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Paper:

Morgan, N., Pritchard, A. & Sedgley, D. (2015). Social tourism and well-being in later life. *Annals of Tourism Research*, 52, 1-15.

<http://dx.doi.org/10.1016/j.annals.2015.02.015>

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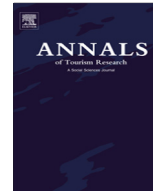
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- Discusses tourism and economically disadvantaged older people's well-being.
 - Explores the value of social tourism for economically disadvantaged older people.
 - Reveals tourism as a space for renegotiation of self post-bereavement.
 - Suggests a future research agenda on older people's social tourism experiences.
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Contents lists available at ScienceDirect

Annals of Tourism Research

journal homepage: www.elsevier.com/locate/atoures

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3 **Q1** Social tourism and well-being in later life6 Nigel Morgan ^{a,*}, Annette Pritchard ^b, Diane Sedgley ^c7 ^a *Surrey University, United Kingdom*8 ^b *Cardiff Metropolitan University, United Kingdom*9 **Q2** ^c *Cardiff Metropolitan University, United Kingdom*

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ARTICLE INFO

ABSTRACT

Article history:

Received 21 July 2012

Revised 7 February 2015

Accepted 15 February 2015

Available online xxxx

Coordinating Editor: Scott McCabe

Keywords:

Ageing

Bereavement

Health

Anxiety

Poverty

Social inclusion

Studies of social tourism have concentrated on the benefits for young families and people with disabilities, yet few analyses have investigated its wellbeing value for economically disadvantaged older people. Based on participant-driven interviews during a UK social tourism trip, this paper informs understandings of social tourism experiences and explores the links between wellbeing and social tourism opportunities for older people. It reveals that social tourism presents older individuals with occasions for escape, respite, companionship, and reminiscence and for renegotiation of self-identity following spousal bereavement, but that these trips can be anxiously anticipated. The study proposes a research agenda, which explores the physiological, psychological, social and spiritual impacts of social tourism on older people's wellbeing.

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46 **Introduction**

48 Our world is ageing. By 2030, the world's over-65 population will exceed one billion, with the most
 49 rapid growth occurring in less developed economies; during 2006–2030 the numbers of older people
 50 in less developed economies will increase by 140% ([National Institute on Ageing, 2011](#)). Seventeen per
 51 cent of the European Union's population are already over 65 and in the United Kingdom (UK) 650,000
 52 people turn 65 every year ([Office for National Statistics, 2014](#)). These older people have been recog-
 53 nised as a vital tourism market, contributing a growing share of spending. At the beginning of this

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54 century the [World Tourism Organisation \(2001\)](#) forecast that the over-60s would be responsible for
55 two billion trips by 2050. Such predictions assumed that each older generation would be healthier,
56 better educated and more financially secure than the last ([Patterson, 2006](#)). This scenario of a widen-
57 ing of affluence across the older population now requires problematising; for instance, increasing pen-
58 sioner poverty since 2008 means that 25% of UK retirees now live in poverty ([Department of Work &
59 Pensions, 2012](#)).

60 Economic and demographic developments are contracting retirement income systems across eco-
61 nomically developed economies and threatening to impoverish significant numbers of their upcoming
62 older generations. Underfunded pension programmes in the United States exceed \$5 trillion and 14
63 million UK employees will retire on substantially smaller pensions than their parents ([Ellis,
64 Munnell, & Eschtruth, 2014](#)). Wealth disparities intensify with age so that retirement exacerbates
65 income inequalities, particularly for those who are alone and in receipt of one pension and for women
66 suffering from lifelong cumulative disadvantages ([Bureau International du Tourisme Social, 2010;
67 Formosa, 2005](#)). Many European and North American workers retiring after 2020 will face hardship
68 in old age ([Casey, 2012](#)), making holidays less and not more affordable for them. In this context, tour-
69 ism researchers must pay greater attention to the experiences of the growing numbers of older people
70 already living in poverty in these societies and better understand the relationships between tourism
71 and later-life wellbeing.

72 The aim of this paper is to illuminate the links between economically disadvantaged older people's
73 holiday opportunities and their wellbeing. Specifically it provides insight into the social tourism experi-
74 ences of older people in order to inform understandings of social tourism as a set of experiences,
75 offering evidence of "...the association between senior tourism and quality of life" ([Dann 2001, p.
76 15](#)). To achieve this, the paper considers the immediate impacts of a short holiday by examining
77 the experiences of 16 people participating in the National Benevolent Fund for the Aged (NBFA)
78 'Breaks-Away' scheme—one of the UK's few older people's social tourism schemes. As a study of a dif-
79 ficult-to-access group, which discusses sensitive issues including poverty, loneliness, bereavement
80 and health, it employs participant-driven, empathetic interviews favoured by critical scholars in
81 gerontology ([Formosa, 2005](#)) and tourism ([Pritchard, Morgan, & Ateljevic, 2011](#)). Crossing boundaries
82 between these unfolding approaches, the paper seeks to create person-centred tourism knowledge
83 that is relevant to the everyday experiences of disadvantaged older people. Such personalized
84 accounts have the potential to be memorable, to invoke compassion and empathy and thus to influ-
85 ence changes in perceptions, attitudes and social policies.

86 Literature review

87 Explorations of later-life wellbeing and social tourism are well suited to multi- and interdisci-
88 plinary approaches since integrating knowledge and methods from different disciplines can deepen
89 understandings of social tourism as a diverse set of experiences. This literature review traverses the
90 tourism, leisure, critical gerontology, organizational behaviour, social policy and health science fields,
91 not to generalise or explain older people's experiences but to create a platform from which to under-
92 stand their life-worlds. Many tourism studies have attempted to segment the older market and
93 explain motivations, whilst others have categorised older tourists as educational, cultural, hedonistic/
94 indulgent and anxious/ailing (see [Sedgley, Pritchard, & Morgan, 2011](#) for a review). Indeed, market-
95 ing segmentation of older people using various demographic and psychographic data and lifestyle and
96 attitudinal factors (e.g. [Horneman, Carter, & Ruys, 2002; Morgan & Levy, 1993; Moschis, 1996, 2003,
97 2012](#)) is well established.

