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The ESRC *Growing Older* research programme, 1999–2004

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ABSTRACT
This article introduces the seven specially commissioned papers in this special issue of *Ageing & Society* from the projects funded by the UK Economic and Social Research Council's *Growing Older* Programme. The ESRC Programme has been the largest single investment in social sciences research on ageing in the United Kingdom. It comprised 24 projects and, when operating at full capacity, 96 researchers. The article details the background to the Programme, its commissioning process, its eventual structure and how it operated. Then a selection is made of some of the ways in which the Programme has contributed new knowledge to social gerontology. No attempt is made to achieve comprehensive coverage of the Programme's topics but rather a selection is presented of the new insights generated under its six themes: defining and measuring quality of life, inequalities in quality of life, technology and the built environment, healthy and active ageing, family and support networks, and participation and activities in later life. The projects were spread unevenly across these themes but important new knowledge has been produced under each theme. The conclusion emphasises the scientific contribution of the Programme and especially the extent to which older people's own attitudes, aspirations and preferences have been at the forefront, but it questions whether or not policy makers and practitioners will use this major evidence base.

KEY WORDS – research, quality of life, inequality, built environment, health, participation and empowerment.

The main purpose of this article is to provide an overview of the work of the United Kingdom Economic and Social Research Council (ESRC) *Growing Older* Programme of research, as an introduction to the seven research papers that follow. It is impossible in one article to represent fairly the full range and complexity of the research undertaken by the Programme: to attempt it would risk a tedious listing of findings. Instead some of the key insights are selected and it is acknowledged that this is necessarily a partial selection. Also there is no attempt to evaluate the work of the Programme – this is a task for independent peer review. First, an account is given of the background, structure and operation of the Programme.

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Background and implementation of the programme

The UK has a long and distinguished record of research in the fields of geriatrics and gerontology and boasts some of the world's leading researchers. But there have been very few attempts to co-ordinate research with a focus on population ageing in the way, for example, that the *National Institute of Ageing* does in the United States. With the exception of the first ESRC (then the Social Science Research Council) initiative on ageing research (Jefferys 1989), which was a loose federation of projects rather than a programme, research has been mainly conducted in the response mode, contingent on proposals being generated by the research community. In July 1995, however, the then President of the Board of Trade, Ian Lang, launched the EQUAL initiative. This is a virtual initiative (*i.e.* there is no earmarked funding) covering all of the UK's scientific research councils. It is focused on prolonging active life, so that people are able to participate fully in both work and leisure activities for as long as possible. The ESRC decided to develop a specific Programme on this theme and, in late 1997, I was asked to prepare a Programme proposal. This was approved by the ESRC Council in May 1998 and £3.5 million was allocated.

The drafting process involved significant consultation with the social scientists conducting research in the ageing field, mainly by means of a questionnaire seeking priority topics. The programme outline was written with the strengths of the British social gerontology community in mind. Not surprisingly, therefore, many of the successful proposals came from the community. The commissioning process was in two stages. The first call, for outline proposals, was made in October 1998. Short-listing of the 204 proposals took place in January and 49 applicants were invited to prepare full proposals. These were refereed in the normal ESRC way, and the final 24 projects which comprise the programme were selected in May 1999. These projects are listed in Table 1.

Structure and operation of the Programme

The central research question of the Programme reflects the core interest of the EQUAL initiative: how can the quality of people's lives be extended? The Programme was established with two leading objectives:

1. To create a broad-based multi-disciplinary and co-ordinated Programme of research on different aspects of quality of life in old age.
2. To attempt to contribute to the development of policies and practice in the field and, thereby, to the extension of quality life.

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TABLE 1. *ESRC* Growing Older *Programme projects*

