

Quality of life in older age

Messages from the
Growing Older Programme



Help the Aged



Growing Older Programme **GO**

Foreword



*Professor Alan Walker
Director, ESRC Growing Older Programme*

It is a great pleasure to introduce this summary of the work of the Growing Older (GO) Programme, the largest social science investigation into ageing ever conducted in the UK. The programme, which ran from 1999 to 2004, was funded by the Economic and Social Research Council (ESRC) and comprised 24 individual projects.

The GO Programme had two main objectives: to generate new scientific knowledge about the factors that determine quality of life; and to try to ensure that the results of the research actually influence older people's quality of life for the better. The first aim is common to all research council programmes; the second is more unusual and challenging. Research findings are usually published in scientific journals and books, and it can take a long time for them to filter through to the realms of policy and practice.

The GO Programme therefore set out to disseminate the work of the projects as widely as possible, specifically targeting policy-makers and practitioners. A huge effort has been made to publicise the work, particularly through the GO Findings series of individual project summaries, which also provided the raw material for this summary.

A research programme about ageing and older people should focus on the views and perspectives of older people themselves, but this rarely happens in practice. Not so with the GO Programme: more than any other programme, in either the UK or overseas, GO has succeeded in giving older people a voice. In several projects, older people acted as researchers; in nearly all, they were treated as participants rather than subjects.

This lay summary highlights what older people found most interesting and relevant in the research findings. One of the main purposes of it is to pass that information on to other older people: this report is both by and for older people. Policy-makers should contact the Programme office or consult the website for publications targeted at them.

The Board constituted by Help the Aged has fulfilled my expectations completely and I thank the members sincerely for their efforts. Thanks also to Tom Owen for co-ordinating this joint project. I hope that as many older people and other interested parties as possible will read it, and that it will contribute to improving older people's quality of life.

The Economic & Social Research Council is the UK's leading research and training agency addressing economic and social concerns. It aims to provide high-quality research on issues of importance to business, the public sector and government. The ESRC is an independent organisation, established by Royal Charter in 1965, and funded mainly by the Government. www.esrc.ac.uk

A handwritten signature in blue ink, appearing to read 'A. Walker'. The signature is fluid and cursive.

About this report



Photo: Roy Peters/Help the Aged

The GO Programme consists of 24 research projects focusing on what quality of life means to older people. These projects were commissioned by the ESRC.

This report was funded by the ESRC GO Programme, through Help the Aged, with the specific aim of disseminating the Programme's findings to older people. It is intended as a lay summary of the research findings which older people found particularly interesting and relevant.

Help the Aged brought together 14 older people of varying ages and from different backgrounds to act as an editorial board for the production of the report. The board read summaries of the

research projects that interested them most, then identified the findings they felt would be most relevant and important to other older readers. Board members were also involved in checking the final copy of the report for accessibility and readability.

This report sets out the key research findings, as identified by the board. All statements in this report are based on the original research summaries and the responses given by our interviewees. The report is divided into five themed sections, each based on several research summaries. Details of the summaries are provided at the end of the report.

Quality of life in older age: Messages from the Growing Older Programme

**Edited by Tom Owen
and Louise Bell**

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Older people and quality of life

Findings for the GO Programme generally suggest that life in older age can be described as a positive experience: most older people, particularly those at the younger end of the spectrum, rate their quality of life as good.

Nearly three-quarters of people questioned aged between 65 and 69 rate their life as 'So good it could not be better' or 'Very good', compared with between a half and a third of those in older age groups. Many older people feel younger than they actually are – a third of respondents say they felt between 10 and 25 years younger than their actual age – and more than half have done most or all of the things they wanted to in life. Some older people report feeling less lonely than they have done at other stages of their lives.

Defining quality of life

The factors affecting older people's quality of life include:

- good social relationships with family, friends and neighbours;
- standards of social comparison and expectations in life;
- involvement in social and voluntary activities;
- pursuing personal hobbies and interests;
- good health and functional ability;
- living in a good home in a good neighbourhood, and feeling safe;
- a positive outlook;
- psychological and emotional well-being;
- adequate income;
- easy access to affordable transport and services; and
- feeling valued and respected by others.