98 These market-driven approaches dominate "given the potentially lucrative outcomes and difficul-
99 ties of studying the senior market," which in turn explain why "research has maintained steadfast
100 on investigating their travel motivations, preferences, characteristics, and expenditures" ([Tung & Brent
101 Ritchie, 2011, p. 332](#)). Such scrutinizing of older people's tourism motivation presupposes that it is
102 possible and desirable to generalise their travel behaviour and can actually confirm stereotypes.
103 Homogenising discourses are compounded by the standardisation of people separated by as many
104 as four decades and a failure to recognize diversity amongst age cohorts as, although they may have
105 lived through the same period, of more relevance to tourism behaviour is an individual's health,

106 psychological wellbeing, socio-economic circumstances, social and family situation and ethnicity
107 (Patterson, 2006).

108 Over the past three decades, 'active' and 'successful ageing' have emerged as key social policy
109 responses to the challenges of a growing retired population. Both have been extensively critiqued
110 as normative and exclusionary paradigms, which devalue the life experiences of disadvantaged older
111 people (especially those from non-dominant cultural groups) and perpetuate ageism (Bürlow &
112 Söderqvist, 2014; Martinson & Berridge, 2014). According to Holloway (2007, p. 162) they represent
113 a middle-class image of "what is required to age in an exciting way," and "run the risk of constructing
114 a new stereotype (a leisured class of elders)... creating narrow, unrealistic expectations of what later
115 life should be like." The successful ageing model "fails to account for particular life trajectories and
116 environmental realities," diminishes older people who do not match the ideal and imposes "oppressive
117 standards and false expectations" (Holstein & Minkler, 2003, p. 16–17). By contrast, conceptions
118 such as 'ageing well' or 'authentic ageing', arguably better capture the cultural diversity of ageing, re-
119 cognize subjective wellbeing and promote social inclusion (Ranzijn, 2010).

120 There is now an rapidly evolving literature connecting wider work on wellbeing—a multidimen-
121 sional concept that accommodates subjective components of an individual's health and capacity for
122 living (Diener & Chan, 2011; Gasper, 2010)—to tourism (e.g. McCabe & Johnson, 2013; Petrick &
123 Huether, 2013; Sirgy, Joseph, Kruger, Lee, & Yu, 2011). Some of these studies have considered older
124 people, although these are more common in the fields of organizational behaviour and health science
125 (see Chen & Petrick, 2013 for a review) and in leisure studies. In the latter, researchers have demon-
126 strated: how later-life travel has physical, psychological, social and spiritual dimensions; that social
127 wellbeing specifically encompasses integration, acceptance, contribution, actualization and coher-
128 ence; and that leisure provides opportunities for meaningful later-life engagement (e.g. Dupuis &
129 Alzheimer, 2008; Gibson, 2002, 2006; Heintzman & Patriquin, 2012; Lipscombe, 1995). Studies have
130 expressly highlighted that tourism (with its emphasis on activity, self-reflection and self-enhance-
131 ment) can enhance seniors' wellbeing and imbue them with a renewed sense of purpose, easing their
132 work-retirement transition (Hawes, 1988; Wearing & Wearing, 1996).

133 Tourism has been seen to exert a positive psychological impact on older people, on their subjective
134 wellbeing, quality of life, self-assessed health and life satisfaction, regardless of type or duration of trip
135 (Dolnicar, Yanamandram, & Cliff, 2012; Hagger & Murray, 2013; Hunter-Jones & Blackburn, 2007). It
136 similarly plays a role in creating and sharing memories (Marschall, 2012; Sellick, 2004; Tung &
137 Brent Ritchie, 2011) and reminiscence is recognized as promoting and maintaining older people's
138 mental wellbeing as it engages memory and fosters social interaction (Coleman, 2005; Mullins,
139 2011). Emotional and psychological wellbeing are vital to ageing well and whilst loneliness and iso-
140 lation are not concomitants of ageing as many older people lead rewarding and socially engaged lives
141 (Victor, Scambler, & Bond, 2009), it is notable that in the UK over a million over-65s say they are often
142 or always lonely and spend around 80% of their time at home (Age UK, 2011). Depression is the most
143 common later-life mental health problem, with 2.4 million older UK adults suffering from depression
144 severe enough to impair their quality of life (Institute of Public Policy Research, 2009) and older people
145 frequently have to deal with often interconnecting life transitions such as bereavement, physiological
146 change, increased ill-health and reduced socio-economic circumstances (Age Concern & Mental Health
147 Foundation, 2006; Naef, Ward, Mahrer-Imhof, & Grande, 2013). Such concerns can predispose them to
148 poor sleep and create a downward spiral of mental and physical health, seriously impacting their well-
149 being (Hislop & Arber, 2006).

150 Despite the significance of issues such as emotional wellbeing and bereavement to older people,
151 particularly women, they remain neglected by tourism researchers (Small, 2003). Scholarship has
152 established however, that tourism provides opportunities to promote social inclusion, extend limited
153 social realms, facilitate social interaction and networks, and "for reaffirming self and developing a new
154 identity... in later years" (Grant & Kluge, 2012, p. 130). Studies demonstrate how tourism impacts
155 positively on a range of economically or otherwise disadvantaged groups, including low-income
156 families, teenage mothers and people with health issues and disabilities and their carers (e.g. Gump
157 & Matthews, 2000; Hunter-Jones, 2004, 2005, 2010; McCabe, Joldersma, & Chunxiao, 2010;
158 McConkey & McCullough, 2006; Minnaert, 2014) and relieves stress (Hunter-Jones, 2010; Toda
159 et al., 2004). At the same time, researchers have identified the barriers to older peoples' tourism

160 participation as: economic; time; transportation; health; family responsibilities; the lack of a travel-
161 ling companion (Blazey, 1986; McGuire, 1984; Romsa & Blenman, 1989; Shoemaker, 2000). Yet, there
162 are few studies that explicitly connect tourism non/participation and later-life wellbeing with the bur-
163 geoning social tourism literature (Durko & Petrick, 2013).