Project title	Project leader
How older people sustain their identities and preferences in the face of a limiting physical condition and the need to accept health and care services	John Baldock
Quality of life of healthy older people: residential setting and social comparison processes	Graham Beaumont
Adding quality to quantity. Older people's views on their quality of life and its enhancement	Ann Bowling
Spiritual beliefs and existential meaning in later life: the experience of older bereaved spouses	Peter Coleman
An anthropological investigation of lay and professional meanings of quality of life	Christopher McKevitt
Environment and identity in later life: a cross-setting study	Sheila Peace
Influences on quality of life in early old age	David Blane
Inequalities in quality of life among people aged 75 and more years and in the community	Elizabeth Breeze
Ethnic inequalities in quality of life at older ages: subjective and objective components	James Nazroo
Older people in deprived neighbourhoods: social exclusion and quality of life in old age	Thomas Scharf
Exploring perceptions of quality of life of frail older people during and after the transition to institutional care	Susan Tester
Quality of life and real life cognitive functioning	Mary Gilhooly
Transport and ageing – extending quality of life for older people via public and private transport	Mary Gilhooly
Evaluating the impact of reminiscence on quality of life of older people	Kevin McKee
Older people's experience of paid employment: participation and quality of life	Ivan Robertson
Older men: their social world and healthy lifestyles	Sara Arber
Older widow(er)s: bereavement and gender effects on lifestyle and participation	Kate Bennett
Family, work and quality of life: changing economic and social roles	Maria Evandrou
Quality of life and social support among older people from different ethnic groups	Jabeer Butt
Grandparenthood: its meaning and its contribution to older people's quality of life	Lynda Clarke
Older women's lives and voices: participation and policy in Sheffield	Lorna Warren
Older people and lifelong learning: choices and experiences	Alexandra Withnall
Empowerment and disempowerment: comparative study of Afro-Caribbean, Asian and white British women in their third age	Mary Maynard
Loneliness, social isolation and living alone in later life	Christina Victor

Growing Older was an ESRC Programme and therefore its main aim was the generation of new high quality scientific knowledge. This means that the projects which made up the Programme were selected on their scientific merit through peer review. Thus, although the idea of the Programme was developed by the ESRC, it was the responses of the social sciences community that determined its shape and content. As well as a scientific core, the *Growing Older* (GO) Programme, unusually, had an explicit focus on policy and practice. In particular, it aimed to contribute to policy and

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practice so that it had a tangible impact on extending the quality of older people's lives. This policy/practice focus stemmed from a personal frustration with the extent to which some social sciences research appears purely self-fulfilling, coupled with the ESRC's increasingly robust policy of engagement with research users. The content of the Programme was organised into six broad topic areas:

- Defining and measuring quality of life (5 projects),
- Inequalities in quality of life (5),
- Technology and the built environment (2),
- Healthy and active ageing (3),
- Family and support networks (5),
- Participation and activity in later life (4).

The first project commenced in October 1999 and the last in September 2000. The final project ended in April 2003 and the whole Programme wound-up at the end of March 2004. When all of the projects were operational, there were 96 researchers working on the Programme, including many of the leading names in British social gerontology. It has also proved to be a major training ground for new researchers in the field. Linking the projects into a single Programme sought maximum added value by means of co-operation and synergy between the various research teams. The main mechanism for creating links between the projects and for developing a common Programme approach to key issues, such as policy/practice orientation, were the bi-annual meetings which started in October 1999. External communication has consisted of conferences, a programme pack, a regular newsletter, a GO 'Findings' summary of each project and the website (http://www.shef.ac.uk/uni/projects/gop/index.htm).

New knowledge on quality of life in old age

The *Growing Older* Programme spanned seven years from conception to completion (although outputs will be generated for years to come: 'completion' means the end of ESRC funding). What have been the results of this huge research effort and financial investment? One of the twin objectives was to influence policy and practice, but evidence of actual impact will take time to materialise. The other was to generate new knowledge and this has been abundant. The following sections report some principal findings, starting with what was identified from the beginning as one of the central challenges for the Programme (Walker 1999*a*, 2001).[1]

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Defining and measuring quality of life

A basic aim of the Programme was to understand and elaborate the meaning of quality of life – both theoretically and operationally. The problem is that there is no consensus about what the term 'quality of life' means and, even among researchers, no agreement about what domains should be included in its assessment. In fact, progress in both policy and research continues to be frustrated by the absence of consistency or clarity of understanding about what quality of life research should include. There is no single way of measuring it and no agreement on what is understood to be quality of life.

Most of the early social sciences research into quality of life during the 1960s and 1970s was in the USA, and it examined satisfaction, happiness and wellbeing (Campbell 1983). In the UK, research was dominated until recently by health and health-related issues and, within that field, economic assessments of quality of life have been particularly influential. The best known example is the 'Quality Adjusted Life Years' (QALY) measure which uses health professionals' definitions of the constituents of quality of life to assess the value of clinical interventions. Yet when researchers ask the general public what they regard as important to quality of life, several items that do not feature in the most commonly used assessments of health status are given priority – such as finance and personal relationships (Bowling 1992).