These factors contribute more to perceived quality of life than material indicators like education, home ownership or social class. Another suggested definition which supports this conclusion is based on the need for control, autonomy, self-realisation and pleasure. The extent to which older people can satisfy these needs will determine their quality of life.

Perhaps the most important factor of all is maintaining independence and control. Most respondents said the worst things about growing older were poor health and deteriorating senses, and the impact these have on their independence and ability to do what they want to do.



Photo: Ben Rice/Help the Aged

'Getting back to normal'

Quality of life is subjective. In one study, a group of stroke patients saw quality of life as 'getting back to normal', by which they meant being able to do the things that contributed to their own personal sense of well-being. In contrast, the health professionals tended to focus on more objective physical and clinical measures such as level of disability, clinical status and recovery.

'Judgements of quality of life depend heavily on exactly which question is asked...'
GO Findings 20, page 3



Photo: John Cobb/Help the Aged

A state of mind

Personal optimism is essential: depression leads to lower perceptions of quality of life, not vice versa. One thing that distinguishes the optimists from the pessimists is the way they compare themselves with others. Focusing on the things that make you less like those who are 'worse off' and more like those who are 'better off' leads to a better perceived quality of life. People living with a partner, companion or family members, or who have lived alone for less than ten years, are more likely to use these 'positive' strategies.

There is a link between increased mental activity and improved quality of life. Older people recognise the importance of staying mentally active and interested, with 60 per cent of respondents keeping up with activities – like crosswords and puzzles – in order to prevent cognitive decline.

Health vs wealth

Having a positive outlook is also linked with physical health: older people with the highest quality of life tend to think of themselves as being in good health. There may be a distinction between how people feel and how they actually are, as illness by itself need not have a major impact on quality of life. There is not much difference in quality of life between older people with a long-standing illness and those without; but there are significant differences where

long-standing illness places limitations or restrictions on a person's lifestyle.

Good health is more important to older people than money. Those with good health and wealth have the best quality of life and those with poor health and wealth the worst, but results from 'mixed' groups show that those with good health but little money have a better quality of life than their wealthier but less healthy counterparts.

Research carried out with minority ethnic women reinforces this message. More income would be useful, but lack of money does not always significantly affect their quality of life. Having a low income is not a barrier to getting involved in many activities that significantly improve quality of life, such as locally based leisure or community activities, or hobbies.

Ethnicity and culture

Older minority ethnic women benefit from engaging in the reciprocal tasks and obligations that bind family members together. Close contact with both family and friends, and involvement in collective activities, contribute to a sense of empowerment for some members of this group. Indian and Polish women in particular point to a connection between their own sense of well-being and feeling respected and valued by others, which may be linked to specific cultural attitudes to ageing. Most

first-generation migrant women are devoutly religious, and there is a strong correlation between this and their sense of well-being.

However, women who report feeling empowered in some areas may feel disempowered in others. For example, lack of formal education will tend to limit employment opportunities, which could well have an impact on income and standard of living in later life. It is therefore important that health, residential and other services are sensitive to the needs of other cultures.

'People should be encouraged to develop positive thinking and direct their perceptions upwards; they need to learn to be, and to feel, more in control of their everyday lives.'

GO Findings 7, page 3

Research summaries

This section is based on GO Findings 2, 7, 10, 15 and 20. For more details see pages 17–19.

Inequalities in quality of life

While a variety of factors can contribute to inequalities in quality of life, those older people reporting lower quality of life and poorer morale typically have a lower socio-economic status and are more likely to live in rented homes and/or in deprived areas.



Photo: Help the Aged

Life events

Life events influence physical and mental health and wealth in older age. A person's education will affect their ability to work which, in turn, will affect their material circumstances and quality of life in older age: owner-occupiers tend to report better quality of life than those living in rented accommodation. Other older people may have had their education disrupted by war or emigration, and/or may not have been able to use their previous training.