164 Defined as “tourism with an added moral value, of which the primary aim is to benefit either the
165 host or the visitor in the tourism exchange” (Minnaert, Maitland, & Miller, 2011, p. 414), social tourism
166 affords tourism opportunities to those who would not otherwise be able to participate due to a certain
167 disadvantage, such as the lack of money, their role as a full-time caregiver or a health problem or dis-
168 ability (All Party Parliamentary Group on Social Tourism, 2011). Social tourism encompasses a variety
169 of activities and programmes across Europe and elsewhere that provide social and economic benefits,
170 stimulate tourism development or promote understanding between guests and hosts in tourist desti-
171 nations (McCabe, Minnaert, & Diekmann, 2012; Minnaert, Maitland, & Miller, 2006, 2009; Minnaert
172 et al., 2011). In Europe, there are clear differences between the northern (e.g. UK, Germany, Scandi-
173 navia) and Mediterranean (e.g. France, Spain) social tourism models, whereby the former is dominated
174 by charitable organisations and the latter includes interventions by social services, trade unions, etc.
175 (Hall & Brown, 2006; Hunter-Jones, 2011). Many European social tourism schemes are based on the
176 ‘inclusion’ and ‘stimulation’ models of social tourism that encourage participation for all (Minnaert
177 et al., 2011). In today’s times of austerity, a number of governments have re-evaluated their welfare
178 programmes and the potential economic benefits of social tourism have received increased levels of
179 attention (Minnaert, 2014).

180 A much-quoted example of the economic benefits of social tourism is the Spanish IMSERSO pro-
181 gramme that offers holidays for senior citizens (and a companion) in domestic coastal resorts during
182 the shoulder season. The holidays are subsidised by the public sector with beneficiaries paying only
183 70% of the costs. An estimated 10.5 million people have participated in this initiative that provides
184 year-round employment (important in Spain where 30% of jobs are seasonal) and revenue, generating
185 13,000 direct and 85,000 indirect jobs and a €300 million return to the Spanish government
186 (Rodriguez, 2010). To encourage similar schemes throughout Europe, the European Commission
187 launched the Calypso programme in 2008, which aims to lower seasonality by assisting specifically
188 defined social tourism groups to travel between different European countries (Minnaert et al.,
189 2011). Whilst the ‘inclusion’ and ‘stimulation’ models of social tourism schemes are well established
190 in such countries, in the UK social tourism is mainly provided by the charitable sector and largely
191 focuses on its welfare benefits, encouraging the participation of disadvantaged individuals
192 (Diekmann & McCabe, 2011) in the social tourism ‘participation model’ (Minnaert et al., 2011).

193 Social tourism studies clearly evidence its positive impacts, especially for families (e.g. Hazel, 2005;
194 McCabe, 2009; Minnaert, Stacey, Quinn, & Griffin, 2010; Quinn & Stacey, 2010; Sedgley, Pritchard, &
195 Morgan, 2012). Minnaert et al. (2009) argue that social tourism helps deprived families increase their
196 family and social capital and widen their social networks and fosters positive behaviour and self-es-
197 teem. Social tourism offered them moments for reflection, assessment and aspiration, so that
198 “. . . things that seemed out of reach now seemed possible after all” (2009, p. 328). At the same time,
199 participants saw holidays as opportunities to escape from routine, a time “to leave . . . worries and
200 financial problems at home, and concentrate on more positive things” (2009, p. 328). Quinn and
201 Stacey’s (2010) research similarly identified increased self-esteem and self-confidence amongst
202 deprived young people, evidencing how social tourism experiences diversify the routines of children
203 from “limited spatial worlds” (2010, p. 42).

204 Sedgley et al. (2012) also highlighted the role of tourism participation in social inclusion: their
205 study of London families living in poverty reveals that exclusion from tourism makes a clear
206 contribution to their children’s exclusion from everyday norms as holidays are regarded as part of con-
207 temporary British family life. Such studies emphasize how the benefits of social tourism extend
208 beyond the immediate holiday experience and into participants’ daily lives. Some researchers caution
209 that, contrary to studies that identify pre-holiday anticipation as a wholly positive aspect of the tour-
210 ism experience (Gilbert & Abdullah, 2002), social tourism trips can be wrought with uncertainty
211 (Minnaert, 2014) whilst the return home from any holiday can generate negative reflections on lives
212 and relationships (Hall & Brown, 2006). Nonetheless, studies overwhelmingly find that social tourism

213 offers opportunities for escape from the stresses of mundane life, routine variation, new experiences
214 and a “fresh sense of perspective on problems” (McCabe, 2009, p. 682).

215 **Methods**

216 Since this study explores the sensitive subject of later-life poverty and social tourism experiences,
217 it employs interviews with a small number of people willing to tell their stories—and to comment on
218 those of people similar to them (so-called shadow data) (Luborsky & Rubenstein, 1995; Morse, 2000).
219 As much tourism research in this area is distanced and quantitative (Nimrod, 2008), the study
220 responds to calls for empathetic and qualitative study of older people’s tourism experiences to facil-
221 itate “... a better and more in-depth recollection and understanding of the actual trip experience”
222 (Patterson, 2006, p. 40). It does not claim to be generalizable or representative. Instead, its findings
223 may resonate with economically disadvantaged older people in comparable situations, so that “they
224 are able to find both confirmation and/or new understandings of experiences and phenomena”
225 (Butler-Kisber 2010, p. 15). Framed by the critical, empathetic and person-centred principles of hope-
226 ful tourism (Pritchard et al., 2011) and critical gerontology (Edmondson & Von Kondratowitz, 2009;
227 Formosa, 2005), the research centralises the lives and subjective interpretations of older people to
228 enable them to recount those stories they consider important (Holstein & Minkler, 2003). Such person-
229 alized accounts have the potential to embody emotion, agency and individuality, to be memorable, to
230 invoke compassion and empathy and thus to influence changes in perceptions and attitudes and in
231 social policy.

