the future. If she even had an electric scooter or something that would be fine, she would get out and about and she would have a wee bit independence, but where she is there is no facility to store an electric scooter. These are houses that are made especially for people who are elderly with disabilities and yet they do not have facilities. The path is not wide enough for a scooter for a start." (Focus group participant)

Care and repair services were valued but such resources were considered to be very limited:

> "We have this Care and Repair thing. You have to be in fast or there is no money left." (Focus group participant)

Some people considered a time where they might look for extra support housing that could provide a community, although in focus group discussions, care homes were perceived negatively particularly by members of the Chinese community. People also expressed the need for some form for a service other than the care home model, which would provide support, but not as much support as would be needed in a care home.

> "Female: My daughter is dead against care homes and I have worked in care homes and I know where she is coming from, but it would be nice to have a kind of care home where you are not incapacitated, but you no longer want to live in your own home? I know everybody says that

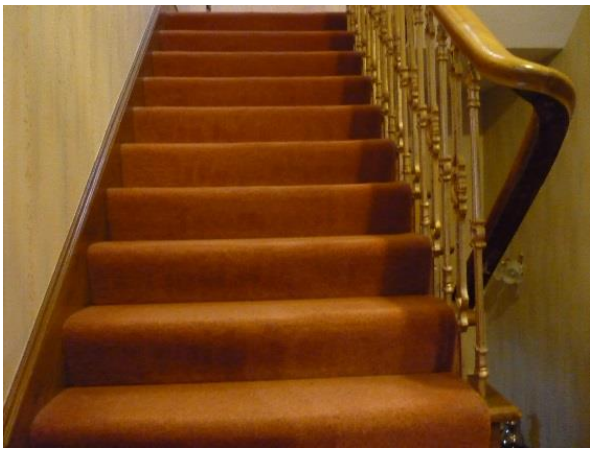
is the main thing, but if you are a person that feels lonely, maybe living in a community would be a good idea.
Male – sheltered housing?

Female – sheltered housing, yes." (Focus group participants)

The visual analysis confirmed how important housing is in later years. Housing should be of the right size for the individual. Family homes may become too big and expensive to heat. Housing also needs to be accessible. For some, it may be necessary to adapt their homes or to move to accessible homes. Not all new homes are accessible, with some new flats not having access to lifts. Homes would benefit from being close to transport links and close to services, such as libraries.

This picture was taken by a community researcher. It represents the need for security in later years. Physical security in your home and local area is important. It is also important to have financial security and security in social networks - having people around and companionship. For some, the latter is achievable through housing options, for example, sheltered housing.

Mobility can become an issue for some people as they get older. Keeping as mobile as possible is important. However, where mobility is an issue people may find that their housing is no longer suitable and may have to move. Having adequate alternative housing helps people that may find themselves unable to remain in their current homes because of reduced mobility.



Conclusion

Discussion about housing focused upon the affordability of heating and ensuring homes are accessible both physically and socially to support a good life. Looking ahead to later life, people aspired to having accommodation that would help them feel safe and secure, and that enabled them to live at home for as long as possible. This might involve downsizing and moving to extra support housing. However, even if they needed to move, most people wished to live in the same community so that they could continue to enjoy their existing social networks, which as discussed earlier in the section on relationships, friendships and companionship, are essential for living a good life.

Despite expectations about the need for extra support housing as people age, current perceptions of sheltered housing are negative and people have concerns about poor design and isolation.

18. Belief systems, spirituality, faith and religion

Spirituality and reflection are aspects that can be important to many people, including those who are getting older. Community researchers captured the following images to highlight how people sometimes enjoy the opportunity to reflect individually on what is important to them. Spirituality is something that can be in the psyche of an individual. It can also involve reflecting on the connection between the individual and nature.

As one focus group participant noted:

> "For me, it is the spirituality - not organised religion, for me, but spirituality is something completely different for me: it is being outdoors; it is seeing beautiful things; it is being with people and it is looking after my mental health. I do a lot of meditation and I think it is good for physical health as well because it has been shown in research that meditation lowers your blood pressure and all this stuff. I think it is a very healthy way of living." (Focus group participant)

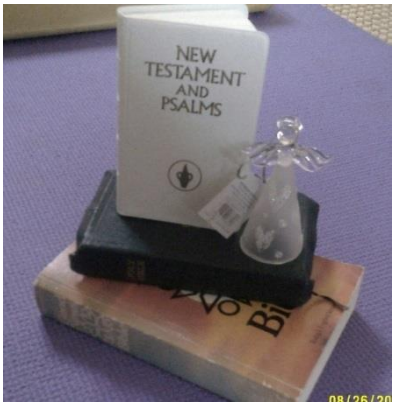
Here spirituality is linked to a holistic sense of being a person, inclusive of their physical and mental health, and aware of their place within their wider environment. Others did not put their sense of being happy or content in the same terms, but linked a good life to the emotional experience of feeling content – happy with their lives at that moment, what they had achieved, and what they could expect in their futures.