Language, ethnicity and culture

There are considerable inequalities between ethnic groups: white older people have the highest quality of life, followed by the Indian and Caribbean sample groups, with the Pakistani group scoring lowest. However, when measured on more subjective factors like social support and perceptions of local amenities, older Pakistani people report a better quality of life than those in other ethnic groups.

In Sheffield, a group of older minority ethnic women talked about the positive aspects of ageing. However, for some Chinese and Somali women who were not in receipt of the basic state pension, ageing was synonymous with becoming a 'burden' to their families.

This problem is compounded when service providers assume that some ethnic groups, again particularly Chinese people, will 'look after their own'.

Language and cultural differences, combined with a lack of appropriately targeted services, can lead to isolation. Both men and women from minority ethnic communities are more likely than non-minority groups to find themselves relying on state pensions due to disrupted patterns of work. Older people from minority ethnic communities should be involved in shaping services which can meet their needs. Appropriate engagement will require intensive outreach work and support, flexibility of approach and ongoing clarification of the aims of participation, attention to practical details and ethical concerns, and feedback on the outcomes of such participation.



Photo: Help the Aged

Loneliness and isolation

Collecting accurate information on sensitive subjects such as loneliness can be a challenge. However, the proportion of older people who say they are lonely is relatively low at 7 per cent, and there is little evidence to suggest that older people now are lonelier than in the past. But although loneliness is not prevalent, it has a significant negative effect on quality of life.

Vulnerability to loneliness is connected with poor mental and physical health, and with the amount of time older people spend alone. People in advanced old age, and those who have had more than a basic education, are less likely to feel lonely, although loneliness is not a static state: for some people loneliness decreases as they get older, while for others it increases.

Social networks

Maintaining contact with other people is crucial in maintaining a reasonable quality of life. But it is the quality and 'density' of contact that matters, not the frequency. Older people with lots of friends and good-quality relationships, report the best quality of life. For minority ethnic older people, whose friendships are more likely to have been disrupted by migration, contact with family members is particularly important.

'Coping mechanisms – whether they be one's own inner strength, family support, or strength through religion – all contributed to how the older person felt about their health and consequently the extent to which it affected their quality of life.'

GO Findings 11, page 3

'Positive aspects of ageing included increased self-acceptance and confidence, the easing of domestic and childcare commitment, and increased leisure and work opportunities.'

GO Findings 21, page 2

Research summaries

This section is based on GO Findings 1, 9, 10, 11, 17 and 21. For more details see pages 17–19.

Environment and place

Along with better health, more money and better social relationships, some older people cite moving to a better home in a better neighbourhood as one of the main things that would improve their quality of life. As well as bringing obvious practical benefits, good local facilities – especially transport – can help promote friendly relationships with other people, reducing the risk of loneliness and isolation.

‘Fewer than 50 per cent of older people thought that the needs of older people were considered by the operators of Underground, bus or rail services.’
GO Findings 16, page 1



Photo: Help the Aged

Transport

Accessible, affordable transport can help older people maintain their independence and control over their everyday lives. The decline in public transport provision in some areas has left more older people dependent on cars; but age-related disabilities and health problems can make driving difficult. Older people are often reluctant to ask for lifts unless they feel they can give something useful in return, and policy-makers should be wary of assuming that family and friends can meet older people's transport needs. Older people also report a number of barriers to using public transport, the most significant being concerns about personal security and difficulties in carrying heavy luggage.

Giving up driving can have psychological as well as practical effects, particularly for older men who may see their car as a status symbol. It is certainly true that male drivers report a higher quality of life than male non-drivers, while there is no difference in reported quality of life between female drivers and non-drivers. Many older people, particularly those over 85, feel that there should be more restrictions on drivers aged over 70.

‘Off-the-record remarks indicated that transport operators regarded old people as a “nuisance”.’
GO Findings 16, page 3



Photo: Help the Aged

Homes and neighbourhoods

A number of factors linked to homes and neighbourhoods influence older people's levels of well-being and sense of identity:

- having household objects with particular personal significance;
- having enough space for self-actualisation (that is, to be able to do things that help you realise your own potential);
- living in a place that has links to their own personal history;
- living in a secure, accessible neighbourhood;
- having some social contact with the community every day; and
- maintaining appropriate boundaries between public and private spaces.