232 As the research aim is to *understand* rather than to *explain* social tourism as a set of experiences and
233 to appreciate its links to later-life wellbeing, the study is based on multiple participant-driven
234 unstructured interviews with 16 individuals on a short-break to a holiday village in Bracklesham
235 Bay in Southern England in May 2011. The tourists are aged 68–85 with varied employment histories,
236 from homemakers to white-collar workers (three are or have until recently been carers for family and
237 friends); seven are widowed, two divorced, six are married and one is single. Several attend day cen-
238 tres and six live in sheltered accommodation (Table 1). The study was conducted in partnership with
239 the NBFA charity, established in 1957 to improve the lives of impoverished older people. Since 1971
240 over 50,000 individuals have benefited from its Breaks Away Scheme and, keen to better understand
241 its clients, the charity arranged for the first author to join one of its five-day seaside holiday trips. The
242 free holidays (to a limited number of destinations) run from October to May and include coach trans-
243 portation, half-board accommodation, evening entertainment and daily excursions. Individuals and

Table 1
Participant Profiles.

Name	Age	Marital status	Living Accommodation	Level of functional health	Level of functional mobility	Previous holiday (overnight)
Mrs Miles	85	Widowed	Sheltered accommodation	Impaired	Impaired	3 years ago
Mrs Hilary	84	Widowed	Sheltered accommodation	Decreased	Restricted	4 years ago
Mr Singh	83	Widowed	Own home	Impaired	Impaired	4 years ago
Mrs Wood	82	Widowed	Own home	Decreased	Restricted	3 years ago
Mrs King	82	Widowed	Own home	Decreased	Restricted	4 years ago
Mr Major	79	Divorced	Sheltered accommodation	Impaired	Impaired	7 years ago
Mrs Potter	78	Widowed	Own home	Decreased	Restricted	3 years ago
Mr James	77	Single	Sheltered accommodation	Decreased	Restricted	5 years ago
Mr Brown	77	Married	Sheltered accommodation	Impaired	Impaired	6 years ago
Mrs Brown	76	Married	Sheltered accommodation	Impaired	Impaired	6 years ago
Mr Smith	76	Married	Own home	Impaired	Restricted	5 years ago
Mrs Green	74	Divorced	Own home	Decreased	Restricted	4 years ago
Mrs Smith	73	Married	Own home	Decreased	Restricted	5 years ago
Mrs Horton	73	Widowed	Own home	Impaired	Restricted	12 years ago
Mrs Lloyd	73	Married	Own home	Full	Complete	3 years ago
Mr Lloyd	68	Married	Own home	Full	Complete	3 years ago

(note: all names are fictitious).

244 couples apply for the holidays, which are open to low-income over-60s, who have not had a holiday in
245 three years and are able to travel by coach (NBFA, 2011).

246 On arrival at the holiday village one of the research team established rapport with the clients and
247 invited them to approach her during their stay, emphasizing that: she was independent of the NBFA;
248 participation in the research was voluntary; anonymity was guaranteed; participants had the right to
249 withdraw at any time and to read their interview transcripts. As well as facilitating the holiday village
250 stay, the NBFA provided the research team with the clients' anonymous feedback forms—sent out
251 post-holiday to gauge satisfaction levels and the impact of the trip. In total, 14 forms were returned
252 to the NBFA and analysed. The interviews first established the participants' personal circumstances
253 (age, marital status, etc.) and then the participants told their stories in their own way, thus allowing
254 the research team to better grasp the meanings they attach to their situations and contexts (Fontana &
255 Frey, 2005). The interviewer adopted an empathetic or “an ethical stance in favour of the individual or
256 group being studied... she [became] an advocate or partner in the study, hoping to be able to
257 use the results to advocate social policies and ameliorate the conditions of the interviewee”
258 (Fontana & Frey, 2005, p. 696). Each 60 to 90 minute interview was audio-recorded and transcribed,
259 forming disorganised, messy and sometimes self-contradictory data sets. The subsequent analysis
260 consisted of a coarse- and then a fine-grained consideration, moving from identifying multiple themes
261 and initial coding to refining categories and establishing inter-connections (Butler-Kisber, 2010). Even
262 though the final interviews were ‘negotiated texts,’ it must of course be acknowledged that the
263 research team ultimately controlled their interpretation and presentation (England, 1994; Jordan &
264 Gibson, 2004).

265 Social tourism and well-being in later life

266 This section of the paper presents and discusses the older social tourists' anonymous interviews.
267 Multiple, intersecting themes were discernable in the interviews and these are ordered and discussed
268 below under three high-level headings of: anticipation and uncertainty; escape and extending social
269 worlds; reflections and new beginnings. It should be recognised that these themes vary in significance
270 and that they entwine, overlap and occasionally appear contradictory depending on the individual
271 participants' circumstances.

272 *Anticipation and uncertainty*

273 Whilst tourism is characterised as an eagerly anticipated experience (Gilbert & Abdullah, 2002),
274 which relieves stress (Hunter-Jones, 2010; Toda et al., 2004), the situation for our participants was
275 more complicated. Whilst some clients were conscious that such holidays may attract social stig-
276 ma—“English people... don't like our friends to know what kind of income we are on, so when I announced
277 you must be on a low income, a lot of people shied away” (Mrs Potter)—all were thrilled to be approved
278 for the holiday:

279 *I was absolutely delighted... We are just stuck at home really. So I thought when this offer came up I*
280 *thought it would be a good idea you know and we didn't know we were going to get accepted and I*
281 *was quite excited about it... (Mr Brown).*

282 *We wanted a holiday didn't we? We wanted a break... we just sort of thought, 'oh this is lovely'... I was*
283 *over the moon when this came up it was beautiful... we can't believe our luck... (Mrs Smith).*

284 At the same time, clients' expectations were complex, multi-layered and ambiguous and even
285 stressful, echoing Minnaert's (2014) work with teenage mothers. Here, the uncertainty was not caused
286 by the clients' travel inexperience but by their concerns that ill health would prevent them or their
287 companions or partners from travelling. So strong was this anxiety that some dreaded the approaching
288 holiday whilst others even consulted their doctors before confirming it. As well as impaired health and
289 mobility, many have demanding medication routines; Mr Smith is prescribed 40 tablets a day and his
290 wife 18, presenting a stressful challenge whilst away from home. For those suffering from chronic
291 health problems, pre-trip feelings of trepidation were commonplace; as Mrs Smith explained: “I

292 *wasn't looking forward to it, I didn't particularly feel well, let's admit that, I was apprehensive, you know."*
293 This anxiety was often based on past experiences. Mr Singh's previous holiday was cancelled when his
294 wife died. Similarly, Mrs Wood had recently fallen and had been uncertain whether she would be fit
295 enough to take part in the trip, whilst her previous holiday had been cancelled when her sister-in-law
296 (who was to accompany her) was taken ill. Likewise, Mrs Horton was anxious about the trip, as she
297 had been hospitalised on her last holiday after being taken seriously ill. Against this background of
298 ill health, it is unsurprising that out of an expected 35 clients only 22 actually participated in this par-
299 ticular break. Such last-minute cancellations are common and the NBFA are considering whether day-
300 trips would be more appropriate for some of their clientele.

