Growing Older Programme
Project Summaries

An ESRC Research Programme on Extending Quality Life
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Introduction

The Economic and Social Research Council’s (ESRC) Growing Older (GO) Programme is the largest social sciences research programme on ageing ever mounted in the UK. It was launched in May 1999 and comprised the 24 projects selected from the original list of over 200 proposals, together with a co-ordination team comprising a director, administrator and an ESRC programme officer. In 2001 a deputy director was added to the team when it also became responsible for the UK National Collaboration on Ageing Research (http://www.shef.ac.uk/ukncar).

The central research focus of the programme goes right to the heart of the major challenge confronting policies on ageing in the developed world: in the words of the World Health Organisation, ‘years have been added to life now the challenge is to add life to years’. Thus the first objective of the programme was to create a broad based multi-disciplinary and co-ordinated programme of social sciences research on different aspects of quality of life in old age. The contents of this publication demonstrate the achievement of this objective.

The second objective, however, is much more challenging: to try to contribute to the development of policies and practices in the field and, thereby it is hoped, to the extension of quality life. Of course policy and practice are not the province of scientific researchers and, therefore the intention is to present the best possible evidence in forms that are assimilated easily by policymakers and practitioners. To this end a great deal of time has been devoted by both the programme researchers and the co-ordination team to communicating with the worlds of policy and practice. The most important mechanism has been the GO Findings series. In addition there have been specially organised meetings with policymakers and practitioners. It will take time to see whether or not the programme has actually had an impact on the quality of older people’s lives but there has certainly been considerable effort on this front.

This publication reflects the aim of the programme to communicate the research findings as widely as possible, as well as the ESRC’s strategic goal of engagement with the users of research. Each project team has prepared a brief summary of their main findings and readers seeking more information are invited to visit the GO Programme web site (http://www.shef.ac.uk/uni/projects/gop/index.htm) or to make contact directly with the researchers. The programme was divided initially into six research topics intended to cover the whole range of issues concerning extended quality life:

- Defining and measuring quality of life.
- Inequalities in quality of life.
- Technology and the built environment.
- Healthy and productive ageing.
- Family and support networks.
- Participation and activity in later life.

Although none of the projects is concerned solely with the topic it is allocated to, they are presented in groups here to indicate the main focus of the research. The final distribution of topics was determined solely by the quality of the applications made by the social sciences community.

Although the following summaries cannot do justice to the range and depth of each project we hope that they will convey the essence of each one and so encourage requests for further information and an appreciation of the quality of the GO Programme.

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Defining and measuring quality of life
The study
The study sought to understand why some disabled older people living in the community do not seek or do not accept health and social care services to which they are entitled.

The methodological innovation was to link two generally separate approaches to understanding the lives of older people: the social policy focus on needs and services; and an approach drawn from social gerontology that involves the biographical study of ‘ageing from within’ and how people manage their identities as they grow older.

Thirty-five people, aged 75 and over and living alone, who had recently become housebound because of a limiting physical condition were interviewed twice over six months using established qualitative schedules.

Key findings
Firstly, the research showed that:

- Older people who have recently become housebound suffer an initial drop in self-esteem but for most this soon recovers as they redistribute the bases on which self-confidence is built away from health and social contacts and towards family and aspects of mental and spiritual life.
- Self-esteem is more likely to be sustained where there are changes in routine or increased contacts with family or other people.
- Self-esteem is more likely to stay low or fall where health worsens or there is little change in routine or contacts.

One of the main policy conclusions is that:

- Service providers should intervene early in almost any way that increases an older person’s contact with others but they should expect resistance from the older person. Initially there may be as much to be gained by the promptness of intervention as from detailed assessments and the matching of services to needs, particularly where these are likely to delay greater contact with others.

Secondly, the research showed that:

- Old age is indeed a time of ‘identity work’ in which people search for ways to sustain their self-images and to link their present existences to their previous lives. There is a need to be seen, and to see themselves, not as needy service users but as whole persons with lives of value and achievement. As a result they focus less on practical needs than service providers might wish to do.
- Few older people mentioned services when asked about sources of quality in their lives even though 15 had been assessed and ten were receiving home care services.
- People were slow to mention their disabilities (things they could not do).
- When describing their lives they used categories and ideas unlike those used by professionals: we called this pattern:
  - ‘Self-talk’ (a focus on feelings, relationships, selves)
  - ‘Needs-talk’ (a focus on resources, abilities, disabilities)
- The findings suggest that there are limits to the degree to which older peoples’ conceptions of their circumstances and needs can be reconciled with those of potential service providers.

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Publications

Quality of life of healthy older people: residential setting and social comparison processes

J Graham Beaumont and Pamela Kenealy

The study
We were interested to investigate the perceived quality of life of healthy older people within our locality, and in particular how their living arrangements (living alone, with a partner, in sheltered housing or residential accommodation) contributed to how they evaluated their quality of life. We also wished to investigate how making social comparisons with others influenced the judgements which our older participants made.

Key findings
The principal findings were:

- The most important factors in determining a perceived good quality of life were the individual’s perception of their health, freedom from depression, personal optimism, well-retained cognitive abilities and aspects of the social environment.

- The common themes concerning their quality of life, mentioned by participants as important, were issues related to their family, their health, and to the conditions associated with their home.

- With respect to residence, those who were living with their partner tended to report the highest quality of life; those in residential homes, irrespective of their health or disability, reported the poorest quality of life.

- Depression leads to a lower perception of quality of life, rather than a poor quality of life leading to depression.

- The dominant social comparison strategy was a downward contrast (to consider yourself unlike those who are ‘worse off’) and this appears to be an adaptive and functional approach which enhances perceived quality of life.

- Those who engaged in voluntary work tended to have a decline in their perceived quality of life.

- Deficits in autobiographical memory are associated with a better perceived quality of life and a lower level of depression.

- Reports of perceptions of quality of life are heavily influenced by the nature of the question which is asked.

