

SOCIAL CARE AND WELL-BEING. EXPERIENCES AND PERSPECTIVES OF AN OLD-AGED GROUP

CUIDADOS SOCIAIS E BEM-ESTAR. EXPERIÊNCIAS E PERSPETIVAS DE UM GRUPO DE PESSOAS IDOSAS

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ABSTRACT

This paper intends to undertake an initial/preliminary exploration of the subjective well-being regarding the reception of social care and other domains of life in a group of older people. It is, therefore, a descriptive paper that raises more questions than offers answers. Data was collected in the scope of a larger qualitative research project through the conduction of a focus group with elders receiving some kind of social care. The collected data was analysed according to the basic procedures of Grounded Theory with the help of the software NVivo 9. The results reveal different sources of well-being and ill-being. The former are satisfaction with the social care services, satisfaction with the daily life, and satisfaction with living arrangements. In turn, the latter are dissatisfaction with the Day Care Centre, dissatisfaction with the daily life, dissatisfaction with living arrangements, and transition to widowhood. These results and their implications for social policy and professional practice are discussed in the context of existing literature.

Keywords: Subjective Well-being, Older People, Social Care, Social Policy.

RESUMO

Este artigo pretende realizar uma exploração inicial/preliminar do bem-estar subjetivo expresso por um grupo de pessoas idosas em relação à receção de cuidados sociais e outros domínios da vida. É, por isso, um artigo de pendor descritivo que oferece mais perguntas do que respostas. Os dados foram recolhidos no âmbito de um projeto de investigação qualitativa mais abrangente através da realização de um focus group com pessoas idosas que recebem cuidados sociais. Os dados recolhidos foram analisados de acordo com os procedimentos básicos da Grounded Theory e com a ajuda do programa NVivo 9. Os resultados revelam diferentes fontes de bem-estar e de mal-estar. As primeiras são a satisfação com os serviços sociais, a satisfação com o dia-a-dia e a satisfação com o “arranjo residencial”. Por sua vez, as segundas fontes são a insatisfação com o Centro de Dia, a insatisfação com o dia-a-dia, a insatisfação com o “arranjo residencial” e a transição para a viuvez. Estes resultados e as suas implicações em termos de política social e prática profissional são discutidos no contexto da literatura existente.

Palavras-chave: Bem-Estar Subjetivo, Pessoas Idosas, Cuidados Sociais, Política Social.

JEL Classification: I31

1. INTRODUCTION

This paper focuses on the well-being of older people who are receiving formal care. Its main objective is to report a preliminary analysis of the sources of well-being for a small group of older people receiving social care, and to identify some possible avenues for future research. Consequently, it should be seen as an initial exploration of this theme, more specifically of the sub-theme concerning the sources of subjective well-being of elders who receive some kind of social care. This does not mean that we solely address well-being related with the reception of social care, as the elders spontaneously talked about other sources of well-being not related with it.

The issue of well-being of the aged population, especially of those who have social care needs, is nowadays a priority in the policy agenda of global organizations (e.g., European Union), as well as national governments.¹ Recently, The European Older People's Platform (AGE) created "The European Charter of the Rights and Responsibilities of Older People in Need of Long-term Care and Assistance" which puts a high emphasis on the well-being of this population (AGE, 2010). In Portugal, the quality of life of older people, mainly of those who receive social care services, has also been a priority of the successive governments during the last decades.²

From the sociological and social policy points of view, it is important to understand the dimensions or sources of well-being which are valued by older people, as well as the way in which they interconnect to each other. However, the voices of the older people have been rarely heard in social science research (Holstein and Minkler, 2007). In this context, this paper could make a small contribution to a better understanding of the views of older people regarding well-being. Some authors (e.g., Diener, 2006; Veenhoven, 2000) argue that the well-being indicators should be used in the discussions about social policy and in the evaluation of specific social policy measures.

This paper starts by a brief (non-exhaustive) literature review, and then it clarifies the definitions of "well-being" and "social care" which were adopted in the analysis. Next, it describes the sample and the methods which were used to collect and analyze data. In another section the main results are revealed, and finally the results and their implications for social policy and professional practice are discussed.