301 *Escape and extending social worlds*

302 Despite pre-holiday trepidation, there was great excitement amongst the clients on arrival at the
303 holiday village as for most of them this was their first holiday in years. Prior to retirement many
304 had enjoyed regular annual holidays, which were an important, even essential part of their lives,
305 but "*just as soon as you stop working [pause] tough*" (Mr Singh). Individuals explained that after paying
306 rent, utility bills and television licence fees, they are "*retired and the pension money don't go far*" (Mrs
307 Potter); comments that endorse the [Bureau International du Tourisme Social \(2010\)](#) argument that
308 propensity to holiday is most influenced by income level. "*Twenty years ago we had a good lifestyle*
309 *and then I got ill and we had our home repossessed and the wife had to retire*" said Mr Smith; whilst
310 Mrs Horton commented: "*When you were working you were used to maybe two holidays a year. It's*
311 *difficult when you retire and you can't, that isn't an option.*"

312 Several participants had a strong sense of injustice about being in such financial straits, comment-
313 ing that they had worked and saved hard all their working lives. Mr Major commented: "*It's terrible*
314 *that when you think I worked for 57 years and I was shrewd, I did put some money away in the bank.*" Such
315 comments challenge predictions of widening affluence across older populations ([Horneman et al.,](#)
316 [2002](#); [Patterson, 2006](#)), a point endorsed by Mr Lloyd: "*We're OAPs now. I mean old and poor. . . I don't*
317 *mean the old people with a private pension.*" Several clients feel their financial hardship is even more
318 acute in the current austere economic climate, testimonies that humanise the UK's rising rate of pen-
319 sioner poverty ([Ellis et al., 2014](#)). Mr Brown observed that:

320 *With the food and the electric and God knows what, we're all frightened now because it's going to*
321 *increase again. So we're going back to the Margaret Thatcher days where we've all got to get into*
322 *bed of-a-day time to keep warm. So we've got that fear coming...*

323 Most clients described the NBFA break as a privilege, as they had been unable to afford a holiday
324 for some time. Mrs Brown described it as "*a gift from God*" while her husband said it meant "*some-*
325 *one's looking out for us.*" For Mrs Wood, the holiday was a "*golden opportunity*" and for Mrs King, it
326 was "*beyond all dreams.*" Mrs Potter "*can't believe our luck. . . it's been brilliant, absolutely fantastic . . .*
327 *it's a respite for us, it's been brilliant*", whilst for Mrs Miles, the holiday was "*the icing on the cake.*"
328 Clients clearly considered the scheme a positive intervention in their lives (perhaps unsurprisingly,
329 given that was free). "*I do think it's a wonderful scheme for people*" (Mrs King); "*we had a wonderful*
330 *time and they looked after us, the food was good, the entertainment was very good*" (Mrs Miles). Mr
331 Major encapsulated the feelings of many clients when he said: "*I thank them from the bottom of*
332 *my heart. . . they have really done me the greatest favour I've had done for years and I mean that, that*
333 *is sincere.*"

334 One of the most beneficial aspects of the holiday was that it punctuated individuals' everyday rou-
335 tines and extended their social worlds. [Heintzman and Patriquin \(2012, p. 168\)](#) suggest that "being in
336 a different environment" from the setting of one's everyday life may be as important as natural leisure
337 environments in enhancing people's wellbeing—physically, psychologically, socially and spiritually.
338 Tourism presents occasions to expand limited social realms, to facilitate social contact and to reaffirm
339 older people's self-identity formation ([Grant & Kluge, 2012](#)). In Mrs Miles' words, it was a much appre-
340 ciated "*change of scene. . . not only does it provide a nice break, a nice change, psychologically it's very*
341 *nice.*" Mr Brown added:

342 *A break... it's the freedom, it's so lovely we can have a cooked meal... we haven't got to worry about*
343 *tidying up or anything. We've got freedom haven't we, that's the word, freedom... we are free and we've*
344 *been laughing all the time.*

345 Mr James explained:

346
347 *I have a social life at home with neighbours and things like that, because I live in a sheltered housing*
348 *association and we're friends with the neighbours and we have bingo and things like that and I do*
349 *mix at home but it's a different environment and different people here. So it's been a good change.*
350

351 Mr Lloyd added:

352
353 *Everybody, whatever situation they're in, needs a break, you know, just to get away from maybe the four*
354 *walls that they live in, get away to have new experiences or to refresh experiences.*
355

356 Above all, the holiday represented an opportunity to escape everyday responsibilities and worries.
357 Mr Brown described the break as a peaceful “respite” from the anxieties at home and Mrs Smith out-
358 lined how the break allowed her and her husband to escape constant stress:

359 *It's nice to get away for a week without any problems. You know, I mean at home we've always got*
360 *problems, you know you think everything's going around nice and the next thing somebody's come in*
361 *and said... you've got to sort out this problem and then sort the other problem out.*

362 For some clients, their home lives are dominated by caring responsibilities for family or friends. Mrs
363 Wood has sole responsibility for her mentally ill son since her husband's recent death, Mrs King's adult
364 son has special needs and is highly dependent on her and until recently Mrs Lloyd cared for a friend
365 suffering from cancer. It is not surprising that clients consistently described the break as “a tonic” on
366 the NBFA feedback forms.