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Publications


Adding quality to quantity: older people’s views on their quality of life and its enhancement

Ann Bowling, Zahava Gabriel, David Banister and Stephen Sutton

The study
The study set out to explore older people’s definitions of, and priorities for, a good quality of life. Nine hundred and ninety nine randomly sampled people aged 65 and over, living at home in Britain, were interviewed for the study. The interview schedule was semi-structured. The respondents were broadly similar in their socio-demographic characteristics to those of people aged 65+ in Britain from mid-term population estimates from the 1991 Census, and compared with respondents aged 65+, living at home, to the comparable General Household Survey.

Key findings
Most men and women rated their quality of life as good in varying degrees, as opposed to just alright or bad. Quality of life deteriorated with older age, with almost three-quarters of the group aged 65-69 rating their lives overall as ‘So good it could not be better’ or ‘Very good’ in comparison with about half to a third of those in older age groups. Regression models indicated that the main building blocks, or drivers, of quality of life in older age were:

- People’s standards of social comparison and expectations in life.
- A sense of optimism and belief that ‘all will be well in the end’ rather than a tendency to think the worst (or glass ‘half full’ rather than ‘half empty’ perspective on life).
- Having good health and physical functioning.
- Engaging in a large number of social activities and feeling supported.
- Living in a neighbourhood with good community facilities and services, including transport.
- Feeling safe in one’s neighbourhood.

Self-efficacy, and having a sense of control over one’s life was possibly a mediating variable. These factors contributed far more to perceived quality of life than indicators of material circumstances, such as actual level of income, education, home ownership, or social class. The results of the modelling were supported by the open-ended survey responses and by the qualitative interviews, with the addition of some other key factors – particularly, the importance of the perception of having an adequate income, and of retaining independence and control over one’s life.

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Bowling, A., See-tai, S., Solanki, P., Gabriel, Z. and Ebrahim, S. ‘How old is old – are we as old as we feel?’, Journal of Gerontology (B-PSS) (in preparation).
The study
The study set out to investigate older people’s religious, spiritual and other beliefs and understandings about existential meaning in the context of bereavement of spouse. The study was an exploratory one, aiming to provide rich descriptions of the issues that arise relating to belief and support for it following bereavement. With the help of GPs and funeral directors in the three cities/towns in the South of England, we recruited 28 bereaved spouses to the study, 22 women and six men. We were successful in interviewing three times, over the one-year study period, all but two of these people.

Key findings
Although our numbers were limited, a striking pattern was observable in the results on strength of belief and adjustment. Depressive symptoms and poor adjustment were concentrated among the 11 members of the sample of moderate belief, all of whom prayed but only a minority of whom attended church or believed in life after death. Our intensive case studies have drawn out the character of our participants’ beliefs and evidence on their development and change since childhood. They also illustrate the importance of support from religious organisations to their older members. All of our participants had had a Christian upbringing, and many felt a continuing link but had little or no contact. They also indicate the relevance of belief to well-being in later life, and the need for secular welfare organisations to be more prepared to work with religious and other organisations in promoting spiritual well-being with the current generations of older people.

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Publications

With a fund from the Nuffield Foundation we have gone on to investigate, in a large survey of Saga readers, older people’s attitudes to religious organisations and the support they offer older people. Reports are in preparation.

Spiritual beliefs and existential meaning in later life: the experience of older bereaved spouses
Peter Coleman, Fionnuala McKiernan, Marie Mills and Peter Speck
The study
The study investigated the concept of quality of life in health care, using stroke as a case study. We conducted interviews with stroke patients and health care professionals; a national survey of physicians, physiotherapists, occupational therapists; and ethnographic work on a stroke unit.

Key findings
Professionals defined quality of life in two senses: as a measurable outcome and, more commonly, as ‘happiness,’ evaluated by each individual for him/herself. Few professionals had used quality of life measures (25 per cent of survey responders) but in this sense quality of life was considered difficult to define and operationalise. The objectification of the subjective through questionnaires which quality of life measurement entails was regarded as paradoxical and there were concerns about the interpretation and application of results from standardised instruments. However, therapists felt that quality of life measurement offered an opportunity to generate evidence for their interventions with patients.

The widely used notion of quality of life as happiness was linked to an assumption that clinical interventions aim to improve patient quality of life. It was also reported that professionals evaluate patient quality of life informally through observation and conversation, using such assessments to assist in the delivery of care.

In clinical work ‘quality of life’ was rarely invoked explicitly. Rather, clinical decision-making used evidence of disease and recovery, measured objectively but also subjectively, through professionals’ narratives of their patients’ progress, participation and expectations. Patient and family views were canvassed but judged in terms of how realistic they were.

‘Quality of life’ did not appear to inform older stroke patients’ evaluations of the impact of their stroke; rather impact and recovery were discussed in terms of ‘return to normal’. This suggests that the illness is evaluated temporally, with reference to the patient’s own prior normality.

Quality of life assessment is a contested domain. The idea that patient quality of life can be assessed through observation may be problematic. We suggest that the concept of quality of life is a core symbolic domain of biomedical practice which can evoke assertions and questions about the relationship between suffering, disability, dignity, independence and a life worth living.

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Publications
Environment and identity in later life: 
a cross-setting study

Sheila Peace, Caroline Holland and Leonie Kellaher

The study
Although an increasing proportion of older people live in age segregated settings, for most older people domestic homes in mixed communities continue to be the location of everyday life. The person/environment relationship is a complex one that involves the formation, maintenance and expression of self-identity. As people age and experience losses in other domains of life, their relationships with the places where they live can change and become more critical. The study looked at homes, neighbourhoods, and the spaces in between. It included a range of housing from residential care homes and sheltered housing to different types and tenures of flats and houses in different sizes of settlements.

The research had three principal phases:

- Focus groups with older people in Bedford, Haringey and Northamptonshire, to establish areas for further investigation.
- Comprehensive interviews with 54 older men and women in the same three areas. The interview schedules included a purpose-designed interview tool, the ‘wheel of life’ to allow interactivity.
- Five of the respondents also described their relationships with the places they lived in a video, At Home: Place Identity and Later Life.

Key findings
The study suggests a ‘theory of re-engagement’, with a ‘life of quality’ being achieved when older people can adopt specific strategies that allow attachment on their own terms to the social and material fabric of everyday life. People in the study used material, social and cognitive mediators to optimise the mix of ‘self’ and ‘other’ in their environments, and by a process of ‘Option Recognition’ they looked for ways to reinforce or recreate points of attachment to place.