> "Being content with your life. Over the whole piece I feel that it is important. If you are not content you become miserable, but if you have contentment you are happy with yourself. The world blossoms for you." (Focus group participant)

Some felt that younger generations when compared to them were now living according to different values compared to themselves. As a result, they worried that later generations lacked, or no longer adhered to values, including religion, which they had felt were important.

> "I was talking about spirituality and coming back to the age differences again that some of those values are dismissed by many in the community and you see a great worry that youth is directionless unless they are connected perhaps to a church or maybe their schooling is so strong in teaching - good / bad - all these essentials of care, respect, responsibility and so forth. That worries me. It worries me that I am going forward into a world that is chaotic." (Focus group participant)

Religion more specifically remains important to some individuals. This was represented in the following image captured within the visual methods. Religion for some was about giving hope and power to cope in challenging situations. It was also about providing social networks and activities coordinated by religious groups. Churches and other religious buildings were also seen as venues for events and social gatherings, whether or not the events themselves had a religious component.



For the Chinese community that took part in this research, the importance of religion was not about current beliefs but about honouring and respecting the traditions of their culture more widely:

> "For the Chinese it is not important to be a Buddhist, or a Tau, or a Christian. They all believe in their origin / ancestors.… It is a kind of respect…you pay your respects and they will support you. They will not do any harm to you." (Translated from focus group participant)

Whether it is religion, or spirituality, or holding a wider belief system, having something that can help guide and support decisions in life was seen as important to many people as they age. However, it is important to acknowledge that for many others this is not important. Our survey indicated that just under half of respondents felt that this was very important (27.4%) or important (20.3%). Equally, however, 26.9% of people felt this was not important and 17.3% felt it was very unimportant. The remaining 8.1% were not sure if this was important or not.

There is an association between ethnic identity and whether belief systems, spirituality, faith or religion are important. People stating that they were Scottish were more likely to see this as unimportant than other ethnic categories but less likely to see this as very important. People considering themselves English, Welsh or Irish were more likely to see this as unimportant compared to those who were British or in the other ethnic identity categories, and more likely than all other ethnic groups to report this as very unimportant.

FIGURE 97: ETHNIC IDENTITY AND BELIEF SYSTEM

	Very important	Important	Unimportant	Very unimportant	Not sure
Scottish	37 (28.7%)	26 (20.2%)	40 (31.0%)	11 (8.5%)	15 (11.6%)
English, Welsh or Irish	4 (19.0%)	3 (14.3%)	6 (28.6%)	8 (38.1%)	0
British	10 (30.3%)	7 (21.2%)	5 (15.2%)	10 (30.3%)	1 (3.0%)
Other ethnic identities	2 (16.7%)	4 (33.3%)	2 (16.7%)	4 (33.3%)	0

Having one or more long-term conditions was also related to whether people felt that belief systems, spirituality, faith or religion were important. This was more frequently reported as important or very important by people with long-term conditions rather than those that did not have long-term conditions.

FIGURE 98: HAVING A LONG-TERM CONDITION AND IMPORTANCE OF BELIEF SYSTEMS, SPIRITUALITY OR RELIGION

	Very important	Important	Unimportant	Very unimportant	Not sure
Long-term condition	27 (32.9%)	20 (24.4%)	18 (22.0%)	7 (8.5%)	10 (12.2%)
No long-term condition	27 (23.5%)	20 (17.4%)	35 (30.4%)	27 (23.5%)	6 (5.2%)

Having a belief system, spirituality or religion was more important to those with long-term conditions than those without. However, there is also greater dissatisfaction amongst people with long-term conditions in being able to practice these with others. This indicates that some older people are facing barriers to practice their beliefs and further work to identify barriers and how to overcome these would be beneficial.