However, older people's relationships with their homes and neighbourhoods will tend to change along with their personal circumstances. Older people therefore develop strategies for maintaining a connection with the material and social fabric of everyday life – with the area they live in, with the people they meet, and with their own home. For example, an older person who becomes housebound may compensate by arranging to be taken out, inviting other people into their home or focusing more on memories and mementoes.



Photo: Liz Artindale/Help the Aged

Social exclusion and deprivation

The risk of social exclusion is much higher for older people living in deprived areas. This exclusion takes a range of different forms, including:

- deprivation and poverty;
- social isolation, loneliness and non-participation in common social activities;
- failure to take part in civic activities, such as religious or community meetings;
- exclusion from basic services, both within and outside the home; and
- social problems and vulnerability to crime in the local neighbourhood.

Deprivation is more likely among women, people aged 75 and over, people living alone and older Pakistani and Somali people.

'Policies that succeed in reducing social exclusion in its different forms have the potential to significantly enhance older people's quality of life.'

GO Findings 19, page 4

Although older people living in deprived areas are concerned about the physical appearance of their neighbourhoods, the social problems occurring there and the lack of services and amenities, three-quarters were nevertheless able to identify something they liked about the area.

The importance of home

Many older people are strongly attached to their homes. There is often a specific part of the home where they feel particularly secure and in control. It is important to be able to move away from this favoured spot regularly, though: change, whether this means leaving the house or just going to another room, is re-energising, and reinforces a sense of control. Older people still living with a partner report the highest quality of life, while those in residential homes report the lowest, regardless of their level of health or disability.

Holidays and outings

The likelihood of going on holidays or outings decreases with age: while three-quarters of all respondents had been on holiday or an outing in the last 12 months, the figure dropped to two-thirds for those aged 75 or over.

Research summaries

This section is based on GO Findings 16, 18 and 19. For more details see pages 17–19.

Roles, interests and responsibilities

The roles older people play both within their own family and within society are changing constantly. Older people are now more likely to be in paid work post-retirement age, while well over half of grandparents are playing an active role in looking after their grandchildren. Older people are also enthusiastic about formal and informal opportunities for learning.

Changing roles

Over time, significant numbers of older people take on multiple roles – that is, working, caring for parents and looking after children – and the trend is upward. The number of women working in mid-life is also rising, with many working full-time.

Many carers – particularly women, who are more likely to have taken time away from work to bring up children – face both a ‘wage penalty’ and a ‘pension penalty’: not only do they earn less, but their pension is also jeopardised as a result of insufficient contributions.

Employers need to provide more support for workers with children or other caring commitments. The government should consider providing financial incentives for carers to remain in the labour market and extending state second-pension credits to more working carers.

Paid work

As the UK’s population ages, the need for older people to carry on working past retirement age is likely to grow. Paid work can contribute to well-being and life

satisfaction, but much depends on personal choice: what is significant is not whether older people are employed, unemployed or retired, but whether they *want* to be employed, unemployed or retired. Those older employed people who have to work for financial reasons report poorer psychological health than other groups.

Lifelong learners

Formal and informal opportunities for learning can provide both intellectual stimulation and enjoyment. Positive outcomes include greater social inclusion, a better understanding of change, and – in some cases – better physical health. For older people, gaining new knowledge is not the most important aspect of learning.

Older people have diverse attitudes to learning. Many see learning as a mainly informal activity which forms an integral part of their everyday lives; while those who are involved in formal learning see it as qualitatively different from the ‘compulsory’ learning they did when younger.

Life events do affect how likely older people are to learn. Those who won a scholarship or

belonged to a library in childhood are more likely to get involved in learning in later life. More recent experiences have an impact, too: over 92 per cent of current learners have engaged in some kind of learning in mid-life, compared with 76 per cent of non-learners.

Being a learner or non-learner is not a static situation. Many of those not currently attending classes or a course are planning to do so in the future, and cite a variety of ways in which they are learning informally, including voluntary work and social activities. Many older people need a personal recommendation, or to be taken along by a friend, before they will join a course or class.

