

## Film One: **Introduction to well-being**

- Narrator:** Well-being has become an increasingly important factor for health and social policy in general particularly when it comes to older people. As we go through life each one of us will face change. We all have decisions to make and our lives may have to adapt to both our environment and our situation. But what do we mean by well-being? Does it mean the same to everyone? And what produces it? These are just some of the questions that researchers from the University of Brighton, in collaboration with Age UK Brighton and Hove, were interested in.
- Marian Barnes:** Rather than understanding well-being as an individual state our research has really contributed to understanding how it's produced through relationships.
- Lizzie Ward:** I can't feel a sense of well-being without thinking about my relationship to other things like other people in my life, family, friends, where I live, where I work, you know, it's connected to everything really.
- Beatrice Gahagan:** *[various background shots]* There are some maybe some core things about it that are common to everybody but everybody experiences those things slightly differently. Being able to feel that one is in some way whole and complete, and that you are needed and that you make a difference, and able to feel happiness in a way despite circumstances.
- Marian Barnes:** It means different things to different people and the ways in which it has been researched has often been to try and measure it and we didn't want to measure it. What we wanted to do was to understand what produces well-being.
- Lizzie Ward:** How do we research, how do we make research meaningful so that we can capture older people's experiences and you know quite an effective way of doing that is actually having that lay experience right in at the design phase of the research so involving older people as co-researchers
- Marian Barnes:** Our approach was to work with a group of older people and to get them to interview other older people about their lives to get them to talk about the circumstances in which they experience wellbeing and therefore to understand what it meant it to them and what produces it.

## Research team discussion

Francis: Our parents and grandparents would die in their sixties ... and you know sixty is comparatively young I think you know and live we live to seventy or eighty or even more.

Bunty: I thought when we started that people would be talking about money a lot and health and they were not high on the agenda in very many of the interviews I did at all so I think that, that was important.

Marian: Going back to our trial of the CASP 19 questionnaire the group sensed very quickly that that wasn't the way in which you thought we should, we should do it.

Liz: That's why those yes/ no boxes don't really help do they because there are no maybes or sometimes.

Marian: Or why. You have to start from a different place when you are talking about well-being and say what does it mean to people.

## Commentary Lizzie Ward:

*It became clear early on in the research that an ethic of care framework would be really useful for us in trying to make sense of what people were telling us but also, more than that, an ethic of care framework is really useful for practitioners.*

Marian Barnes:

An ethic of care starts from recognising the importance of relationships to people's well-being. When you do an assessment of an older person, when you go and visit them, when they contact you for help, you become part of their network of relationships so the way in which you establish a relationship with older people becomes part of what contributes to or detracts from their well-being.

There are four key principles to an ethic of care. Firstly that of attentiveness. There is a need to attend closely to the particular circumstances and values of the individual that you are providing care for. The second principle is that of responsibility. Having been attentive to an individual's needs you need to take responsibility for acting to meet those needs. The third principle is that of competence. You need to be aware of the consequences of what action that

you have taken if you aren't aware of the consequences then it's quite possible that what you have done may not have produced the outcome that you hoped for. And fourthly the principle of responsiveness and this refers to the way in which the person receiving care is responding to it. And what we have tried to do in the scenarios is build from what people said in the research, draw in those principles, show in practice how anybody working with older people can do their jobs in a way that reflects those principles.

Beatrice Gahagan:

It doesn't demand that people are perfect human beings because nobody is a perfect human being you know you see the principles of attentiveness and responsiveness and responsibility and competence it could be easy to interpret those principles as meaning that you know you have to be this perfect human being that is utterly aware of everything and always responds perfectly and takes responsibility for everything but of course we all have limitations and I think so it, some of those principles one can say I need to be attentive to myself so that I can also if you like respond to the situation that I have been put in.

Narrator:

Ways of working vary in different times and places so the focus of the scenes is not on particular procedures but rather on the nature of the interactions themselves. The characters in these scenes are played by actors but their words and experiences have been drawn out from the many interviews with older people that have formed the backbone of this collaborative research.