FIGURE 99: HAVING A LONG-TERM CONDITION AND BEING ABLE TO PRACTICE BELIEF SYSTEMS, SPIRITUALITY OR RELIGION

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not sure
Long-term condition	72 (31.7%)	125 (55.1%)	8 (3.5%)	8 (3.5%)	14 (6.2%)
No long-term condition	129 (47.1%)	125 (45.6%)	5 (1.8%)	0	15 (5.5%)

Conclusion

Spirituality, ethics and values enables people to demonstrate respect for each other, other generations and the natural environment, and for those who described their beliefs, also felt that they were important to a person's general sense of well-being. Ensuring that older people, including those in environments such as care homes or social housing have opportunities to explore and express their spiritual beliefs is therefore important to enabling people to live a good life.

19. Preparing for end of life

The end of life is something that can be in the thoughts of people as they get older. People can think both about their own end of life, and also that of loved ones.

FACED WITH THE LOSS OF LOVED ONES

People might have concerns associated with the ailing health of loved ones, and the possibility of separation by death. This was something that was initially raised in images captured by community researchers in the first stage of the project. The following picture was taken to represent occasions where couples might spend some time reflecting on concerns about the fear of separation at the end of life.

Others who had taken part in the focus groups and in the survey also spoke about the impact on them of the death of loved ones. Dealing with the death of friends and family was seen as a difficult experience that affected quality of life in later years. As one focus group participant noted:

> "On the face of that, I do not know if that is something that any others of you have experienced that sense of loss of friends, friends – that sense of people around you are dying and how you deal with that, I suppose, is the question that springs from that because it is a difficult experience." (Focus Group Participant)

The loss of loved ones, including partners, can mean that people begin to feel lonely.

> "Perhaps more emphasis on loneliness. Bereavement can have a massive impact on one's life" (Survey respondent)

This loneliness might be further extenuated in circumstances where the death of a loved one means that individuals are faced with the situation of changing the communities that they belong to. Just over a quarter of those answering questions about death (54 of 208 responses – 26%) indicated that they felt they would have to consider changing the communities that they belonged to. Many older people might face difficulties, particularly where bereavement results in having to move to a new area – in the Communities section of this report (section 3) we highlighted how around 40% of those completing questions in the longer survey expressed that they would find this very difficult. People who find themselves bereaved may benefit from being further supported to integrate into new communities and efforts must be taken to ensure that people do not experience loneliness after bereavement.

THINKING OF ONE'S OWN END OF LIFE

Some people begin to think about their own end of life. Some people expressed concerns and fears of dying alone and hope to avoid this.

> "Lots of her friends in Glasgow and Edinburgh all live alone and when they die, nobody knows. Really sad." (Translated from Focus Group Participant).

Whilst recognising that discussions about death and preparing for the end of life remain uncomfortable for some people, for others comfort can be taken from giving thought to and having discussions about what would be a good death. Our survey demonstrated that most people were satisfied with their opportunity to discuss their wishes and desires about their own end of life.

The same was true for discussions relating to people's satisfaction with the opportunity to discuss their wishes for what would happen if they were no longer able to express these (see figure 100). Despite most people being satisfied with the extent of their discussions, 30.1% of people would like further opportunity to discuss their wishes for death and 41.6% would like the opportunity to discuss what their wishes would be if they no longer could express these.

FIGURE 100: DISCUSSION ABOUT WISHES FOR END OF LIFE

Agreement to the statement:	Death	Unable to express wishes
I have had the opportunity to discuss this as much as I would like	433 (58.7%)	348 (47.0%)
I have had the opportunity to have some discussion but not as much as I would like	151 (20.5%)	191 (25.8%)
I haven't had the opportunity to discuss this but I would like to	71 (9.6%)	117 (15.8%)
I haven't had the opportunity to discuss this and don't want to	43 (5.8%)	43 (5.8%)
I would prefer not to answer	40 (5.4%)	41 (5.5%)

The findings to these questions were similar across gender, across ethnic identity, whether an individual was a carer or not, whether somebody had a long-term condition or not, and whether somebody had memory problems/dementia or not. There was, however, a different pattern of responses displayed for different age groups. People who were younger were more likely to want more opportunities to discuss their wishes for their death and more likely to want more opportunity to discuss what their wishes would be if they were no longer able to express these. These age differences are indicative that there are more opportunities for people to discuss these issues as they age, but there is also great scope for more openness and discussion of death and loss of ability to express wishes for people at younger ages.