367 The opportunity to escape domestic stress and responsibilities also had a positive impact on par-
368 ticipants' sleep patterns, having a real effect on their subjective wellbeing (Hislop & Arber, 2006).
369 Mrs Lloyd described it in these terms:

370 *I came out this morning and three of our ladies were around. The first thing I said, as normal, is how did*
371 *you sleep? 'Oh I slept marvellously', 'I didn't wake up', 'I slept like a log, I never do, I usually get up early',*
372 *or 'I wake early' all this sort of thing, and it was the same from all three.*

373 Mrs Wood said that her sleep had improved as a result of being away from the stresses of her everyday
374 routine:

375 *Well I've left them all [my worries] behind and I sleep so much better. In fact, I've had a better night's*
376 *sleep here than I've had for months at home because I haven't got anything to worry about.*

378 She claimed that the ability to sleep left her more mentally refreshed and alert:

379
380 *I was very tired before I came away and I tried to do a cryptic crossword and I couldn't even solve one*
381 *clue and yet last night after I'd been to the cabaret after 10 o'clock, I came back and I did half of it and*
382 *then this morning I woke up and did the rest so the brain was more active.*
383

384 *Reminiscence and new beginnings*

385 Travel enables us to reconnect with our past in very direct ways (Marschall, 2012) and in addition
386 to being an escape from stressful or mundane routines, the holiday enabled clients who had previously
387 visited the destination to reminisce about family holidays, thus engaging their long-term memories
388 and promoting further social interaction (Coleman, 2005). Mr Major is familiar with the area because
389 he was evacuated there as a child during World War Two. Mrs Hilary had visited it with her parents for
390 family holidays, as had Mrs Wood, whose family had owned a caravan in there. These connections
391 evoked strong positive and negative memories. Following a half-day excursion to Bognor Regis during
392 the holiday, Mrs Hilary recounted her childhood memories of the seaside resort: “my dad had a little

393 camping stove and he used to brew up the tea and me and my mother used to go and play on the beach and
394 everything.” For Mr Major another excursion “brought back memories which have long been in my head
395 and sort of fading away. I mean we went to Chichester today... I was in the choir there as a young kid at
396 Chichester Cathedral, I detested it.”

397 Whilst the holiday presented opportunities to reflect on the distant past, it also afforded clients
398 rare space away from home for contemplation of recent life transitions such as reduced socio-economic
399 circumstances, declining health and bereavement (Small, 2003). It was Mrs Wood’s first holiday
400 since her husband’s death the previous year and she described the stressful and emotional process of
401 sorting through their household contents:

402 *Well I've been too busy because we've been in our existing house for 60 years and there's an awful lot of*
403 *turning out to do, because I'm downsizing so some of the furniture has had to go and lots and lots of*
404 *paperwork to dispose of... and also all the legal business as well... I have letters to write and visits*
405 *to make to solicitors.*

406 Mr Singh, also recently widowed, said: “...this is the first time I did my own packing. My wife used to
407 do all the packing and everything... This is the first time in sixty years I did the packing myself.” Mrs Potter
408 was also on her first holiday since losing her husband and reassured herself, saying: “I know my husband
409 would have liked me to have done what I'm doing... He would have said don't stop at home; you'll be
410 miserable and lonely.” Loneliness and social isolation are not an inevitable part of ageing (Victor et al.,
411 2009) and several participants have rewarding relationships, which play a vital role in their quality of
412 life: “I've got children and loads of grandchildren and loads and loads of great grandchildren... so it's fitting
413 them in” (Mrs Horton). Several individuals spoke of the value they attach to their weekly visits to local
414 day centres, whilst Mr Singh described visits to his neighbourhood Sikh temple and Mrs Wood talked
415 of her trips to the Women’s Institute. Others enjoyed hobbies such as bingo, cross-stitch, rug-making
416 and Tai Chi, leisure pursuits which promote both social and mental wellbeing (Heintzman & Patriquin,
417 2012).

418 Yet, despite their engagement in these daytime and early evening activities, loneliness at home is a
419 recurring theme in participants’ stories, endorsing research that identifies loneliness and isolation as
420 major issues for older people (Age UK, 2011). Ten of our participants are widowed, divorced or single
421 (although not all these individuals live alone). Mr Singh said, “it is very, very lonely in the night,” whilst
422 Mrs Smith said of her friend, “she’s on her own, she said I’d love to go on holiday but I don’t want to go on
423 my own.” For such clients the opportunities for increased social interaction and companionship that
424 the NBFA holiday provided had a number of positive impacts on their subjective wellbeing:

425 *Just being able to relax, being with people that you can have a laugh with. I mean these people probably*
426 *spend most of the day every day, or nearly every day, on their own. So they've got companionship, some-*
427 *thing to look forward to, there's something going to happen tomorrow, there's another trip tomorrow,*
428 *there's bingo tonight, there's entertainment tonight. It's a full programme during the four days that we're*
429 *here. And I think this is it, you know, you go to bed having thoroughly enjoyed your time and you relax*
430 *completely (Mrs Lloyd).*

431 Mr Major valued being part of a group. He explained that if he had gone on holiday alone, “it would
432 have just been my life over again, going out on my own, going here and there on my own.” Mr Singh
433 poignantly commented: “Loneliness, there's a lot of loneliness and depression and nobody helps [pause]
434 but on trips like this, people do help and they try to talk to each other and make friends.” He valued the
435 constant activity whilst on holiday, which allowed him to “come out” of his problems:

436 *They keep you so busy you haven't got time to think. We have breakfast at 8.30 and I have to get ready*
437 *for the breakfast... so [I wake up at] 6.00 a.m. I have a bath and there is a trip ready to take us out so*
438 *there is no time to think about the past because you are looking for the future... And by the time we are*
439 *back I will... have a sleep and again, it's 6.00 p.m. so you are ready to go out, meet the people there and*
440 *talk to them.*

441 By providing this camaraderie and fostering a sense of community, the holiday represents a step-
442 ping stone for Mr Singh, Mrs Potter and Mrs Wood in adapting to life after recent their bereavements.
443 Here we see holiday environments as “communities of companionship” (Dann, 2001, p. 10) and we

444 should not be surprised by this as “social engagement and relationships... remain important at any
445 age and their quality is a key element contributing to the quality of life of older people” (Victor
446 et al., 2009, p. 1). Being with people of a similar age on this break enabled the clients to share stories
447 and to create a common sense of identity and affirmation of self:

448 *Two of the ladies ... on the same table as us, they can't believe it, can they? They're in their eighties ...*
449 *and they haven't been away, they're both on their own and they've formed a good friendship, which has*
450 *come out of this [trip] (Mrs Smith).*

451 *What am I getting out of this holiday? A great deal actually ... it's nice to be with other people because*
452 *when you lose your husband or your partner it's a very strange experience going into an empty house*
453 *and being on your own so that's number one; also when you live alone, sometimes you don't always feel*
454 *like cooking and it's very nice to be able to come away and have your meals prepared so that's another*
455 *big bonus and also to meet new people, see different places and a lot of benefits (Mrs Wood).*

456 For Mr Major, being with other people helped him to contextualize his own mobility difficulties
457 and made him feel less isolated:

458 *I think well what am I grumbling about inside... There are an awful lot of people here like myself that*
459 *have to use a walking stick. And I notice too that when they're trying to get on a coach they have great*
460 *difficulty like I do, so it might sound cruel, I don't mean it in a cruel way, but it gives me so much comfort*
461 *to know that I'm not alone on that point.*

462 The study thus demonstrates how social tourism creates space for economically disadvantaged older
463 people to psychologically detach themselves from the challenges of their everyday lives—just like
464 low-income families and teenage mothers (McCabe et al., 2010; Minnaert, 2014). In particular, howev-
465 er, it provides insight into the ways in which these holidays can improve the lives of older people living
466 with long-term health issues and disabilities, older carers and those coming to terms with bereavement
467 (Gump & Matthews, 2000; Hunter-Jones, 2004, 2005, 2010; McConkey & McCullough, 2006; Small,
468 2003). Mr Major felt that this holiday enabled him to re-evaluate his life. After a long period suffering
469 from cancer and numerous operations, it gave him the space to decide to begin anew. In his words, “it’s
470 woken me up ... I realize alright this is my life here but there’s also a life out there and I must get out to it.” Mr
471 Major’s enthusiasm to participate in many of the activities on the trip validated his words:

472
473 *I've gone back in some ways to my old ways, like knocking around on a dart board, playing ... crazy golf*
474 *and trying to learn to play bowls and going into the big lounge of an evening and listening to some very*
475 *nice music. I can't dance anymore because of my leg, but seeing the people dancing and enjoying them-*
476 *selves, it's fantastic [By the end of the week, Mr Major was on the dance floor himself].*

478 Just as studies of social tourism initiatives have demonstrated how families and children derive
479 wide-ranging benefits from their holidays (Quinn & Stacey, 2010), so the benefits of the NBFA break
480 have the potential to extend beyond the holiday and to benefit carers and families. For some clients,
481 the holiday represents a broadening of attitudes and experiences. Mrs and Mrs Brown have not been
482 able to afford many holidays throughout their 42 years of married life and Mr Brown felt that the holi-
483 day gave them the opportunity to “get out and see how other people live, and different shops, and... you
484 know a different way of life and a bit different to London.” Mrs Brown echoed this saying it was “a world
485 beyond London. Because sometimes you get in a rut and... but there’s a world beyond your little cocoon
486 that you live in type of thing.”

487 Mrs King typified the sense of the holiday representing a new beginning. Her 34-year old son with
488 special needs, whom she had cared for at home until very recently, now lives in sheltered accommoda-
489 tion and for her the holiday quite literally marks a new beginning: “Freedom... I've started a new
490 life... It's a new world to me.” For some older people these holidays “represent not simply the time
491 of their lives, but also time for their lives” (Dann, 2001, p. 10); indeed a new-found sense of freedom
492 was emphasized by Mrs Potter as she described the enjoyment she shared with her friend: “We’re over
493 the moon. We’re like a couple of kids aren’t we? ... It’s lovely that we can laugh together... We’ve been
494 laughing all the time.” On one of the post-trip feedback forms, one of the participant’s daughters had
495 added a comment that suggests that such optimism and joy might outlast the holiday: “I am writing

496 on behalf of my mother as she has not stopped talking about her fantastic trip away. I cannot thank you
497 enough for making my Mum so happy.”

498 Conclusion

499 This paper has sought to illuminate the links between economically disadvantaged older people’s
500 holiday opportunities and their wellbeing and to provide insight into later-life social tourism as a set
501 of experiences. Its findings suggest that social tourism trips can have a positive impact on older peo-
502 ple’s subjective wellbeing and levels of social engagement and increase their self-esteem and confi-
503 dence, echoing the findings of social tourism studies with other disadvantaged groups (McCabe,
504 2009; Minnaert et al., 2010; Quinn & Stacey, 2010; Sedgley et al., 2012). Many of the positive interven-
505 tions of the Breaks Away initiative parallel the social tourism benefits identified by researchers work-
506 ing with deprived families and children. The role of the holidays in alleviating marginalisation and low
507 self-esteem as well as providing a stimulus for re-engagement with physical activity, social interaction
508 and an opportunity to reflect on life experiences are all common benefits (Quinn & Stacey, 2010). One
509 of the most beneficial aspects of the holiday was that it interrupted individuals’ mundane and often
510 challenging routines and extended their social worlds, enhancing the NBFA clients’ subjective wellbe-
511 ing—physiologically, psychologically, socially and spiritually (Heintzman & Patriquin, 2012) and reaf-
512 firming their self-identity (Grant & Kluge, 2012).