Despite the government’s focus on lifelong learning, current policies make very little mention of people who are ‘post-work’. Lifelong learning must become more inclusive and recognise older people’s needs, the historical and social context of their lives, and their varying definitions of learning. Learning organisations need to devise more accessible, inexpensive and relevant opportunities for older people to learn.

‘Women who have fulfilled the important social roles of carers and parents ...continue to run the risk of being socially excluded in terms of financial resources in later life.’

GO Findings 5, page 1

Grandparenthood

Today’s grandparents are a diverse group. More than a third have grandchildren living in ‘non-intact’ families, and a fifth have step-grandchildren. Two-thirds of grandparents are aged over 60.

For most grandparents, contact with grandchildren significantly improves their quality of life. Grandparents are actively engaged – three in five see at least one grandchild on a weekly basis – and have strong emotional attachments to their grandchildren. Grandchildren are valued for the extra dimension they bring; grandparents do things with their grandchildren they wouldn’t otherwise do.

Grandparents provide practical, financial and emotional support. The majority – 60 per cent – provide childcare, with grandmothers more likely to look after children than grandfathers. Emotional support can be particularly valuable during family break-ups.

However, grandparents also spoke of the need to maintain boundaries. Some felt they were being asked to do too much, or being taken for granted. While some people will ‘drop everything’ for their children and grandchildren, others are keen to protect the time they have for themselves.

Grandparents may find themselves having to negotiate either to maintain these boundaries or, conversely, to ensure enough contact. Children’s parents may act

as ‘gatekeepers’, controlling access to them, and grandparents are aware of the need to maintain good relationships with their children as well as their grandchildren. Grandparents are also careful not to ‘interfere’: they offer advice if asked, but try to avoid being critical or ‘overstepping the mark’.

Enjoying the freedom

Many older people spoke positively about the freedom retirement can bring: freedom to pursue interests, including learning, and to decide how to structure their daily lives.

‘Many [respondents] said they felt “odd” when they first knew they were to become a grandparent as they did not think of themselves as a typical grandparent which they defined as an elderly, often ill, removed grandparent, who does not become engaged in a practical way.’

GO Findings 22, page 3

‘If it becomes imperative to encourage older individuals to participate in the labour force, the needs of these individuals [must be] considered and the best use made of the skills and abilities they have to offer.’

GO Findings 14, page 3

Research summaries

This section is based on GO Findings 5, 13, 14 and 22. For more details see pages 17–19.

Change, transition and loss

Older age is a time of change. People's material circumstances may change, their physical and mental capabilities may be more vulnerable than before, and they face the loss of friends, relatives and partners. There are a number of strategies which can help older people respond positively to these changes.



Accepting help

Older people's desire to sustain their self-image and maintain their independence can make them reluctant to accept or acknowledge that they need help. A significant minority of disabled older people refuse help, even though they need it, perhaps because they do not want to see themselves – or have others see them – as no longer being able to manage alone.

This can be difficult for other people to understand. Older people and social workers use 'different languages' when it comes to talking about care. Older people want to be seen as individuals, with valuable achievements and life experiences, while social workers are more likely to focus on an objective analysis of abilities and disabilities.

Positive change

Research suggests though that changes in routine, particularly where these involve contact with other people – for example, starting to go to a day centre or establishing a new relationship with a home help – can have a positive impact on self-esteem.

'There is a need to be seen, and to see themselves, not as dependent service users but as whole persons with lives of value and achievement.'

GO Findings 4, page 2



Photo: John Cobb/Help the Aged

Maintaining identity

For older people going into care homes, there are four key aspects to quality of life: sense of self; the care environment; relationships; and activities. Communication, both verbal and non-verbal, is also very important. Older people in this situation need to be able to communicate in order to express themselves, and to form and maintain relationships.

Most importantly, people need to find ways to continue 'being themselves'. Practical strategies used by older people include changing the way they relate to other people; adapting their environment; making new friends; and complaining about things that upset them. Control is key, whether over one's clothing, personal possessions or immediate environment. Some issues are particularly emotive: for example, people in the research who were not helped to take control over their own continence were particularly angry and distressed.