2. A BRIEF INCURSION INTO THE LITERATURE

Given that this literature review is not exhaustive, probably there are some aspects of this research topic that are not mentioned here. In this brief incursion into the literature on this topic we identified some of the key domains of well-being in later life. We also became aware that the concepts of "well-being" and "quality of life" are defined and operationalized in multiple ways.

2.1. Key domains of well-being in later life

The literature review identified some domains (and the particular factors in each domain) which are relevant for well-being in later life. Some of the identified domains are: physical health, contact with social care services, participation in decisions regarding social care, physical environment, control over daily life, and social relationships.

¹ The articulation between family care and other providers of social care is another priority issue of political and social research agendas (see São José, 2012a and 2012b).

² In 2003, "The Program of Cooperation for the Development of Quality and Security of the Social Services" was approved with the aim of defining norms of quality for the management and delivering of social care services. In 2009, "The System of Qualification of Social Services" was created with the purpose of certifying the social services.

Physical health is, understandably, one of the key domains of well-being for older people, as it significantly determines their activities in several domains of life (Bowers et al., 2009; Katz et al., 2013). Most of the elders, especially those who have high support needs, are conscious and concerned about their physical health (Katz et al., 2013). Preserving their independence is a priority for most of the elders, an area in which the health and social care services can make a significant contribution (Katz et al., 2013).

For the older people who receive social care services, contact with professionals plays an important role in their levels of well-being. Several studies have shown that older people identify certain characteristics/attitudes of the formal care services (mainly regarding to home care) which contribute to their well-being and quality of life, including the following: attendance and punctuality (Francis and Netten, 2004); flexibility (Francis and Netten, 2004); continuity, i.e., being cared for by the same carers over time (Francis and Netten, 2004; Gantert et al., 2008); good communication, i.e., being informed of delays and absences/replacements of carers (Francis and Netten, 2004); confidence (Francis and Netten, 2004); mutual respect, understanding and friendship (Francis and Netten, 2004; Graham and Bassett, 2006; Gantert et al., 2008); balanced power and reciprocity between elders and carers (Andrews et al., 2003; Lewinter, 2003; Gantert et al., 2008); and motivation and professional experience demonstrated by carers (Francis and Netten, 2004).

There is also empirical evidence that most older people want to participate in decisions with respect to their lives, including the decisions regarding care arrangements (Dunér and Nordström, 2010). Nevertheless, while some participate effectively in these decisions, others have a minimal participation or do not participate at all (Efrainsson et al., 2006; Janlöv et al., 2005; Dunér and Nordström, 2010). The non-participation of the elders in these kinds of decisions produces negative impacts on their well-being, given that it produces a destitution of their autonomy (capacity to decide), i.e., disempowerment (Janlöv et al., 2005).

Concerning the physical environment, older people value safe local neighbourhoods (Peace et al, 2011), good housing arrangements (Bowers et al., 2009) and good natural environments (Katz et al., 2013).

Another important domain for the well-being of older people is the control they can exert over the daily life. For many elders, keeping the capacity to control their daily lives, that is, retaining some routines and doing some “normal things”, albeit with adjustments in relation to the past, is very important because it sustains their self-esteems and personal identities and, consequently, their levels of well-being (Bowers et al., 2009; Tanner, 2010; Katz et al., 2013).

Regarding social relationships, to have a good relationship with formal carers (Potter, 2009), a meaningful personal relationship (Bowers et al., 2009; Williamson, 2010) or other types of positive social interactions, such as participating in volunteer organizations (Gabriel and Bowling, 2004), constitute positive social interactions which older people normally value in terms of well-being (Katz et al., 2013).

Lastly, it should be added that some authors identify and explain the life transitions which are particularly striking for older people. For example, Caradec (2010) identifies the following transitions: retirement, widowhood, and institutionalization.