The significance of favourite spaces was enhanced by people’s ability to be able to move away from them as part of their daily routine in order to return ‘energised’ by change. This ‘journey’ could be into or beyond the neighbourhood or just to other rooms in the home; and it had physical and psychological benefits related to the sense of self and mastery of environment, which could be compromised in more institutional settings.

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Publications
The study

The study investigated short and long-term influences on quality of life in early old age. (Early old age refers here to the stage of life between labour market exit and the onset of physical dependency; say ages 60/65-75 years, with a periphery 55-85 years.) For a growing proportion of the population, early old age is characterised by reasonable health and comparative affluence, making possible a more positive quality of life. Other studies have shown that ‘health’ in early old age is influenced independently by events which happened many decades earlier. The study was designed to identify any similar long-term influences on ‘quality of life’.

The study conceptualised this more positive quality of life in terms of control, autonomy, self-realisation and pleasure; and constructed a 19-item scale to measure these aspects of a person’s life. The resulting measure (CASP-19) was included in a postal survey of a stratified random sample of the Boyd Orr cohort, who had been surveyed as children in 1937-39 and were re-surveyed in 1997/98, during early old age, when retrospective information about their adult years was collected. The study design allowed quality of life in early old age, as measured by CASP-19, to be examined in relation to short-term (postal survey and 1997/98 survey) and long-term (1937-39 survey and 1997/98 retrospective data) influences.

Subsequently our measurement of quality of life, CASP-19 has been included in three large British surveys and in surveys of Western Europe and Eastern Europe.

Key findings

- Quality of life in early old age is influenced by a number of factors, including health, financial circumstances, quality of social relationships, characteristics of residential locality and control over the process of labour market exit.

- No single factor is predominant. Health (first) and financial circumstances (second) are important, but quality of life in early old age is the net outcome of the influence of many factors.

- The amount of social disadvantage accumulated during childhood and adulthood predicts quality of life in early old age, but these long-term factors are influential only through their effect on more immediate circumstances, such as pension adequacy, residential locality and health. In this sense, good quality of life is possible for all in early old age, irrespective of earlier disadvantage.

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Publications


The study
The study involved secondary analysis of data from the large-scale national Medical Research Council Trial of the Assessment and Management of Older People in the Community. Its aim was to study associations between socio-economic factors and quality of life of older people and to explore whether these are explained by factors that are related both to socio-economic status and to quality of life.

The outcomes were derived from the Philadelphia Geriatric Morale Scale and four dimensions of the Sickness Impact Profile (SIP). Out of 9,547 people eligible, 6,298 (66 per cent) provided full information on quality of life and explanatory factors.

Key findings
There were clear differentials in chances of poor quality of life by housing tenure. Self-reported health problems plus smoking and alcohol consumption jointly accounted for half or more of the tenure differentials, depending on the outcome. Help received did not act as a buffer for socio-economic differences in morale. Low socio-economic position in both middle age and old age nearly doubled the risk of poor SIP outcomes and increased the chance of poor morale by 75 per cent. Area deprivation had an additional effect to social class for the SIP outcomes.

The results for morale were different from those for the three SIP dimensions involving physical functioning. For example, poor morale is less age-related and more gender-related. The tenure differential for morale and social interaction is less among people living alone or with spouse than among people living with others. Also, population density only has a clear association with poor morale with the rural areas carrying least risk.

In conclusion, older people retain the legacy of past socio-economic position and are subject to current socio-economic influences so that policies to reduce health inequalities should encompass older generations as well as younger ones. The area findings are consistent with current policies that aim to alter community environments as well as to empower individuals to retain independence. Actions to affect morale differentials may have to be different to those aimed at reducing inequalities in functioning.

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Publications


Ethnic inequalities in quality of life at older ages: subjective and objective components

James Nazroo, Madhavi Bajekal, David Blane and Ini Grewal

The study

Profound changes are affecting life at older ages in Britain, but the extent to which their impact might vary across different ethnic groups has rarely been studied. The study set out to investigate ethnic inequalities in the circumstances of older people, using a broad conceptualisation of quality of life. The study focussed on four ethnic groups, Caribbean, Indian, Pakistani and white, and was conducted in two phases: secondary analysis of quantitative data to describe levels of inequality across ethnic groups; and a qualitative study that focussed on explaining ethnic differences in influences on and levels of quality of life.

Key findings

The quantitative part of the study revealed a pattern of increasing ethnic inequality with age for factors that are typically included in research: material conditions, health, crime and physical environment. For these, the white group tended to be in the most advantaged position, followed by the Indian and Caribbean groups and then the Pakistani group, which had the poorest outcome for each of these dimensions. However, for those influences concerned with less formal elements of the community – social networks and perceptions of the local infrastructure – differences were reversed, with older Pakistani people better off than others and white people the worst off.

In the qualitative interviews respondents from all ethnic groups identified six factors that influenced their quality of life: having a role, support networks, income and wealth, health, having time, and independence. While these factors were present in accounts from all ethnic groups, the ways in which they were experienced varied by ethnicity. In part this was because they were all influenced by the economic resources and health of respondents, for which there were significant ethnic inequalities, as the quantitative analysis had confirmed. The qualitative interviews also offered explanations for how the ethnic inequalities experienced in older age emerged. Migration and consequent employment and health histories, formation of migrant communities and maintenance and disruption of family networks, all appeared to be important. Alongside the negative dimensions of economic and health inequalities, the qualitative findings suggested that the investment that migrant people had made in developing local communities, in terms of both local infrastructure and community networks, buffered them from inequality and provided great reward.

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Publications


The study
The study has sought to generate new insights into the experience of inequality in later life. It has examined aspects of the quality of life of older people living in areas of intense social deprivation, developing understanding of factors that contribute to social inclusion and exclusion in later life. A particular focus has been on exploring ways in which older people handle the multiple risks associated with living in deprived urban environments, along with the survival strategies and support networks that develop.

The research involved a survey of 600 people aged 60 and over living in deprived areas of three English cities, and in-depth interviews with 130 older people from the same areas.