513 At the same time, some of the experiences of the older people in our study differ markedly from
514 those of families and younger children in other studies, as these clients enjoyed considerable pre-holi-
515 day excitement (e.g. Quinn & Stacey, 2010). Such differences in anticipation between young families
516 and older people before the holiday presumably shapes their experiences and has organizational and
517 policy consequences for social tourism organizations as well as strengthening the need for more
518 research into the kind of economic, social, cultural and psychological capital that is needed in order
519 to engage in holidaying. There were also a number of benefits that these older people derived from
520 the trip, which were peculiar to their circumstances. Economically disadvantaged older people are
521 diverse and heterogeneous individuals, and their life experiences vary greatly depending on their life
522 trajectories, health, psychological wellbeing, socio-economic circumstances, social and family situa-
523 tions, ethnicity, etc. (Moschis, 1996, 2003, 2012). Many of the 16 participants in this study are socially
524 engaged and enjoy a range of daytime and early evening activities; several attend day centres and live
525 in sheltered accommodation. However, three are or have until recently been caregivers for family and
526 friends and 10 are widowed, divorced or single (although not all live alone). The stress and loneliness
527 of their home environments is a recurring theme in many of these individuals’ stories, supported by
528 research that isolation is a major issue for many older people in the UK (Age UK, 2011). Emotional and
529 psychological wellbeing are vital to ageing well and for such clients the opportunities for increased
530 social interaction and companionship that the NBFA holidays provide have a positive impact on their
531 wellbeing. Three of the clients were on their first holidays since spousal bereavement and it is clear
532 that the holiday afforded these people time to negotiate their independence and new identities as
533 widow/ers in a social context and to evaluate their often pervasive sense of post-bereavement loneli-
534 ness (Naef et al., 2013). This is an area ripe for further tourism research (Small, 2003).

535 The NBFA Scheme enabled clients to contextualize their problems, re-evaluate their lives, confront
536 negative self-images and develop coping strategies to increase their emotional resilience to recent life
537 transitions such as reduced socio-economic circumstances, bereavement and increased ill health and
538 physiological change. Ill health was a significant theme in the participants’ stories and was at the root
539 of many individuals’ pre-holiday anxieties, as in the recent past ill health had disrupted their travel
540 plans. Several clients had chronic health problems and onerous medication regimes, had numerous
541 operations and one had suffered from cancer; all of which made for challenging home environments
542 and presented some difficulties whilst on holiday. Without exception, however, clients spoke of how
543 the NBFA holiday enabled them to evaluate their health problems in a more upbeat frame of mind,
544 whilst simply being on holiday had such a positive impact on their subjective wellbeing and stress
545 levels that many of them reported significant improvements in their sleep patterns. Thus, this paper
546 has provided further understanding of how social tourism programmes can ameliorate the lives of

547 economically disadvantaged older people living with long-term health issues and disabilities, older
548 carers and those coming to terms with bereavement and has added insight to this evolving literature
549 (e.g. Hunter-Jones, 2010; McConkey & McCullough, 2006).

550 The holiday itself presented opportunities to reminisce about family holidays, especially for clients
551 who had previously visited the destinations on the NBFA itinerary. Since reminiscence engages later-
552 life memory and fosters social interaction (Coleman, 2005; Mullins, 2011), this is a less expected but
553 nonetheless significant way in which such trips can promote and maintain older people's mental well-
554 being. There remains significant scope for deepening understandings of the long-term impact of social
555 tourism on its participants and the extent to which positive memories of the trip sustain them in their
556 daily lives. In addition, further work could explore the complex relationships between older people's
557 reminiscence, emotional wellbeing and travel. Over a decade ago Dann (2001, p. 9) identified "the sal-
558 ience of the nostalgia factor as a tourist motive for seniors" and asked whether older people's quality
559 of life might be "enhanced by their taking nostalgic excursions into a selective past". Such research
560 might explore the wider benefits of holiday memories and examine the ways in which childhood holi-
561 day memories continue to be meaningful in later life and their role in enhancing the quality of life for
562 individuals, for example with memory loss and dementia (Mullins, 2011).

563 This is an exploratory study and given that its participants were not paying for the holiday perhaps
564 they may have been reluctant to question its benefit. Yet, social tourism schemes such as the NBFA
565 Breaks Away clearly address obvious barriers to economically disadvantaged older people's tourism
566 participation, namely inadequate finance and transportation and a lack of travelling companions
567 (McGuire, 1984; Shoemaker, 2000). However, despite positive comments from clients on their imme-
568 diate return home, we do not know enough about the longer-term benefits of social tourism or the
569 impact of 'post-holiday blues' (Hall & Brown, 2006, p. 72) on older people. Moreover, the diversity
570 of older peoples' lives requires much richer and more nuanced understandings of the psychological,
571 physiological, social and spiritual benefits of social tourism, well beyond this study. Tourism in general
572 is increasingly seen to foster subjective wellbeing and many social tourism researchers emphasize that
573 holidays provide respite from the 'daily grind' (McCabe, 2009). There is much to learn about the
574 impact of tourism, and social tourism in particular, on later-life wellbeing and a need for studies that
575 take account of the intersectionalities between gender, ethnicity, class, urban-rural living, etc. Perhaps
576 above all, we need physiological evidence to establish if tourism actually enhances physical and men-
577 tal health (Chen & Petrick, 2013). As yet "we have barely scratched the surface of travel's potential. . .
578 with a more thorough understanding of. . . the countless. . . potential benefits of travel, it is possible
579 that travel could be prescribed as a tool for personal well-being" (Petrick & Huether, 2013, p. 705).

580 Social tourism researchers and charities have argued that exclusion from tourism participation is
581 an essential part of what it means to experience disadvantage and social marginalisation and argue
582 for early intervention to tackle exclusion and to support (in particular) families and children unable
583 to go on holiday (McCabe, 2009; McCabe et al., 2012). There is scope for more research that examines
584 the constraints and circumstances of those excluded from tourism and that explores the impacts and
585 interventions of social tourism programmes; indeed the recent UK All-Party Parliamentary Group on
586 Social Tourism report concludes that: "there is a compelling case for greater research into this area"
587 (2011, p. 2). This is especially relevant in times of economic austerity and contracting retirement
588 incomes. Policy-makers in social welfare, health, and tourism should recognise that the benefits of
589 holiday participation could be extended and incorporated into social welfare-inspired interventions
590 designed to address older people's physiological, psychological, social and spiritual wellbeing, for
591 example in relation to their resilience to life transitions such as physiological change and spousal
592 bereavement. In the field of leisure studies researchers recognised long ago the importance of actively
593 engaging social policy in promoting the wider socio-economic benefits of leisure and sports participa-
594 tion; it is time for tourism studies to more fully address global agendas on ageing well, social inclusion
595 and subjective wellbeing.

596 Acknowledgement

597 The authors would like to thank the National Benevolent Fund for the Aged and their clients for
598 their collaborations on this paper.

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