2.2. The concept of “well-being”

The concept of “well-being” and the related concept of “quality of life” suffer from a definitional fragmentation. There are multiple definitions of both concepts, even within a single discipline (Veenhoven, 2000; Galloway, 2006). Concerning the concept of “well-being”, there is some discussion around three axes (Galloway, 2006). The first axis discusses whether the concept is uni-dimensional or multi-dimensional. The second axis focuses on

the differentiation between “well-being” and “subjective well-being”. Finally, the third axis addresses the similarities/differences between “well-being” and “quality of life”.³

Veenhoven (2000) proposes four dimensions of “quality of life”. One of these dimensions is the “subjective appreciation of life”, which corresponds to “subjective well-being” (the dimension that is addressed in this paper). According to this author, the “subjective appreciation of life” is the evaluation which is undertaken by the individuals with respect to different domains of their lives (e.g., satisfaction with job) and/or to their lives taken as a whole (overall evaluations). This author also stresses that this “appreciation of life” includes not only cognitive processes (appraisals of life domains or entire life) but also emotional processes (prevailing moods). Other authors define “subjective well-being” in the same terms (e.g., VittersØ, 2004). The other dimensions of “quality of life” proposed by Veenhoven (2000) are: livability of environment, life-ability of the person, and objective utility of life.

3. ADOPTED DEFINITIONS OF “WELL-BEING” AND “SOCIAL CARE”

In this paper we focus on the “subjective appreciation of life” undertaken by older people who receive different kinds of social care in the community. We adopt the definition of “subjective appreciation of life” proposed by Veenhoven (2000) that is described above.

Social care is different from health care and is here defined as “[...] the assistance and surveillance that is provided in order to help children or adults with the activities of their daily lives. Formal service provisions from public, commercial and voluntary organizations, as well as informal care from family members, relatives and others, such as neighbours and friends, are here included [...]” (Sipilä and Kröger 2005: 2).

4. DATA AND METHODS

This paper is based on data collected in the scope of a qualitative research project funded by the Portuguese Foundation for Science and Technology, named “The other side of the caring relation: the views of the older person”. This project is focused on the elders’ experiences and perspectives of receiving care.⁴

Data was collected through a focus group undertaken in September 2011 at one of the facilities of a non-profit institution which provides social care services for older people in the Algarve region (Portugal). As initially planned, this focus group intended to make a first contact with the research population in order to identify the first themes which would be further explored in the next stages of the research project. As argued by some authors, qualitative techniques (Gómez, 2010), particularly focus groups (Barbour, 2007; Krueger and Casey, 2009), are suitable to gather initial or exploratory information about an issue.

Therefore, it should be emphasized that this focus group was not initially planned to explore specifically the issue of well-being, but this issue was spontaneously addressed by the participants. It was considered that the amount and richness of the participants’ accounts on the theme of well-being would deserve to be analysed in order to get a preliminary outlook on this theme that could be further explored in future studies.

The focus group was conducted with minimal intervention from the part of the moderator. He opened the discussion asking the participants to talk about their typical days. During the focus group, the moderator used probes to clarify and explore some themes and sub-themes.

³ For a review of the literature on the concepts of “quality of life” and “well-being”, please refer to Veenhoven (2000), Galloway (2006), Diener (2006) and Camfield and Skevington (2008).

⁴ The information about this research project can be found on the following website: <http://elderviews.info/website/index.php>.

He asked another question during the session: How do the elders experience the (present or future) reception of personal care?

The focus group session lasted 1 hour and 20 minutes and it was completely recorded in audio format. The audio was fully transcribed. This transcription was analysed according to the basic procedures of Grounded Theory (Charmaz, 1990 and 2006) with the help of Nvivo 9.

Given the exploratory status of this focus group, we sought to select a diversified group of participants, namely in terms of gender, age, social class, level of disability and type of social services received. The selection of the participants was based on the procedures of purposive sampling, a process which had the precious collaboration of the main person in charge of the facility belonging to the non-profit institution. The elders had to satisfy the following basic inclusion criteria: being a user of the non-profit institution; attending the Day Care Centre or receiving home care; being able to move to the facility and staying there during the conduction of the focus group; and being able to have a fluent conversation. The selected elders were contacted by the person in charge of the facility in order to obtain their informed consent and to fix the day and hour of the focus group.