Key findings
Analysis of these datasets has highlighted a series of risks faced by older people in socially deprived neighbourhoods. These include a heightened risk of poverty and vulnerability to intense forms of social deprivation, a disproportionately high incidence of crime, and relatively high rates of social isolation and loneliness. The research has confirmed that older people belonging to some minority ethnic groups are especially prone to the multiple risks associated with social exclusion.

The research has been characterised by a high level of engagement with user groups. It has generated a response at national government level, and been influential in the development of policy debates within a range of non-governmental organisations.

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Publications


The study
The aim of the study was to contribute to understanding of the meaning of quality of life for frail older people, from the perspectives of older people themselves, during a period that is usually perceived negatively. The five objectives were to develop a new conceptualisation of quality of life in frail older age; to develop innovative methods of eliciting frail older people's views; to examine ways in which transition to institutional care affects quality of life; to identify inequalities in experiences of quality of life; and to examine links between quality of life and quality of care.

This was an ethnographic study prioritising the views of older people with all types of physical and/or mental frailty, taking a symbolic interactionist approach. The methods used were: six focus groups; 24 hour observation in four care home settings; individual interviews and observations with 52 frail residents recently moved in to care homes. We successfully elicited subjective views and experiences of frail older residents. Talking MatsTM was one innovative method of interviewing those with communication difficulties. An innovative method of disseminating findings produced an interactive CD Rom incorporating video, audio, text and film stills to represent findings visually as well as in written format.

Key findings
Despite the negative aspects of frail older age and life in care homes, we observed and elicited perceptions of good quality of life in the aspects of their lives that people perceived as key components of quality of life: sense of self; environment and care; relationships; and activities. Quality of life was influenced in positive or negative ways by responses to frailty; sense of self; communication; control; continuities and discontinuities. Participants' gender, social class and ethnicity also affected their perceptions and experiences.

To promote quality of life, policymakers, providers and practitioners need to disregard their own assumptions, focus on the different priorities held by frail older people, promote the positive impacts we have identified and avoid the negative impacts. Care providers have an important role in enabling residents to maintain their sense of self, to communicate verbally and non-verbally, to exercise control and rights, to maintain and develop relationships, and to have meaningful activity and interaction within the contexts of institutional care settings.

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Publications
Murphy, J. (2003) Talking Mats™ and frail older people: A low-tech communication resource to help people to express their views and feelings, Department of Psychology, University of Stirling (video and booklet package).
Technology and the built environment
Transport and ageing: extending quality of life for older people via public and private transport

Mary Gilhooly, Kerry Hamilton, Maureen O’Neill, Jane Gow, Nina Webster and Frank Pike

The study
Accessible public transport and the independence that comes with car driving are generally thought to be linked to quality of life in old age. However, there has been almost no research on this topic in the UK. The study by researchers from the University of Paisley and the University of East London used a multi-method approach to explore the relationship between quality of life and access to public and private transport. The study also examined the extent to which the transport needs of elderly people are taken into account by transport professionals.

Key findings
Car ownership and access to transport were found to be associated with higher perceived quality of life, and to be ‘independent’ predictors of quality of life. In other words, the fact that car drivers/owners reported higher quality of life than non-car owners/drivers could not simply be explained by the fact that they were wealthier. Thus, the study is one of the first to demonstrate that good access to transport itself is associated with higher perceived quality of life. A number of barriers to the use of public transport were noted, the most frequently endorsed being concern about personal security in the evening or at night. Fewer than 50 per cent of respondents thought that the needs of older people were considered by the operators of underground, bus or rail services.

In interviews with professionals, car manufacturers were found to be thinking about how to make car driving easier and safer for older people. Train and bus operators, on the other hand, were found to perceive older people as a ‘nuisance’, partly because of demands for free access. Disability (conceived of largely in terms of wheelchair accessibility) was found to be a concern, rather than age. The sensory impairments common in old age were rarely mentioned by public transport operators.

The findings that car ownership and access were associated with quality of life for older people do not fit with current transport policy, which aims to reduce car travel and increase the use of public transport. To decrease car use, the Government should give greater consideration to those aspects of car travel that are associated with improved quality of life. Barriers to the use of public transport by older people must also be addressed.

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Publications

Healthy and productive ageing
The study

The study examined the predictive value of mid-life risk factors for cognitive functioning in old age. Participants were drawn from a study of middle-aged people living in Paisley and Renfrew conducted 30 years previously. Current cognitive functioning, both abstract and real world, was assessed along with beliefs and attitudes regarding maintenance of cognitive functioning in old age. Cognitive functioning was examined in relation to perceived quality of life.

The aims of the study were:

- To determine the predictive value of risk factors measured in mid-life to ‘real world’ and ‘abstract’ cognitive functioning in old age.
- To determine the impact of morbidity history on current cognitive functioning.
- To examine lay concepts of factors influencing cognitive functioning in later life.
- To examine the degree to which older people engage in specific behaviours to maintain and enhance cognitive functioning in old age.
- To examine the relationship between cognitive functioning and perceived quality of life.

Key findings

Mid-life risk factors such as blood pressure, cholesterol, and blood glucose were not significant predictors of cognitive functioning (thinking, memory, reasoning) in old age. Mid-life lung function, a measure of ‘biological ageing’ was, however, associated with some aspects of ‘abstract’ cognitive functioning.

Morbidity history was not correlated with late-life cognitive functioning. However, those who rated their current physical health as good or excellent performed better on tests assessing a ‘speed’ component of abstract cognitive functioning.

Most of the elderly people in the study expressed the view that keeping active, interested, reading, doing puzzles, socialising and keeping healthy could help to prevent cognitive decline in old age. Sixty per cent deliberately engaged in specific activities to maintain good cognitive functioning.

Engagement in mental activities, even if not deliberate, was found to be associated with better performance on the ‘speed’ tests of abstract cognitive functioning. Engagement in physical and social activities was not associated with better performance on any of the tests of cognitive functioning.

Better performance on the ‘real world’ problem solving tasks was associated with higher ratings of quality of life. Performance on ‘abstract’ tasks was not associated with perceived quality of life.

