

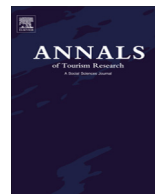


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Social tourism and well-being in later life



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ABSTRACT

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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Introduction

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

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

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

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

Literature review

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

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

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

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

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

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

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

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

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

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

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

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

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

Methods

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

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

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

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

Social tourism and well-being in later life

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

Anticipation and uncertainty

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

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

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

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

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

Escape and extending social worlds

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

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

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

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

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

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

Mr James explained:

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

Mr Lloyd added:

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

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

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

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

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

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

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

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

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

I was very tired before I came away and I tried to do a cryptic crossword and I couldn't even solve one 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 then this morning I woke up and did the rest so the brain was more active.

Reminiscence and new beginnings

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

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

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

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

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

Yet, despite their engagement in these daytime and early evening activities, loneliness at home is a recurring theme in participants’ stories, endorsing research that identifies loneliness and isolation as major issues for older people (Age UK, 2011). Ten of our participants are widowed, divorced or single (although not all these individuals live alone). Mr Singh said, “it is very, very lonely in the night,” whilst 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 my own.” For such clients the opportunities for increased social interaction and companionship that the NBFA holiday provided had a number of positive impacts on their subjective wellbeing:

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

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

They keep you so busy you haven't got time to think. We have breakfast at 8.30 and I have to get ready 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 there is no time to think about the past because you are looking for the future. . . And by the time we are 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 talk to them.

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

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

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

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

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

I think well what am I grumbling about inside. . . There are an awful lot of people here like myself that have to use a walking stick. And I notice too that when they're trying to get on a coach they have great 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 to know that I'm not alone on that point.

The study thus demonstrates how social tourism creates space for economically disadvantaged older people to psychologically detach themselves from the challenges of their everyday lives—just like low-income families and teenage mothers (McCabe et al., 2010; Minnaert, 2014). In particular, however, it provides insight into the ways in which these holidays can improve the lives of older people living with long-term health issues and disabilities, older carers and those coming to terms with bereavement (Gump & Matthews, 2000; Hunter-Jones, 2004, 2005, 2010; McConkey & McCullough, 2006; Small, 2003). Mr Major felt that this holiday enabled him to re-evaluate his life. After a long period suffering from cancer and numerous operations, it gave him the space to decide to begin anew. In his words, “it's 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 Major's enthusiasm to participate in many of the activities on the trip validated his words:

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

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

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

added a comment that suggests that such optimism and joy might outlast the holiday: *“I am writing on behalf of my mother as she has not stopped talking about her fantastic trip away. I cannot thank you enough for making my Mum so happy.”*

Conclusion

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

At the same time, some of the experiences of the older people in our study differ markedly from those of families and younger children in other studies, as these clients enjoyed considerable pre-holiday excitement (e.g. Quinn & Stacey, 2010). Such differences in anticipation between young families and older people before the holiday presumably shapes their experiences and has organizational and policy consequences for social tourism organizations as well as strengthening the need for more research into the kind of economic, social, cultural and psychological capital that is needed in order to engage in holidaying. There were also a number of benefits that these older people derived from the trip, which were peculiar to their circumstances. Economically disadvantaged older people are diverse and heterogeneous individuals, and their life experiences vary greatly depending on their life trajectories, health, psychological wellbeing, socio-economic circumstances, social and family situations, ethnicity, etc. (Moschis, 1996, 2003, 2012). Many of the 16 participants in this study are socially engaged and enjoy a range of daytime and early evening activities; several attend day centres and live in sheltered accommodation. However, three are or have until recently been caregivers for family and friends and 10 are widowed, divorced or single. The stress and loneliness of their home environments is a recurring theme in many of these individuals' stories, supported by research that isolation is a major issue for many older people in the UK (Age UK, 2011). Emotional and psychological wellbeing are vital to ageing well and for such clients the opportunities for increased social interaction and companionship that the NBFA holidays provide have a positive impact on their wellbeing. Three of the clients were on their first holidays since spousal bereavement and it is clear that the holiday afforded these people time to negotiate their new identities as widow/ers in a social context and to evaluate their often pervasive sense of post-bereavement loneliness (Naef et al., 2013). This is an area ripe for further tourism research (Small, 2003).

The NBFA Scheme enabled clients to contextualize their problems, re-evaluate their lives, confront negative self-images and develop coping strategies to increase their emotional resilience to recent life transitions such as reduced socio-economic circumstances, bereavement and increased ill health and physiological change. Ill health was a significant theme in the participants' stories and was at the root of many individuals' pre-holiday anxieties, as in the recent past ill health had disrupted their travel plans. Several clients had chronic health problems and onerous medication regimes, had numerous operations and one had suffered from cancer; all of which made for challenging home environments and presented some difficulties whilst on holiday. Without exception, however, clients spoke of how the NBFA holiday enabled them to evaluate their health problems in a more upbeat frame of mind, whilst simply being on holiday had such a positive impact on their subjective wellbeing and stress

levels that many of them reported significant improvements in their sleep patterns. Thus, this paper has provided further understanding of how social tourism programmes can ameliorate the lives of economically disadvantaged older people living with long-term health issues and disabilities, older carers and those coming to terms with bereavement (e.g. Hunter-Jones, 2010; McConkey & McCullough, 2006).

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

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

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

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