The focus group session had the participation of the seven elders previously selected plus three researchers. The following table presents a brief characterization of the elders.

Table 1 – Brief characterization of the research participants

Name ⁵	Age	Marital status	Level of schooling	Living arrangement	Level of disability	Last job	Carers
Evaristo	81	Widower	Unable to read and write	Living alone (in his own home)	Difficulty taking off shoes and socks; Blindness in an eye	Bricklayer	Home care (helping to take off shoes and socks; meals)
Gerónimo	82	Widower	Undergraduate degree (not completed)	Living alone (in his own home)	Physical mobility (minimal limitations)	Manual worker at an advertising firm	Home care (meals and laundry)
Ivete	89	Widow	Undergraduate degree	Living with her daughter, son-in-law and grandchildren (in the daughter's house)	Hearing problems; Difficulty moving an arm	Owner of a pharmacy	Day Care Centre and her daughter
Rui	86	Widower	Unable to read and write	Living, by rotation, with his children (in the children's houses)	Physical mobility (minimal limitations)	Farmhand	Day Care Centre and his children
Almerinda	72	Widow	Primary school (4 years)	Living alone (in her own home)	Physical mobility (using a walker)	Manual worker at a hotel laundry	Home care (body hygiene; meals; laundry; cleaning)
Ludovice	80	Married	Unable to read and write	Living with her daughter, son-in-law and grandchildren (in the daughter's house)	Physical mobility (minimal limitations)	Farmhand	Day Care Centre and her daughter
Anastácia	74	Married	Primary school (4 years)	Living with her husband (in her own home)	Physical mobility (using a wheelchair)	Disabled when she was 31 years old	Day Care Centre and her relatives (mainly her husband)

⁵ The names are fictitious.

The table shows that three participants are male and four are female, all of them with ages above 70 years.

The participants are widowed, with the exception of two who are married. Four of them are living with relatives – three at their children's houses and one in her own house – and three are living alone in their own houses.

Concerning the level of schooling, there is great amplitude: from “unable to read and write” to “undergraduate degree”. This great amplitude is also found with respect to the last job.

Only two participants have significant incapacities, more concretely in the domain of physical mobility. The remaining ones have lower levels of incapacity.

Lastly, four participants attend a Day Care Centre and also have the support of their relatives, while the others receive regular care only from the home care services. Interestingly, these last three participants are living alone.

5. MAIN RESULTS

The presentation of the main results is structured by the themes and sub-themes that we identified in the analysis. In each theme/sub-theme, we use some quotations in order to support the main analytical ideas. Five main themes were identified: being inevitable to receive formal care; assessing the social care services; assessing the daily life; assessing the living arrangements; and responding to certain events and transitions (in the past and in the future).

5.1. Being inevitable to receive formal care

As we had the opportunity to see in the methods section, the elders' needs vary considerably. Some only need support to carry out instrumental activities of daily living (e.g., meals, house cleaning and laundry) while others need support to carry out activities of daily living such as toileting and bathing. These kinds of needs could be satisfied, potentially, by different types of carers (relatives, home care workers, etc.), but in these cases the elders recognize that receiving care from formal carers is inevitable. They offer one main reason for this inevitability: they are conscious that their relatives have their own lives and, consequently, they expect that their relatives do not have the time and energy to provide all the care they need.

My relatives have their own lives

The elders who participated in the focus group do not perceive their relatives (mostly their children) as their potential primary carers:

“(...) I have family, cousins, nephews and godchildren, but all of them have their own lives, they have their own duties, they have no time to assist me in anything, and I'm not even expecting it” (Evaristo).

“(...) I have two children, but they are married. They have their own wives, they have their own children, they have their own lives” (Almerinda).