The study generated a new set of ‘real world’ problems for use in studies of cognitive functioning in old age, a new dataset, and new findings on the relationship between risk factors in middle age and cognitive functioning in old age.

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Publications


Older people’s experience of paid employment

Ivan Robertson, Peter Warr, Militza Callinan and Philip Bardzil

The study
The study examined patterns of subjective well-being associated with employment status between the ages of 50 and 75. Information was gathered by questionnaire from 1,167 unemployed, employed and retired men and women, covering affective well-being and life satisfaction as well as reports of motivation, health and environmental perceptions.

Key findings
Respondents who were unemployed and seeking a job exhibited significantly poorer subjective well-being than those who were employed or retired. However, no overall difference was found between the well-being of employed and retired persons. Separate analyses below and above state retirement age revealed that a significant difference was in fact present between those groups, but that the pattern diverged below and above retirement age. Early retired and late employed people reported highest well-being. That difference was shown to reflect respondents’ personal choice: people in those groups had mainly chosen to be either early retired or employed beyond the conventional age of retirement.

Well-being differences between unemployment, employment and retirement were also a function of perceived environments in those roles. In particular, differences in opportunity for personal control, variety, environmental clarity and physical security were associated with level of well-being irrespective of a person’s employment status. The environments of unemployed people were significantly impoverished in every examined respect relative to those of both employed and retired people. In addition, employed respondents compared to those who were retired reported significantly more externally generated goals, a higher quantity of interpersonal contact and a more valued social position. However, retired individuals reported greater opportunity for personal control.

Older people’s well-being is thus not a simple function of their employment status. It is associated with personal preference (was a person’s status more chosen or enforced?) and the nature of environmental characteristics experienced in that status. Comparisons based merely on employment status can be misleading, because findings in any particular investigation depend on the preferences and environmental conditions of the people who happen to have been studied.

Parallel analyses examined the frequency of some daily activities (music and drama involvement, home and garden work, etc.) in each employment status. Activities in the family, social, the church and charity domains were found to be important for subjective well-being in this age-range, but variations in other kinds of activity were not associated with well-being. Although some differences were observed in the frequency of certain activities between older people in unemployment, employment and retirement, activities’ links with well-being were generally similar irrespective of employment status.

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Publications
Warr, P., Butcher, V., Robertson, I., and Callinan, M. Older people’s well-being as a function of employment, retirement, environmental characteristics and role preference (submitted).
The study
Reminiscence is ‘the vocal or silent recall of events in a person’s life, either alone, or with another person or group of people’. We set out to determine whether reminiscence, when provided as an activity for frail older people in long-term care settings, improved their quality of life.

We assessed the quality of life of 142 older people living in care settings. Over a period of one month, one group of these residents participated in reminiscence activities while a second group participated in other forms of activities (our ‘intervention’ groups). A third group (our ‘control’ group) simply went about their everyday lives during this period. At the end of the month, we assessed the residents’ quality of life, and again after a further month. We also carried out interviews and focus groups with care staff, residents, and family carers of older people, to establish their views on reminiscence.

Key findings
Residents who participated in our activities were found at the end of the period of intervention to have better quality of life than residents who had not participated in our activities.

The level of psychological benefits obtained through involvement in reminiscence activities did not differ significantly from that obtained through involvement in other activities. This suggests that it is the process of engagement in meaningful activity that primarily produces benefits rather than specific aspects of that activity.

Older people with relatively high levels of cognitive impairment benefited just as much from engagement in activities as older people free of cognitive impairment.

Reminiscing was most helpful, first, as a way for older people to convey meaningful identities and events in their lives to care staff; and, second, as a means to enhance intergenerational family relationships through conversations about family history.

Residents expressed feelings of discontinuity from their true self and from the present world. As these feelings might be exacerbated through a focus on the past, engagement with older people’s feelings of discontinuity should be integrated with reminiscence work.

Care staff expressed concern that social care (talking, listening, sharing) of older people is not recognised or encouraged as ‘real work’ within care settings.

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Publications


Family and support networks
The study
The aim of the study was to provide a better understanding of the meaning of masculinity and its influence on health behaviours and the social worlds of older men, particularly contrasting by marital status. The study objectives were:

- To examine masculinity among older men by focusing on the nature of family support provided to older men; their involvement in social relationships with both older men and women; and participation in formal, leisure and social organisations. The interaction between these three types of support was examined, within the context of older men’s differential level of health, living arrangements and other resources.

- To examine how these three types of social support relationships are linked to older men’s lifestyles (physical activity, smoking and drinking) and their self-assessed health and psychosocial health, focusing on how these differ for older men according to their marital status, health status, class, biography and material resources.

The study used a multi-method approach comprising observational research on 25 social organisations with older people in their membership; qualitative interviews with 83 older men (31 married, 30 widowed, 10 divorced and 12 never married); and secondary analysis of three national datasets: the GHS, HSE and BHPS.

Key findings
- We found that men, particularly lone older men, shun clubs which cater specifically for older people (eg. Day Centres). Policy implications include making these clubs more congenial for older men so that they do not feel they are ‘yielding up’ their individuality, or admitting some sort of ‘defeat’ by attending.

- Our findings reveal that we tend to measure the quantity and quality of social inclusion in later life with a ‘feminine ruler’. We emphasise the importance of seeking different ways of viewing intimacy and friendship patterns in the lives of older men.

- Partnership status influences both primary and secondary health promotive behaviours. Partnered men take fewer health damaging risks (smoking, drinking, poor diet and minimal exercise), than lone older men. However, divorced older men are more likely to indulge in risk taking health behaviours than any other group.

We argue that it is important to recognise the social, cultural and economic factors which influence men’s choices around their social networks and health protective strategies.

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Publications


Older widow(er)s: bereavement and gender effects on lifestyle and participation

Kate Bennett, Philip Smith and Georgina Hughes

The study
The study examined the lifestyles of women and men widowed in late life, highlighting gender, social participation, well-being and emotional response, with a view to promoting more effective adjustment to bereavement and widowhood. It had four main objectives. First, to identify and investigate the variations amongst widowed people with respect to gender, lifestyles, social participation and transitions from married to widowed status. Second, to examine emotional adjustment following bereavement. Third, to identify patterns of response and circumstances that led to successful or unsuccessful adjustment to bereavement and widowhood. Finally, to propose strategies both for prevention of and intervention in unsuccessful adaptation to bereavement and widowhood.