Reminiscing

Sometimes, talking about the past helps to reinforce older people's sense of identity. Particularly when they are talking to younger people or relatives, reminiscing can help older people feel that their experiences are still valued, and it fulfils the desire for information and stories about their lives to be carried forward, not lost.

However, reminiscing about negative life events can have the opposite effect, and staff in care homes may not have skills or time to deal with the emotional consequences. Arguably, not thinking about the past may stop older people from making unfavourable – and possibly depressing – comparisons between their current state and their previous quality of life. However, care providers should nevertheless attempt to create more space and time for talking. Reminiscing is not right for everyone but can bring benefits when used as part of an ongoing, individualised programme of care.

Moving into a home can be seen as an opportunity to form new relationships, but there is a risk that people will lose contact with their family, friends and neighbours. The extent to which they communicate and interact with other residents does affect people's sense of self, both positively and negatively: attitudes to fellow residents range from sympathy and friendship to hostility and indifference. Women are more likely than men to make new friends.

Policy-makers, service providers and care professionals need to recognise the diverse needs of this group. Some frail older people enjoy the daily routine of the care home, while others find it boring and frustrating; some enjoy organised activities, while others stress the importance of being able to opt out.



Photo: Help the Aged

Coping with bereavement

Men may believe that women's domestic abilities and social skills enable them to cope better; but research suggests that men deal with bereavement just as effectively as women. Both men and women stress the importance of keeping busy as a way of rebuilding their lives and maintaining their identities.

For older people with a Christian background, there is a strong correlation between strength of belief and adjusting to bereavement. People with moderate to weak belief are more likely to suffer from depression. Increasingly, though, religious belief is becoming a matter of individual choice and preference. Older people are questioning religion and the meaning of life and, while still

thinking of themselves as believers, tend to have less respect for and interest in the established Church. By contrast, minority ethnic older people cite religion as a significant source of emotional support in times of grief or pain.

Men and women deal differently with bereavement. Men are more likely to 'bottle up' their feelings and, while women experience more changes in their friendships, men talk more about remarriage. Widowed men tend to lose contact with friends and rely instead on their adult children for support, although it is important to note that men may not feel the same need as women for intimacy and social engagement. Among both men and women, those who do not cope so well are more likely to have a spouse who has been ill for some time.

'There must be organisational and managerial recognition that "just talking" is an important component of social care, and a commitment to and investment in adequate staff training.'

GO Findings 8, page 2

'People are active agents regardless of disability; having some control over daily living is central to maintaining a sense of self.'

GO Findings 24, page 2

Research summaries

This section is based on GO Findings 3, 4, 6, 8 and 24. For more details see pages 17–19.

Discussion

The Growing Older Programme research projects offer us a unique starting point from which to explore what affects quality of life in older age. The projects demonstrate that quality of life is subjective and variable, depending to a significant extent on people's own personal characteristics and circumstances, but that there are also some key common factors such as health.



Photo: Help the Aged

Staying in control

The research also highlights the importance of feeling in control. Older people want to maintain control over decisions, even when they are no longer physically capable of carrying out particular tasks. They also want to carry on 'being themselves'. Involvement in social activities, and maintaining a strong support network of family and friends, can contribute to this.

Older people are actively looking for ways to improve their quality of life, and it is clear that a positive mental attitude has an important role to play. Increasingly, older people are adopting healthy lifestyles and preventative health strategies, and drawing strength and a sense of purpose from their roles as workers and carers. They are also engaging in learning and other forms of mental stimulation to help maintain their cognitive abilities.

Older people as individuals

Acknowledging diversity is crucial; so too is avoiding assumptions based on generalisations about what older people need. The research projects emphasise the importance of understanding how older people's complex interactions with their environment and the external world can influence their quality of life.

However, the projects also show that older people are still often expected to fit into a mould. Policy-makers and service providers need to make sure they are basing their decisions on where individual older people *are*, not where they think they should be. They need to ask older people what kind of changes they would like to see, and what would benefit them in terms of services and support.