Five elders are widowed, and two are married. In these two latter cases the elders do not receive regular care from their spouses: in one case the husband is completely blind and, consequently, cannot provide care, and in the other case the elder benefits from a moderate

participation of her husband in the provision of care because she does not want to “sacrifice him”.

The desire of not wanting to sacrifice the relatives’ lives is also explicitly mentioned by Gerónimo:

“I do not want that my daughters stop making their lives because of me. I have to be on my own. (...) they [the daughters] were in my house but then they left home, they left to live their lives”.

5.2. Assessing the social care services

The elders who have participated in the focus group made some spontaneous appreciations about the services they receive from the non-profit organization. Some attend the Day Care Centre (four elders) of that organization, and the remaining ones receive home care provided by the same organization.

Being satisfied with the Day Care Centre

All the elders who attend the Day Care Centre identified several positive aspects related to this attendance (although one identifies negative aspects as well). The positive aspects identified by these elders are: having company; being occupied; being well treated; and going in and out (of the Centre) whenever they want.

While “having company” and “being occupied” are two perceived personal benefits derived from the attendance of the Day Care Centre, “being well treated” and “going in and out whenever I want” are two perceived positive features of the service. “Having company” is the most cited positive aspect:

“My children have a job; my grandchildren are in the school. I was there (at her daughter’s house) alone and here one day I laugh, another day I cry, and another day I talk” (Ludovice).

“I feel good because I have company. I did not like being home alone (...). I feel good because here there is a lot of companionship; we help each other a lot” (Ivete).

Anastácia also stated that attending the Day Care Centre allows her to give more freedom to her husband.

Having some dissatisfaction with the Day Care Centre

One elder (Rui) said that he is well treated in the Day Care Centre but, at the same time, he admits that he spends too much time doing nothing. This inactivity is very unsatisfying for him, which makes him dream almost every night of a garden:

“Almost every night I dream of a garden; I dream that I have a garden to produce lettuces, carrots and green beans and bring them here to the Centre. (...) I would like to have a garden to entertain me, to avoid being here just sitting or eating and doing nothing. I was accustomed to work in a garden with my son” (Rui).

Another elder (Ludovice), despite not explicitly identifying any negative aspect of the Day Care Centre, expressed some “annoyance” because she feels that she “has to be” at the Centre for lack of alternatives.

Irrespective of the assessments of the Day Care Centre, all the elders who attend it live with relatives: three live with a daughter plus the respective son-in-law and grandchildren (in the daughters' houses)⁶, and one lives with her husband in her own house.

Being satisfied with the home care

The elders who receive home care emphasise that the home care service provides all they need:

“It is this institution that gives me all I need, all. It is the meals, house cleaning, laundry and medical assistance if I need” (Evaristo).

“I’m satisfied. They are good persons, they are friendly and the food is also good. I’m happy. The clothes are also washed here. Everything is ok”.

These elders additionally identify positive attributes of the home care workers: they are “friendly and sweet” and “polite”. Here are two testimonies:

“They are well educated, they are sweet. I’m happy. I pay but I’m satisfied with the service” (Evaristo).

“They are good persons; they are friendly (...)” (Almerinda).

It is important to add that all the elders who receive home care live alone in their own houses.

5.3. Assessing the daily life

When asked to speak about their daily lives (their typical days), some elders reported satisfaction (most of them) and others dissatisfaction. Let us see what the sources of satisfaction and dissatisfaction are.

Being satisfied with the daily life

Four elders (Evaristo, Gerónimo, Almerinda and Ivete) mentioned that they are satisfied with their daily lives because they can do normal things, although different things to those done in the past (e.g., during their working lives). This is particularly clear in Gerónimo’s statement:

“My daily live is normal; normal days as if I had another life. It is not, for example, waking up, prepare myself, and go to work. That is over” (Gerónimo).