Key findings
There were gender differences in widowhood in beliefs and experience. Both genders believed that men fared worse, but their experiences were more complex. ‘Keeping busy’ was an important aspect of widowed life, providing structure, meaning and an active means of coping. Women’s transition from married to widowed status provided opportunities for new activities and personal growth, as well as restrictions and sadness.

There is a relationship between length of time a person has been bereaved, coping and affect. Several responses were associated with adjustment, eg. for successful coping, ‘talking to one’s dead spouse’, for unsuccessful coping, emotionally ‘keep themselves to themselves’. Some were gender specific: eg. for successful coping: for men ‘selfish’, for women ‘comfortable alone’. Only one circumstance distinguished copers from non-copers: the spouses of the non-copers were more likely to have been ill for some time but their death was nevertheless unexpected. Men more often reported experiencing depression.

There was a relationship between bereavement experiences and cognitive functioning, in an unexpected direction. Copers appeared to be doing so at the expense of their verbal cognitive functioning. Strategies are proposed to promote successful adaptation, for example, widows may be encouraged not to keep their feelings to themselves, and the widowed people themselves were keen to emphasise the value of keeping busy as a means of coping with bereavement and widowhood.

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Publications
Bennett, K.M. ‘Was Life Worth Living?': The decision to live following male spousal bereavement (submitted).


Bennett, K.M., Hughes, G.M. and Smith, P.T. ‘I think a woman can take it’: Widowed men’s views and experiences of gender differences in bereavement, (submitted).


Hughes, G.M., Bennett, K.M. and Smith, P.T. ‘It was no good sitting at home sewing a fine seam…’ The importance of keeping busy in later life widow(er)hood (submitted).

Quality of life and social support among people from different ethnic groups

Jabeer Butt and Jo Moriarty

The study
The aim of the study was to document similarities and differences in social support and quality of life in a sample consisting of people from different ethnic groups. The main innovation of the study was its attempt to obtain a nationally representative sampling frame by recruiting a sample from people who had taken part in the Family Resources Survey (FRS). Although this did not proceed as intended owing to difficulties with the existing FRS consent procedure, changes have been instigated as a result. These mean that future researchers are unlikely to face similar problems and have wider implications for future sampling strategies.

Key findings
Much has been written about the ‘myth of return’ in which people who have emigrated talk of moving back to their country of birth. A small number of people did alternate between Britain and their country of birth but the overwhelming majority saw themselves as firmly established in their local communities where they had lived for many years. It was in this context that our study found all older people played an active role in shaping their social relationships, suggesting that while structural reasons such as access to a car or public transport may contribute to social support, the role of individual agency must not be underestimated.

The study paints a complex picture of older people’s expectation of support from their families. White older people tended to have lower expectations of the frequency and type of support that they received from their children. Asian older people often described a system of reciprocal support, with daughters and daughter-in-laws providing practical help. In return Asian older people looked after their grandchildren. For some Black Caribbean women, support from services rather than their family was often seen as not only acceptable, but also their right.

We also found about half the people from minority ethnic groups said they had experienced racism, a figure which is likely to be an under estimate given a widespread reluctance to speak about the topic. By contrast, only those white people who were from a ‘hidden’ minority, such as Welsh or Irish people or who had a Black partner reported they had experienced racism. The results also suggest that those who experienced racism were more likely to report dissatisfaction with their neighbourhood. We concluded that the experience of racism needed to be considered in any discussion of quality of life of older people.

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Publications


Moriarty, J. and Butt, J. ‘Inequalities in quality of life among older people from different ethnic groups’, Ageing and Society (submitted).
The study
Recent socio-economic and demographic changes, such as increasing female labour force participation, rises in the age children leave home and improvements in longevity, are all likely to have increased the number of people ‘caught in the middle’ — that is, juggling paid work and caring responsibilities, whilst still supporting their own children. The study explored changes in economic and social roles across four British birth cohorts passing through mid-life (45-59/64 years).

It investigated the relationship between multiple role responsibilities and a range of indicators of quality life including health, material resources and engagement in social activities.


Key findings
The results showed that the proportion of people with multiple role commitments in mid-life is relatively low at any one point in time. Only one in 15 women, and one in 20 men, aged 45-49 occupy all three roles concurrently. However, when viewed over the life course, it is much more common. Furthermore, the likelihood of having multiple role commitments appears to be increasing across successive birth cohorts.

Multiple role responsibilities made little difference to entitlements to basic state pensions. The system of Contribution Credits and Home Responsibility Protection appears to be working well to offset gaps in contribution records due to parenthood and caring.

There were, however, significant differences with respect to entitlements to second tier pensions, with women (especially mothers) being particularly disadvantaged. Furthermore, combining paid employment with caregiving was not an option for a significant minority of women. Thus, women who have fulfilled the important social roles of carers and parents look likely to continue to run the risk of being socially excluded in terms of financial resources in later life.

Occupying a parental role during mid-life was also associated with subsequent poor health, suggesting that continued parental demands in mid-life may have negative health consequences.

The level of both one’s own and one’s partners multiple role commitments also impacted upon the frequency of participating in social activities and meeting friends and relatives.

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Publications


The study
An important component of the quality of life of older people is social participation and engagement. The study investigated three key elements of social participation in contemporary society: loneliness, isolation and living alone in later life, and was undertaken to address the gaps in our knowledge concerning these three aspects of later life. In particular we investigated four key questions: What is the prevalence of loneliness, isolation and living alone in later life? What are the inter-relationships between these variables? What are the vulnerability and protector factors associated with them? How do contemporary patterns of loneliness, isolation and living alone compare with those described for previous generations of elders?

A key issue that our project sought to address concerned terminology as ‘loneliness’, ‘social isolation’ and ‘living alone’ are often used interchangeably, although they are three distinct (but linked) concepts. ‘Living alone’ is the most straightforward to define and measure in objective terms. ‘Social isolation’ relates to the integration of individuals (and groups) into the wider social environment and is measured by the number, type and duration of contacts between individuals and the wider social environment. ‘Loneliness’ refers to how individuals evaluate their level and quality of social contact and engagement.