FIGURE 101: AGE AND SATISFACTION WITH OPPORTUNITY TO DISCUSS END OF LIFE

	As much opportunity to discuss as wanted	Some discussion but would like more	No discussion but would like this	No discussion and do not want
50-59	87 (48.9%)	40 (22.5%)	26 (14.6%)	17 (9.6%)
60-69	133 (59.1%)	49 (21.8%)	20 (8.9%)	14 (6.2%)
70-79	139 (62.3%)	46 (20.6%)	17 (7.6%)	8 (6.2%)
80-89	56 (69.1%)	12 (14.8%)	4 (4.9%)	3 (3.7%)
Over 90	9 (75.0%)	0	1 (8.3%)	0

FIGURE 102: AGE AND SATISFACTION WITH THE OPPORTUNITY TO DISCUSS WHAT WISHES WOULD BE IF NO LONGER ABLE TO EXPRESS THESE

	As much opportunity to discuss as wanted	Some discussion but would like more	No discussion but would like this	No discussion and do not want
50-59	87 (48.9%)	40 (22.5%)	26 (14.6%)	17 (9.6%)
60-69	133 (59.1%)	49 (21.8%)	20 (8.9%)	14 (6.2%)
70-79	139 (62.3%)	46 (20.6%)	17 (7.6%)	8 (6.2%)
80-89	56 (69.1%)	12 (14.8%)	4 (4.9%)	3 (3.7%)
Over 90	9 (75.0%)	0	1 (8.3%)	0

In addition to asking about discussions, the longer survey also asked people what actions they had already taken to prepare for the end of life. The most common arrangements in place were making a will (80.1%), discussing arrangements with family or friends (63.5%) and assigning an executor of estates (60.3%). Far fewer people had made arrangements for situations prior to their death, for example, only 21% of people had created a living will. This may be considered low in comparison to the number of people that have had discussions regarding what their wishes would be if they were no longer able to express these. It appears that people are having discussions about these but are less likely to formalise their wishes.

Whether or not preparing for the end of life will make a difference to quality of life is very much dependant on the individual. For some people, discussions around death remain uncomfortable and others may not wish to discuss this. However, for others, being able to prepare for the end of life provided comfort, and enabled people to feel like they were not going to be a burden on others. Many people had already discussed their wishes or made preparations for their own end of life.

That being said, around 30% indicated that they would like more opportunity to discuss their wishes around their death, and around 40% wanted more opportunity to discuss wishes for what should happen if they were no longer able to express what they wanted in life. There remains a clear need to support further opportunities for individuals to discuss such matters, should they choose to. Community researchers indicated that this might include both formal opportunities for discussion and recording of wishes, but also supporting more informal discussions or conversations amongst friends and significant others. This may be particularly encouraged for those in younger age groups, who were more likely to be dissatisfied with the opportunities they had to discuss these issues.

In addition to supporting people to prepare for their own end of life, going forward there is a need to consider the support offered to people who have been bereaved. Supporting people to get through the difficult times following bereavement, and ensuring that people who are forced to move as a result of bereavement can integrate within new communities will go some way to tackling the potential resultant isolation that some people face.

20. Nurturing a good life in later years

This research project has identified the complex elements related to a good life in later years. It acknowledges that there are many components that contribute to a good life:

- Community
- Health and well-being
- Services and facilities
- Transport and travel
- Independence, choice and freedom
- Friendship and social relations
- Hobbies and pastimes
- Learning and education
- Volunteering
- Work, employment and retirement
- Environment
  - Housing
  - Technology and communication
  - Social attitudes and values
  - Money and financial resources
  - Beliefs, spirituality and religion
  - Preparing for end of life

The report highlights how each of the components has a role in creating a good life in later years. In the survey, respondents noted how satisfied they were with life at the moment on a scale of 0 (not at all satisfied) to 10 (completely satisfied). The mean score of quality of life amongst the group was 8.97. This is higher than the UK average, which was 7.3 in 2015. Similarly, to the EUROSTAT survey, we have categorised the scores in low (0-5), medium (6-8) and high (9-10). Using these categories, we can see that age is related to overall life satisfaction (V=.129, p=.003). The percentage of people recording a high score increases from 50-59 to 70-79 (inclusive), and it then begins to decrease again. People in the 70-79 category were the most likely to note high satisfaction with life.