The capacity to do “normal things” is a source of satisfaction with the daily life, to which other sources are added: “being occupied” and “retaining routines”. Here are some statements illustrating this:

“In my daily life, I wake up in the morning, and then I go to the beach; I have my sea bathing, and then my sunbathing. After this I go home. After lunch I get sleepy and I have a nap. If I do not have a nap, I take a walk; I entertain myself. I entertain myself playing cards or reading, or watching TV” (Gerónimo).

⁶ Rui rotates through his children’s houses (daughters and sons).

“I crochet, I read, I watch TV; I’m always occupied” (Ivete).

“I have lots of friends, they come to my home. On Sunday I go to mass. I’m always occupied” (Almerinda).

In the case of Anastácia the satisfaction with daily life comes, essentially, from the family support she receives whenever she needs it, rather than from “doing normal things”.

Having some dissatisfaction with the daily life

Rui and Ludovice demonstrated some dissatisfaction with respect to their daily lives. Rui would like to do something that allows him to be more occupied. As we mentioned above, he complains that he spends many hours in Day Care Centre doing nothing. In turn, Ludovice identifies positive aspects in attending the Day Care Centre (going in and out whenever she wants), but at the same time she shows some resignation because of needing to attend it:

“I have to come here (Day Care Centre). I can do nothing about it” (Ludovice).

5.4. Assessing the living arrangements

The level of (dis)satisfaction regarding the living arrangements certainly has its role in the global assessment of the daily life. Nevertheless, we decided to present this issue separately in order to make it easier to describe the results. The following two themes were pointed out by some elders.

I live with my daughter, but I would prefer to live in my own home

Ludovice, Ivete, Rui and Anastácia live with relatives: the first three in the house of a child, and the latter in her own house with her husband. The first three recognize that they could not live alone in their own houses. However, Ludovice and Ivete would prefer to continue living in their own houses. Living in their daughters’ houses has some considerable costs for them, namely loss of autonomy and, in the case of Ivete, also loss of privacy:

“(…) I live in the house of one of my daughters. It is my daughter who rules the house. I have this life; I can do nothing about it” (Ludovice).

“I would like to have fewer 15 years, having my own house and my children and grandchildren around me. It would be a paradise” (Ivete).

“My daughter is always afraid that I fall in the bath; I even cover the door lock because I do not want onlookers. I want to be at my own will” (Ivete).

It is good to live in my own home

Interestingly, the elders who live alone in their own houses (Evaristo, Gerónimo and Almerinda) value this living arrangement. This valorization is justified by the autonomy that derives from living in one’s own house:

“I live alone in my sweet home; it is mine” (Evaristo).

“The house is mine; I’m at my own will” (Almerinda).

5.5. Responding to certain events and transitions (in the past and in the future)

In the discourse of the elders, we also found how they have dealt with some past events and transitions, and how they expect to deal with future events and transitions.

I miss my wife in her absence

Two elders (Evaristo and Rui) mentioned that they miss their wives, who deceased recently:

“I’m widowed for eight months. This upset me a lot. I’m immersed in it. I only think of it; it is a bit confusing” (Evaristo).

“I really miss my wife in her absence” (Rui).

The other widowed elders did not mention this issue because, as Gerónimo said, the death of his wife was “a page turned” in a distant past.

I felt inferiority when I started needing personal care

Anastácia is the only elder who already made a transition to “high dependency”. It happened when her daughter was 10 years old. She was very upset, and she felt inferior in relation to others:

“I felt inferiority. Inferiority, I do not know the right word, because we fall. Do not forget that we fall. We fall a lot in our way of being, in our way of acting, due to strong suffering and due to the fact we are always asking (help). It is a great suffering, and I felt like this for a while” (Anastácia).

However, Anastácia told us that she “has learned to live” with her condition, and today she feels happy (also because she feels that her relatives give her support whenever she needs).

Anticipating a resigned acceptance of a transition to “high dependency”

Rui and Benvinda expect to deal with an eventual future transition to “high dependency” with resignation. In their points of view, it is something that will “naturally” happen and that they cannot do anything against it. Rui is the one who expressed this more explicitly:

“For now I still have a bath without help; I still do things by myself. When I do not, then someone will have to help me. (...) I cannot do anything about it” (Rui).