Key findings
Our study used a combination of quantitative and qualitative approaches, interviewing 999 and 48 people aged 65 years and over respectively. We demonstrate that, overall, only a minority report that they are often/always lonely (seven per cent) or isolated with 17 per cent reporting less than weekly contact with family/friends and neighbours and 11 per cent with less than monthly contact. These levels are comparable to those reported 50 years ago. However the forms of social contact have changed with current generations of older people reporting both direct social contacts and more indirect, but no less valuable, forms of contact such as the telephone.

We also show that while these concepts are inter-related they are not co-terminus. Among those living alone, 17 per cent rate themselves as ‘often/always’ lonely compared with two per cent living with others and 80 per cent of the ‘often lonely’ live alone. A four fold typology can be used to describe the inter-relationships between loneliness and isolation: the lonely and isolated, the lonely, the isolated and those who are neither. Isolation was, for the purpose of this exploratory analysis, defined in two ways: (a) those without weekly direct contact with family, friends or neighbours (17 per cent) and (b) those with less than monthly direct contact with family or friends (11 per cent). The distribution and relationship between loneliness and isolation is similar regardless of the definition used. In both our contemporary and historical cohorts of elders there are a small minority who are both lonely and isolated (one to two per cent) and then two independent groups of lonely (five per cent) and isolated (ten to 15 per cent) elders and a fourth group who experience neither state (approximately 78 per cent).

Our data demonstrate the dynamic nature of loneliness and isolation across the life course and the varying pathways into loneliness and isolation in later life. We identify two distinct groups: those for whom loneliness/isolation is a continuation of previous experiences and those for whom it is a ‘novel’ experience. We have established factors that confer vulnerability to loneliness and isolation but also factors which appear to protect against these experiences. In developing interventions to respond to loneliness and isolation, we need to link these to the varying types and pathways into loneliness and isolation in later life.

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Publications


**Grandparenthood: its meaning and its contribution to older people’s lives**

**Lynda Clarke and Ceridwen Roberts Cairns**

**The study**

The main aim of the study was to explore the role of grandparenthood in the lives of older people. It employed both quantitative and qualitative techniques. In the first stage, a telephone interview of a national sample of grandparents was conducted by ONS in 1999/2000, which was repeated and extended in 2001. In Stage 2, a sample of 45 grandparents from the national survey were interviewed in depth on the meaning and operation of grandparent roles. The main advantage of the ONS survey data over previous British data is that it documents grandparental roles in relation to all sets of grandchildren. Previous surveys have asked only about selected grandchildren due to the complexity of data collection and analysis for all grandchildren.

**Key findings**

The quantitative survey confirmed our hypotheses that the families of the grandchildren were diverse. The results showed that nearly one in four (38 per cent) of grandparents had grandchildren who were not living with both parents and one-fifth of grandparents had at least one step-grandchild. Grandparents saw grandchildren more frequently than we had expected; the majority saw them at least once a week (62 per cent). The same proportion of grandparents (60 per cent) reported other contact; via telephone, letter or email. Multivariate modelling from the perspective of the sets of grandchildren revealed that demographic factors were more important than socio-economic factors in predicting contact with grandchildren. Weekly contact was related most strongly to proximity (how close they lived) but lineage (whether the grandchildren were related through sons or daughters) was more important than family type. Grandparents were less likely to see the grandchildren of sons on a weekly basis, especially if they had experienced family break-up, than the grandchildren of daughters. They were less likely to see older grandchildren (aged ten and over) and non-married grandfathers were less likely to see grandchildren weekly.

The qualitative study confirmed the importance of grandchildren to grandparents: ‘That was the only thing I wanted in this life . . . a grandchild’ and ‘It makes life more worth living . . . it’s something to look forward to’. The main feeling was of strong emotional closeness and stories generally told of the contribution grandchildren made to the quality of their lives.

Given previous reports of grandfathers being less involved in family networks, we were surprised by how much grandfathers were involved in the lives of their grandchildren. Many reported being actively engaged with grandchildren and, also, they spoke of their attachment and love for grandchildren.

The study highlighted the variation between grandparents in what they provided for grandchildren, how much they helped with grandchildren and what they were willing to do for their families. Grandparents were generally prepared to step in to help their children with grandchildren when needed for childcare, babysitting or with help in times of family breakup. However, grandparents also expressed the wish to maintain their own lives and interests. Not all was good news, however; we were told some stories of hardship and distress when grandparents were denied access, when they helped with children after family splits or when they were asked to do ‘too much’.

Grandparenthood is a role characterised by negotiation and constraint. Much of it, including entry into it, is outside the control of the individuals concerned. Parents of grandchildren could act as ‘gate-keeper’ controlling the frequency and terms of access, even if this is only implicit. Grandparents were keenly aware of this. Indeed negotiation is a key theme in grandparents’ discourse as is the concept of ‘not-interfering’.

Without accurate data there has been a tendency to ignore the diversity of grandparents’ roles and obligations in social policy. The Government has acknowledged the importance of grandparents for family life, for example, as indicated in the consultation paper on the family (Supporting Families, Home Office 1998). This included both caring for children when mothers work as well as providing support when families break up. The Government was urging local housing authorities to ensure that wider family members live near each other whenever possible. The study has provided data on contact with grandchildren, the experience and meaning of grandparenthood and the diversity of grandparents’ lives. This has emphasised not only the importance of families for grandparents but the complexity of family relationships. Policies need to incorporate the heterogeneity of the grandparental role as opposed to simplistic stereotypes when designing policies for family support. The problems faced by some grandparents in access to grandchildren or in providing care for grandchildren should also be acknowledged.
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Publications


Participation and activity in later life
Empowerment and disempowerment: a comparative study of African-Caribbean, Asian and White British women in their third age

Haleh Afshar, Myfanwy Franks, Mary Maynard and Sharon Wray

The study
The study was concerned with how older people from a range of ethnic groups understand and evaluate their quality of life and how this quality might successfully be extended. It was based on in-depth qualitative interviews and focus groups with 150 able-bodied women of 60-75 years from a range of African Caribbean, Asian and White British backgrounds. The research aimed to:

- Explore what is rewarding, what is debilitating and why in relation to quality of life.
- Analyse coping strategies, how these might be enhanced and the role of enablers.
- Provide policy recommendations.
- Contribute to the development of theorising about ageing.
- Develop methodological awareness of the role of ethnicity and age as part of the research process.