FIGURE 103: AGE AND OVERALL SATISFACTION WITH LIFE

	Low	Medium	High
50-59	23 (12.9%)	114 (64.0%)	41 (23.0%)
60-69	20 (8.9%)	117 (52.2%)	87 (38.8%)
70-79	18 (8.2%0	106 (48.2%)	96 (43.6%)
80-89	13 (16.9%)	36 (46.8%)	28 (36.4%)
Over 90	1 (9.1%)	6 (53.5%)	4 (36.4%)

There was a relationship between having a long-term condition and overall life satisfaction. People with a condition were more likely to report a medium score or low score, and less likely than those with no long-term condition to record a high score (V=.138, p=.001).

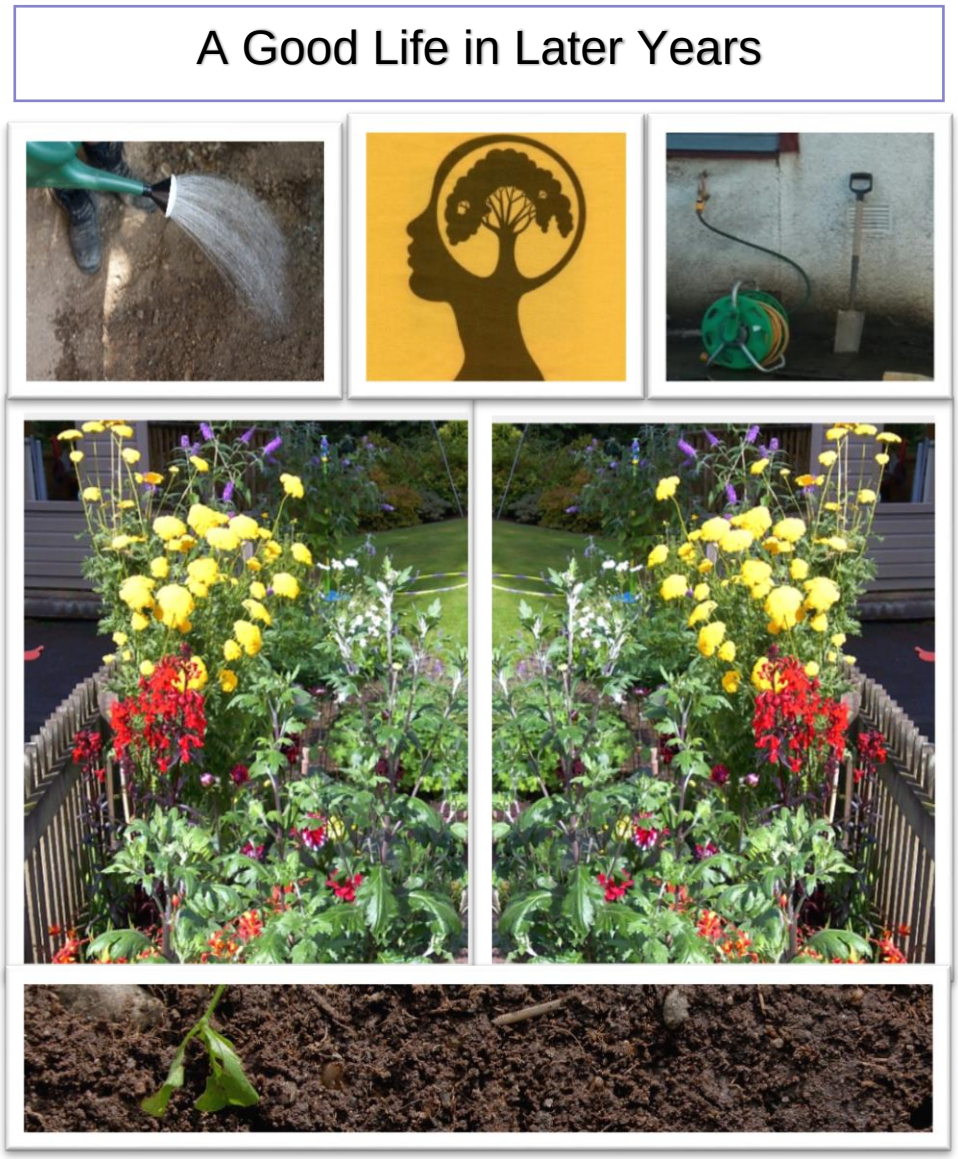
FIGURE 104: HAVING A LONG-TERM CONDITION AND OVERALL SATISFACTION WITH LIFE

	Low	Medium	High
Long-term condition	44 (13.7%)	183 (57.0%)	94 (29.3%)
No long-term condition	35 (8.6%)	202 (49.6%)	170 (41.8%)

There were no other associations noted with overall life satisfaction. Gender, being a carer, ethnic identity and specifically having memory problems or dementia are not related to overall life satisfaction. This was somewhat surprising given that at least some of the themes discussed had observable differences in the levels of satisfaction recorded. It is likely therefore that each of the components of a good life does not have an equal role in determining overall life satisfaction.