Anticipating a difficult acceptance of a transition to “high dependency”

While Almerinda does not think of the possibility of getting “highly dependent”, Ivete, António and Evaristo expect to deal poorly with an eventual transition to “high dependency”. António and Evaristo identify the physical decay as the most problematic aspect of dealing with “high dependency”:

“When a person is dependent on another, it is very sad. We want to do something and we cannot, it seems that everything lasts an eternity. To remember the past and realize how we are today...this is very demoralizing. (...) A person who arrives at that point is a finished

person. The person is finished. It is better God calls for this person and have things finish there” (Evaristo).

“Thinking about the life that one has (compared to) the sport that one did, the life that one had... My life was full of sport, from when I was a child until recently. (...) When we arrive at that point (high dependency), it is the same to say ‘I had this agility in the past, and now I’m in this situation...’ (...) It is the same to say ‘I’ve managed to do it, but now I can’t’” (Gerónimo).

For Ivete an eventual transition to “high dependency” will be very painful because it would be very difficult for her to receive personal care (e.g., body hygiene). It seems that for Ivete it will be problematic losing privacy rather than losing physical strength/agility.

6. DISCUSSION AND IMPLICATIONS FOR SOCIAL POLICY AND PROFESSIONAL PRACTICE

As mentioned in the introduction, this paper constitutes an initial exploration of the topic of subjective well-being of the older population who receive social care. Therefore, it is not the end product of a full research project on this topic. Consequently, it is mainly descriptive, and it raises more questions for future research than offers solid answers.

Firstly, the results reveal that all the elders perceive the reception of formal care as inevitable, mainly because family support is not seen as viable. This raises a question: Does this perceived inevitability lead to satisfaction with formal care and, consequently, to the elders’ well-being? Probably yes. But to obtain a more secure answer to this question, we would need to inquire of elders who conceive that receiving formal care is not inevitable.

Most of the results are related to the sources of “well-being” and also “ill-being” (term used by Diener, 2006) from the perspective of the elders.

The identified sources of well-being are: satisfaction with the social care services; satisfaction with the daily life; and satisfaction with living arrangements.

The satisfaction with the Day Care Centre is based on “having company” and, to a lesser extent, on “being occupied”, while the satisfaction with the home care is associated with its capacity to satisfy different types of the elders’ needs, on one hand, and with the friendship, affection and politeness of the home care workers, on the other. The finding regarding home care is supported by some literature mentioned in the literature review section (e.g., Francis and Netten, 2004; Graham and Bassett, 2006; Gantert et al., 2008). This shows that what is valued regarding the Day Care Centre is not exactly the same as what is valued regarding home care, although there are some valued aspects which are common to both services (e.g., friendship, affection and politeness of the care workers). We will return to this issue later when we look at the sources of ill-being.

In turn, satisfaction with the daily life is, in general, anchored in “doing normal things” and “being occupied” (perhaps except in the case of Anastácia). These aspects are inter-related and, in our opinion, they can be conceptualized as proprieties of a broader category named “having a life” (although different from the past life). “Having a life” includes the capacity to be independent (although with some restrictions and adjustments) associated to the capacity to sustain some daily routines. The sense of having a structured day based on some “normal” routines is particularly important to the sense of “having a life”. This is confluent with the findings of some studies previously reviewed (e.g., Bowers et al., 2009; Tanner, 2010; Katz et al., 2013).

Anastácia, due to her disability (she uses a wheelchair), does not have the capacity to do certain “normal things” that the remaining elders can do; consequently, her satisfaction with daily life derives mainly from other factors, namely, from the family support that she can get whenever she needs it.

The importance that “having a life” or “having control over the daily life” can have for many elders is particularly relevant from the point of view of social policy and professional practice. In these cases, social policy and professional practice should promote this source of well-being.

The third source of well-being that we found is satisfaction with the living arrangements. We had the opportunity to find out that the elders who express this satisfaction are living (alone) in their own houses. Living at one’s home is valued because it guarantees autonomy (ruling the house) and also privacy.