Key findings
Broadly speaking, the women’s discussions of quality of life may be divided into two categories: physical and material factors, and emotional issues, psychological well-being and social support. The first category includes: leisure/work activities; access to resources, such as housing and transport; environmental issues, for example rubbish, fear of crime and lack of safety; and matters of embodiment relating to health, mobility and fitness. Health was the most important issue for the participants, while income, although significant, did not emerge as the most important concern.

In the second category, participants focussed on: shared identities, especially in relation to different languages, cultures and traditions; social networks of family, friends and community; faith and spirituality; and changing meanings and dimensions of time and space. Many of the views about quality of life were linked to notions of ‘purpose’ and ideas about ‘being’. ‘Purpose’ refers to having a clear set of roles and functions to perform, especially to a ‘moral economy of kin’, where there are accepted tasks, obligations and reciprocities which bind families together. ‘Being’ is highly correlated with notions of spirituality and faith, especially for minority ethnic women.

The research makes a number of national and local policy recommendations designed to enhance older women’s quality of life. It also indicates that older women are not necessarily disempowered by later life, although they also require adequate support and services. Empowerment and disempowerment are not set in binary opposition and a more differentiated model is required more fully to understand needs and experiences across cultural differences.

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Publications


Older women’s lives and voices: participation and policy in Sheffield

The study
The primary aims for this ‘change-oriented research’ were to:

- Increase knowledge and awareness of factors shaping the quality of life of older women across different ethnic groups and their desire and ability to ‘have a say’ in the services available to them.

- Achieve this by adopting a participatory approach, involving older women in designing and carrying out the research and in promoting and evaluating change.

Key findings
In our interviews and discussions, quality of life was expressed as:

- Increased self-acceptance and confidence.

- The easing of domestic and childcare commitments, increased leisure and work opportunities.

- The importance of family. Some had new roles providing childcare for grandchildren.

To date, the most significant outcomes of the research have included:

- Participation of older women in Sheffield including women from Black Caribbean, Chinese, Irish, Somali and White British, in a series of successful discussion groups (n100) and in life story interviews (n44).

- Identification of key aspects affecting quality of life of participants which unite as well as distinguish individual groups and individual group members.

- Recruitment and training of ten older women volunteers to work with the research team in selecting topics for and carrying out life story interviews with their co-participants in the discussion groups. They helped identify the main points of the findings and continue to play a key part in publicising these findings and associated recommendations for policy and practice.

- Production of a video featuring participants in the project and documenting: the aims of and background to the project; how we carried out the research; how older women have been involved; what the women we have worked with have had to say about their lives, the services they use – or would like to use – and about the idea of having a say.

- Identification by policymakers, organisers and providers of services, through use of semi-structured interviews, of barriers to and schemes for increasing participation, and the success of initiatives in including older women and widening the choices available to them.

- Rigorous dissemination, UK-wide as well as internationally, of findings and lessons from the study at conferences and seminars, and within undergraduate and postgraduate teaching.

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Publications

Video in association with the Learning Media Unit (LMU), Sheffield University (2002) Older Women’s Lives and Voices Video, Sheffield: University of Sheffield, LMU.


The study
The promotion of a culture of lifelong learning is a cornerstone of educational policy throughout the European Union and beyond. Yet little is known about older people’s experiences of learning and education over the life course, the factors that affect whether they choose to learn in retirement and what role learning plays in their lives as they grow older. The study set out to explore these issues in depth using a range of different investigative methods including the use of a small group of older people themselves as interviewers of their peers.

Key findings
It was found that a whole range of different influences, both collective and individual, interact within a changing social and cultural framework to impact on people’s propensity to learn and their learning activities at different times during their lives including the post-work period. In fact, the older people in the study have come to understand ‘learning’ in a variety of different ways. Between three and ten years after retirement is the time when they are most likely to attend a course or class with word-of-mouth recommendation or being taken along by a friend important motivational factors in the final decision to join. Participation is perceived to have a range of positive outcomes including self-satisfaction, keeping the brain active, intellectual stimulation and pleasure and enjoyment. However, many consider learning to be a mainly informal activity that is an integral and important part of their daily lives.

Overall, the study shows that older people are interested in a very wide variety of topics and subjects and continue to learn in a diverse range of ways with radio and TV programmes, reading, discussing the news with family and friends and voluntary and social activities being particularly important sources of stimulation for those who felt too old or infirm to attend a course or class.

The study has implications for Learning and Skills Councils, for broadcasters and for other organisations specifically concerned with older people in devising more accessible, inexpensive and relevant learning opportunities for older people and to follow up their interests with appropriate resource material. In particular, older people’s varied circumstances and learning preferences need to be acknowledged in order to widen choice and to stimulate interest.

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Publications


Appendix: Future research on ageing
A new research programme on ageing will be launched in 2004. The research programme will be jointly funded by the Economic and Social Research Council (ESRC), Engineering and Physical Sciences Research Council (EPSRC), Biotechnology and Biological Sciences Research Council (BBSRC) and the Medical Research Council (MRC).

The cross-council research programme will develop issues highlighted by the councils’ previous ageing programmes, including the ESRC Growing Older Programme. These include quality of life issues such as the role of Information, Communication and Technologies (ICTs) and the economic impact of ageing, and critical issues such as employment, housing and transport. In addition, the following new topics will be covered: globalisation and policies on ageing, financial planning and the future of pension provision, and the politics of old age. There will also be an opportunity for medical and biological research to be included in the programme.

The views expressed in this publication do not necessarily reflect those of the ESRC.
The Economic and Social Research Council is the UK’s leading research and training agency addressing economic and social concerns. We aim to provide high-quality research on issues of importance to business, the public sector and government. The issues considered include economic competitiveness, the effectiveness of public services and policy, and our quality of life.

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