Wider changes

There are also implications for society as a whole. Achieving significant improvements in older people's quality of life requires greater emphasis on developing and maintaining local communities with good facilities and opportunities for social interaction; providing affordable, accessible transport and services; creating a safe environment; and ensuring adequate financial provision for older people.

Growing Older Programme project findings details

For copies of the Findings or more information about these research projects, contact:

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Findings 1: Elizabeth Breeze, Chris Grundy, Astrid Fletcher, Paul Wilkinson, Dee Jones and Chris Bulpitt (2002) *Inequalities in quality of life among people aged 75 years and over in Great Britain*

A survey of over 8,000 people aged 75 and over was carried out as part of a trial of the assessment and management of the health of older people in the community. Their quality of life was analysed in relation to their socio-economic position.

Findings 2: Christopher McKevitt, Charles Wolfe and Vincent La Placa (2002) *Comparing professional and patient perspectives on quality of life*

The study looks at the concept of quality of life and is based on a postal survey and interviews with professionals working with stroke patients, interviews with stroke patients aged 60 and over and observations in a stroke unit.

Findings 3: Peter Coleman, Fionnuala McKiernan, Marie Mills and Revd Prebendary Peter Speck (2002) *Spiritual beliefs and existential meaning in later life: the experience of older bereaved spouses*

Little is known about the belief systems of the current generation of older people. This study explores how spiritual belief affects the well-being of a group of older bereaved spouses from a Christian background.

Findings 4: John Baldock and Jan Hadlow (2002) *Housebound older people: the links between identity, self-esteem and the use of care services*

The study looks at why older people who are living alone and have recently become housebound are apparently failing to seek and even refusing health and social care services they need and in many cases are entitled to.

Findings 5: Maria Evandrou and Karen Glaser (2002) *Family work and quality of life: changing economic and social roles*

Recent socio-economic and demographic changes are likely to increase the number of people juggling work and caring responsibilities. This study focuses on how occupying multiple roles affects quality of life.

Findings 6: Kate Bennett, Philip Smith and Georgina Hughes (2002) *Older widow(er)s: bereavement and gender effects on lifestyle and participation*

This project looks at the lifestyles of men and women widowed in later life, highlighting differences between the genders in terms of social participation, well-being and emotional response.

Findings 7: Ann Bowling, Zahava Gabriel, David Banister and Stephen Sutton (2002) *Adding quality to quantity: older people's views on their quality of life and its enhancement*

This study took a random sample of 999 people aged 65 and over, and explored their definitions of and priorities for a good quality of life.

Findings 8: Kevin McKee, Fiona Wilson, Helen Elford, Fiona Goudie, Man C. Chung, Gillie Bolton and Sharron Hinchcliff (2002) *Evaluating the impact of reminiscence on the quality of life of older people*

Participants' quality of life was assessed before and after a reminiscence intervention, and compared with a control group. Researchers also interviewed care staff, older people and family carers to find out their views and feelings on reminiscence.

Findings 9: David Blane, Richard Wiggins, Paul Higgs and Martin Hyde (2002) *Inequalities in quality of life in early old age*

A sample of around 300 people aged between 65 and 75 were asked about their quality of life. The researchers collected extensive biographical information on the sample in order to compare the influence of present-day factors and life events.

Findings 10: Haleh Afshar, Myfanwy Franks and Mary Maynard (2002) *Women, ethnicity and empowerment in later life*

Numbers of minority ethnic women aged over 60 are increasing. This project focuses on quality of life, empowerment, and what women see as either enhancing or debilitating as they grow older.

Findings 11: James Nazroo, Madhavi Bakekal, David Blane, Ini Grewal and Jane Lewis (2003) *Ethnic inequalities in quality of life at older ages: subjective and objective components*

The study looks at the impact of various changes affecting life among older people in Britain with reference to four different ethnic groups: Caribbean, Indian, Pakistani and white.