It may be that the importance of each component will vary between individuals, and indeed may vary across points in time for individuals. However, equally there may be common patterns as to the extent each of these plays in determining overall life satisfaction measures. Further in-depth analysis of the data would be needed in the future to establish such patterns and to determine if any one of these components is most likely to impact upon the overall experience of living a good life. In the meantime, it is only possible to state that the totality of what makes a good life is shaped by the various aspects discussed within this report. Understanding a good life may be considered using an analogy, and thinking of this in terms of growing a rich and beautiful garden (see figure 105).

FIGURE 105: UNDERSTANDING A GOOD LIFE



Each garden is unique and what is attractive to one individual, may not be attractive to another. This is true also of a good life. The components, or “plants”, and how they combine in creating a good life will very much be an individual choice. It is not necessary for every component to have a role in the overall experience of life of the individual. For example, there are some people who do not wish to volunteer in later years, there are others who do not want to work, and there are others that prefer not to think about preparing for the end of life, or spirituality or religion. It is important to recognise the diversity that exists amongst individuals and

to respect that what makes a good life will be subject to the individual concerned.

There are many variations of what might represent a good life and it is not possible to privilege any one of these variations as being more or less attractive than others. They are all “award winning gardens” if they provide the individual with the planting combinations that mean the lived experience can be enjoyable and without unnecessary concern. The role of those exploring and supporting a good life in later years is to respect that diversity. It is to acknowledge that what will work for one person may not work for another, and it is to support intervention, services and facilities going forward that cater for those differences.

When thinking about quality of life, it is important not to focus on single aspects of what makes a good life but to realise that this occurs where there is a blended experience. The short questionnaire developed as part of this project serves as a way in which a good life might be measured, and can be used as a tool to start discussions about how these components are important for quality of life.

This recognition alone of what makes a good life, and how this will differ for individuals, is not, however, sufficient to create a good life in later years. As is shown in figure 105, there is need to have a “good soil” or foundation that ensures the infrastructures are in place that support the flourishing of the components of a good life. There is then a further need to support the “nurturing” of that garden. Plants will grow where there is suitable soil, but they can grow to their maximum potential where individuals nurture them.

This report has highlighted that there are a number of actions that people themselves do that can support their own good life. Older people are not passive in the journey of ageing but rather are active agents in supporting their own good life and in making a good life for others around them. That being said, there are often barriers due to lack of access to knowledge or information, or the resources. There is a need for society, organisations and government to ensure that the parameters are in place to ensure that people can help themselves in shaping a good life if this is what they choose to do.

Supporting and nurturing one’s own destiny must however be a choice. It should not be an expectation and certainly should not be seen as something that is an alternative to having adequate infrastructures or

foundations in place. In a garden, no amount of nurturing will support growth of strong, resilient plantings if the soil itself lacks the nutrients and parameters to support that growth. Figure 106 summarises some of the actions that might be taken to ensure that foundations are in place, but also how individuals might be supported in taking control of their own later years.

FIGURE 106: NURTURING A GOOD LIFE

Supporting Individual Action	Component	Ensuring adequate foundation
Information and resources available to communities	Communities	Ensuring public spaces for people to meet.
Encourage keeping active	Health and wellbeing	Good health and social care services
Ensuring people are aware of what is available.	Hobbies and pastimes	Ensuring diversity in opportunities available, and spaces are available for activities to take place.
Guidance and advice on moving available. Supporting people who want to move. Ensuring people are aware of what is available to support them staying in own home, for example in terms of adaptation or meeting fuel costs.	Housing	Adequate local housing options. Support for home modifications. Winter fuel allowances.
Ensuring people are aware of their choices.	Independence and choice	Ensuring there is flexibility in services and facilities to allow individuals choice.
Supporting people in managing finances. Help people planning for retirement. Ensuring people	Money and financial resources	Adequate pensions and benefits for all. Ensuring all generations are comfortable and have