Concluding, our findings contribute to confirm the importance of two domains of well-being already identified in the literature: contacts with social care services and control over the daily life. However, we identified another relevant domain not found in the review, namely, the living arrangements, although we should remember that the literature review is non-exhaustive.

Looking now to the sources of “ill-being”, we identified the following ones: dissatisfaction with the Day Care Centre, dissatisfaction with the daily life, dissatisfaction with the living arrangements, and transition to widowhood.

The dissatisfaction with the Day Care Centre is found, mainly, in one case (Rui); as we saw, it derives from his excessive inactivity (too many hours doing nothing). Rui would like to have more physical activity (he dreams of working in a garden). Although there was no other man in the focus group attending the Day Care Centre, this raises the following questions to be explored in future studies: Do men attending a Day Care Centre value activities of physical nature more than women? Do the preferences regarding the activities offered by a Day Care Centre vary by gender?

Being idle for too many hours at the Day Care Centre (Rui) and having to attend the Centre because of no alternatives (Ludovice) are the main causes of dissatisfaction with the daily life. This shows that the assessment of the social care services can determine, in a considerable way, the assessment of the daily life. In these two cases, the existence of some dissatisfaction regarding the attendance of the Day Care Centre contributes, due to the same reasons, to some dissatisfaction with the daily life. This interconnection is understandable, as both elders spend many hours per day in the Centre.

This is relevant from the point of view of social policy and professional practice. As many of the elders spend the most part of their days in a Day Care Centre, the level of satisfaction with its services will have a significant impact on the level of satisfaction with their daily lives and, consequently, on their levels of well-being. This does not have the same probability of happening in the case of home care, given that, at least in Portugal, this service occupies just around 30 minutes per day of the elders’ time. This may mean that there will be more chances to compensate an eventual dissatisfaction with a home care service rather than with a Day Care Centre. This is an interesting issue that deserves to be further explored in future research.

Dissatisfaction with the living arrangements is another source of “ill-being”. This dissatisfaction, expressed by two elders (Ivete and Ludovice), is a result of living in their daughters’ homes. This living arrangement implies, for both elders, less autonomy and, in the case of Ivete, also less privacy. Rui also lives, rotationally, in his children’ homes, but, contrarily to Ivete and Ludovice, he does not complain about it. Does gender play a role regarding this issue? This is another issue that could be further explored in future research.

Lastly, we found that a recent transition to widowhood is also a source of “ill-being”, which is in line with other studies (e.g., Caradec, 2010).

Looking at these results, it is tenable to state that Evaristo, Gerónimo and Almerinda are those who will have the highest levels of well-being. They are satisfied with the home care, they are satisfied with their daily lives and they are satisfied with their living arrangements. In other words, they have their basic needs satisfied by the home care services, they have a sense of “having a life” and they feel happy to live in their own homes. If future studies conclude that most of the elders who have minimal/moderate levels of incapacity value their independence (doing normal things, being occupied, preserving certain routines), their autonomy (living in their own houses, spaces where they can exercise power) and the satisfaction of their basic needs, the social policies should offer to older people the opportunity to continue in the community, inclusively in their own houses, through the support of home care. The maintenance of the elders in their own houses requires the contribution of other public policies, such as housing policies (promoting age friendly houses). In turn, the expansion of home care has been a priority in several countries, including Portugal (Huber et al., 2009; GEP, 2011). Nevertheless, in Portugal there is still a good margin available to improve home care, as it operates for short periods of time in a day, and the package of services is limited. An expansion of home care in Portugal should take into account the different facets of regional disparities, a phenomenon that persists in Portugal (Noronha, 2011; Barreira, 2011).

To finish, it is also important to emphasize that some elders expect to have many difficulties in dealing with a future situation of “high dependency”, more concretely with the physical decay (two men) and with loss of privacy (a woman). This is particularly relevant from the point of view of professional practice, in the sense that this practice should be aware of these issues in order to preserve the elders’ dignity.

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