Findings 12: Sara Arber, Kate Davidson, Tom Daly and Kim Perren (2003) *Older men: their social worlds and health lifestyles*

This study analyses how gender roles and relationships influence the quality of life of older men, particularly those who live alone. It looks at the impact of losing a partner on social relationships and health-related behaviour.

Findings 13: Alexandra Withnall and Victoria Thompson (2003) *Older people and lifelong learning: choices and experiences*

This research set out to explore older people's experiences of learning and education over the course of their lives, the factors that affect whether they choose to learn in retirement and the role learning plays in their lives as they get older.

Findings 14: Ivan Robertson, Peter Warr, Vicky Butcher, Militza Callinan and Philip Bradzil (2003) *Older people's experience of paid employment: participation and quality of life*

Demographic changes make it likely that more older people will need to stay in paid employment past retirement age. So how does employment affect older people's psychological well-being and life satisfaction?

Findings 15: Mary Gilhooly, Louise Phillips, Ken Gilhooly and Phil Hanlon (2003) *Quality of life and real-life cognitive functioning*

This study looks at the predictive value of mid-life risk factors for cognitive functioning in old age, at attitudes and beliefs about how to maintain cognitive functioning, and at the links between cognitive functioning and quality of life.

Findings 16: Mary Gilhooly, Kerry Hamilton, Maureen O'Neill, Jane Gow, Nina Webster and Frank Pike (2003) *Transport and ageing: extending quality of life via public and private transport*

This study looks at the relationship between quality of life and access to public and private transport, and at the extent to which older people's transport needs are taken into account by transport operators and professionals.

Findings 17: Christina Victor, Ann Bowling, John Bond and Sasha Scambler (2003) *Loneliness, social isolation and living alone in later life*

This project investigates three key dimensions of social participation: loneliness; isolation; and living alone in later life. The results demonstrate the dynamic nature of loneliness and highlight the varying pathways into it.

Findings 18: Sheila Peace, Caroline Holland and Leonie Kellaheer (2003) *Environment and identity in later life: a cross-setting study*

Homes and neighbourhoods have both personal and social meaning for older people. This study aims to advance understanding of the connections between living environments and maintaining identity and well-being in later life.

Findings 19: Thomas Scharf, Chris Phillipson, Allison E. Smith and Paul Kingston (2003) *Older people in deprived neighbourhoods: social exclusion and quality of life in older age*

This study examines the circumstances of older people living in socially deprived areas of three English cities, addressing the conditions of social exclusion in these neighbourhoods and the processes that contribute to social exclusion in later life.

Findings 20: J. Graham Beaumont and Pamela Kenealy (2003) *Quality of life of healthy older people: residential setting and social comparison processes*

This study, based on the responses of healthy people aged over 65 living in a London borough, shows the impact of both type of residence and individual social comparison strategies on quality of life.

Findings 21: Joe Cook, Tony Maltby and Lorna Warren (2003) *Older women's lives and voices: participation and policy in Sheffield*

This exploratory study focuses on developing participatory research methods as well as investigating the lives of minority ethnic older women. Discrimination and racism may make it more difficult for these women to 'have their say'.

Findings 22: Lynda Clarke and Ceridwen Roberts (2003) *Grandparenthood: its meaning and contribution to older people's lives*

Demographic and social changes are affecting intergenerational relationships. This project examines the diversity among British grandparents and the contribution grandparenthood makes to quality of life.

Findings 23: Jabeer Butt, Jo Moriarty, Michaela Brockmann, Chih Hoong Sin and Mike Fisher (2003) *Quality of life and social support among older people from different ethnic groups*

This study explores quality of life and sources of social support among older people from different ethnic groups: Caribbean, Asian (including Chinese), African and white.

Findings 24: Susan Tester, Gill Hubbard, Murna Downs, Charlotte MacDonald and Joan Murphy (2003) *Exploring perceptions of quality of life of frail older people during and after their transition to institutional care*

This study focuses on older people with severe physical and/or mental conditions or disabilities. It looks at the social, psychological, emotional, cultural, spiritual and environmental dimensions of quality of life from older people's own perspective.

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Help the Aged

Working for a future where older people
are highly valued, have lives that are richer,
and voices that are heard.

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