know where to turn if difficulties arise.		enough financial resource. Support that reflects current diversities in financial position, for example in terms of gender.
Supporting people who want to work can – targeting ageism. Ensuring people are prepared for retirement.	Work and retirement	Vibrant economies providing adequate employment opportunities
Ensuring people have opportunity and time to meet others, for example, through hobbies or through spaces.	Relationships	Befriender service for those that need it. Services and facilities structured to promote intergenerational meeting opportunities.
Ensuring people are aware of choices to them.	Beliefs, spirituality and religion	Opportunities and spaces that are accessible to all, including people with long-term conditions.
Ensuring people know what is available to them	Services	Good health and social care services Integrated and joined up services.
Supporting people to reject stereotypes and to show others what is possible	Social attitudes	Tackling stigma. Promoting positive images of ageing.
Ensuring that there are opportunities to learn how to use technology for those that want to learn.	Technology and communication	Good internet and telephone access across Scotland, including rural areas. Considering alternatives for those in the transition generation.
Ensuring people know of the options for getting outdoors. Supporting activities taking place locally.	Environment	Provision of tranquil green spaces in cities and urban areas. Ensuring environments are planned with the views of locals in mind.

		Ensuring adequate street furniture and making environments accessible.
Encouraging people to travel. Ensuring accessible information about travel. Supporting people to travel, for example in terms of assistance where needed.	Transport and travel	Regular services with accessible buses/trains. Continuation of bus pass.
Supporting people to have open conversations with peers across generations.	Preparing for the end of life	Services that support people wanting to make preparations for their end of life. Bereavement services.

Going forward, it is productive to think about how these aspects will be achieved at a policy, community and individual level if the opportunities for a good life in later years are to be maximised. Indeed, focusing on improving these aspects for older people will in itself have the potential to also impact on the chances of a good life for other age groups.

Although these components have been collected with the view of identifying what would support a good life in later years, it is true to say that many of these will be true across the lifespan e.g. technology, transport, relationships, communities etc. This intergenerational benefit that might arise from ensuring a good life for all is something that emerged as important in this research. Older people themselves can take even further added benefit and comfort from knowing that the younger generations in their families and communities are also being supported to have a good life.

APPENDIX 1: STATISTICAL VALUES FOR TESTS OF RELATIONSHIPS REPORTED

Methodology		
Gender	Questionnaire type	Ø= -.020, p=.587
Age	Questionnaire type	V=.419, p<.0001
Being a carer	Questionnaire type	Ø = .033, p = .677
Having hearing loss or deafness	Questionnaire type	V=.105, p=.004
Having memory problems	Questionnaire type	V=/072, p=.049
Mental health problems	Questionnaire type	V=.089, p=.015
Ethnicity	Questionnaire type	V=.094, p=.096
Communities		
Ethnicity	Community seen as most important	V=.222, p=.047
Age	Satisfaction with opportunities to be part of community	V=.128, p=.001
Age	Making a contribution to community	V=.229, p=.013
Gender	Joining new work situations	V=.330, p=.009
Gender	Joining new groups and organisations	V=/402 p<.000
Having a long-term condition	Joining new groups and organisations	V=.246, p=.017
Age	Joining new communities	V=.214, p=.009
Health and Wellbeing		
Age	Self-reported physical health	V=.106, p=.011
Having a long-term condition	Self-reported physical health	V=.362, p<.000
Having a long-term condition	Self-reported mental health	V=.355, p<.000
Having a long-term condition	Overall satisfaction with life	t=-4.663, df= 726, p<.000
Services		
Gender	Access to information through citizen hubs/community centres	V=.187, p=.046

Being a carer	Access to information through community hospitals	V=.213, p=.024
Being a carer	Satisfaction with the quality of health care services at home	V=.368, p=.019
Being a carer	Satisfaction with dental services	V=/229, p=.040
Being a carer	Satisfaction with access to pharmacies	V=.216, p=.026
Having a long-term condition	Satisfaction with access to pharmacies	V=.198, p=.045
Gender	Complementary health	V=.300, p=.020
Being a carer	Quality of social care	V=.385, p=.011
Being a carer	Access to social care	V=.431, p=.003
Hobbies, Pastimes and Activities		
Having a long-term condition	Hobbies helping to keep physically active	V=.179, p=.038
Age	Hobbies provide opportunities to meet new people	V=.223, p=.003
Having a long-term condition	Satisfaction with access to community and leisure facilities	V=.259, p=.009
Age	Satisfaction with access to community and leisure facilities	V=.247, p<.000
Age	Satisfaction with quality of community and leisure facilities	V=.214, p=.003
Ethnicity	Satisfaction with access to community and leisure facilities	V=.213, p=.007
Age	Satisfaction with access to social activities and groups	V=.377, p<.000
Gender	Satisfaction with opportunity to take part in hobbies, pastimes and activities	V=.122, p=.030
Age	Satisfaction with opportunity to take part in hobbies, pastimes and activities	V=.105, p=.014
Ethnic identity	Satisfaction with opportunity to take part in hobbies, pastimes and activities	V=.077, p=.402
Being a carer	Satisfaction with opportunity to take part in hobbies, pastimes and activities	V=.119, p=.041
Having a long-term condition	Satisfaction with opportunity to take part in hobbies, pastimes and activities	V=.112, p=.060

Age	Having time to take part in hobbies, pastimes and activities of interest	V=.214, p=.002
Being a carer	Having time to take part in hobbies, pastimes and activities of interest	V=.323, p<.000
Learning and Education		
Being a carer	Access to learning locally	V=.257, p=.016
Being a carer	Use of internet to access learning	V=.270, p=.007
Being a carer	Time to take part in learning and education	V=.260, p=.012
Age	Time to take part in learning and education	V=.197, p=.032
Age	Being able to afford to take part in learning and education	V=.244, p=.001
Volunteering		
Age	Volunteering provides structure and routine	V=.209, p=.047
Ethnicity	Volunteering provides the opportunity to give something back to community	V=.274, p=.000
Ethnicity	Volunteering provides the opportunity to make a contribution to community	V=.239, p=.001
Age	Having time to volunteer	V=.221, p=.006
Being a carer	Having time to volunteer	V=.369, p<.000
Work, Paid Employment and Retirement		
Being in employment	Wanting to be in employment	V=.605, p<.000
Gender	Being in employment	Ø=.043, p=.583
Gender	Wanting to be in employment	Ø =.008, p=.913
Being a carer	Being in employment	Ø=.164, p=.023
Being a carer	Wanting to be in employment	Ø =.179, p=.023
Age	Being in employment	Ø=.536, p<.000
Age	Wanting to be in employment	Ø=.508, p<.000
Gender	Having enough support to plan for retirement	V=.187, p=.046
Age	Having enough support to plan for retirement	V=.243, p=.002
Being a carer	Having enough support to plan for retirement	V=.246, p=.006

Having a long-term condition	Having enough support to plan for retirement	V=.193, p=.038
Gender	Having enough savings for retirement	V=.189, p=.032
Age	Having enough savings for retirement	V=.205, p=.013
Being a carer	Having enough savings for retirement	V=.197, p=.026
Having a long-term condition	Having enough savings for retirement	V=.201, p=.020
Money and Financial Resources		
Gender	Current financial position	V=.119, p=.036
Age	Current financial position	V=.120, p=.001
Being a carer	Current financial position	V=.140, p=.008
Having a long-term condition	Current financial position	V=.125, p=.010
Social Relations and Friendships		
Gender	Importance of friendship	V=.233, p=.011
Ethnicity	Level of satisfaction with opportunity to develop new friendships	V=.103, p=.036
Technology and Communication		
Age	Being comfortable using technology	V=.210, p=.003
Environment		
Having memory problems	Feeling safe overall	V=.158, p=.001
Having memory problems	Feeling safe at night	V=.144, p=.005
Gender	Satisfaction with local area	V=.134, p=.012
Independence, Freedom and Choice		
Age	Feeling like there is freedom and choice to make decisions	V=.116, p=.004
Housing		
Being a carer	Satisfaction with current home	V=.119, p=.042
Having a long-term condition	Satisfaction with current home	V=.115, p=.047
Having memory problems	Satisfaction with current home	V=.178, p<.000

Belief systems, Spirituality, Faith and Religion		
Ethnicity	Importance of belief systems, spirituality, fait and religion	V=.217, p=.007
Having a long-term condition	Importance of belief systems, spirituality, fait and religion	V=.257, p=.011
Having a long-term condition	Being able to practice with others	V=.203, p<.000
Preparing for End of Life		
Age	Opportunities to discuss wishes for own death	V=.101, p=.021
Age	Opportunities to discuss wishes if they were no longer able to express these	V=.179, p<.000