With regard to quality of life in old age, there is a long tradition of gerontological research on 'successful ageing', 'positive ageing' and 'healthy ageing' which emphasises life satisfaction, morale and health as proxies for quality of life (Baltes and Baltes 1990; Johnson 1976; Rowe and Kahn 1997). Both researchers and practitioners frequently employ various health-related indicators – functional capacity, health status, psychological wellbeing, social support, morale, dependence, coping and adjustment – without any reference to the ways in which older people in general, or specific groups of older people or service users, define their own quality of life or the value they place on the different components used by the 'experts'. Furthermore the dominant scientific and professional approach to assessing quality of life in old age tends to homogenise older people rather than recognising diversity and differences based on, for example, age, gender, race, ethnicity and disability. Frequently psychological wellbeing is used as a proxy for quality of life, as is most evident in the United States. This tends to portray old age as a problem and to see it as a period of 'adjustment' detached from middle age and earlier stages of the life cycle (Gubrium and Lynott 1983; Bond 1999). Such approaches often ignore the economic, political and social

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aspects of people's daily lives, and concentrate instead on the individual's competence, morale and happiness.

The taken-for-granted, functionalist, pathological and ageist assumptions that underlie the well-known life satisfaction and morale inventories still exert a powerful influence on research on the quality of life in old age, particularly that within the positivist social sciences paradigm. Even with the growing social and political participation of older people and more frequent calls for greater consumer involvement in health and social care, it is common for quality of life research to focus only on health-related quality of life (HRQoL) and to ignore other important domains. Despite the narrow focus of this work, emergent perspectives on quality of life in old age are setting a new agenda, one that is both more holistic and more reflective of diversity in ageing than previous approaches. Two strands of research are of particular importance, one being phenomenological approaches based on life-span development psychology.

The phenomenological approach starts from the individual and identifies important domains in their life and their quality (Gubrium and Lynott 1983; Johnson 1976). The main point of this approach is to consider the context of a respondent's whole life history. Personal histories have a strong influence on life expectations. The way people resolve difficult issues in their earlier lives affects the way in which ageing emphasises important meanings relevant to research on the quality of life. Life patterns differ more in older than younger individuals because their social, cognitive and physical developments do not progress along the same trajectories.

> Individuals interact with their ever-changing physical and social environments and, therefore, individual development trajectories of different people are likely to diverge the longer they live, and as different experiences accumulate. As individuals grow older they tend to become more unique (Bond 1999: 571).

The 'Schedule for the Evaluation of Individual Quality of Life' (SEIQoL) is a phenomenological measure that has recently been widely used (O'Boyle *et al.* 1993). In SEIQoL, the meaning of quality of life is determined by the individual, whereas, in contrast, the normative measure of HRQoL reflects the judgements of researchers and leads to outcomes that indicate a disease model of quality of life. Nonetheless there is plenty of room for distortion in the operation of scales such as SEIQoL, caused for example by the location of the interview, the expectations generated by the study and the cumulative effects of the previous questions (Bond 1999).

Recently in British social gerontology, in France and to a lesser extent in the United States, a coherent critical approach to understanding old age has taken shape and has begun to influence research (Guillemard 1983; Phillipson and Walker 1986, 1987; Walker 1980, 1981, 1999*b*; Minkler

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and Estes 1984, 1999). According to this critical perspective, old age is socially constructed with three important implications for quality of life research. First, the definitions of good quality of life for older people in broad terms are often the same as for all other age groups (Bond 1999). Second, as human subjects, older people have a right to determine their own meaning of the quality of life. This means that they should be at the centre of the process of measuring and defining quality of life. Third, quality of life is influenced as much by social and economic factors as by individual and biological characteristics (Walker 1981). Thus wellbeing and satisfaction are associated with conditions that make us happy at any stage of our lives, such as social relationships, health and socio-economic status. This also emphasises the crucial importance of social structure and culture – race, gender and social class – in determining older people's life experience and their expectations of what is a good and bad quality of life. This critical perspective directly opposes functionalist portrayals of old age as a leveller and of older people as homogeneous.

Flowing from these new paradigms are research methodologies and instruments that attempt to locate older people in their social and biographical contexts and which give them a central place in the research process. One example is Hughes's (1990) conceptual model of quality of life in old age, which assumes that researchers will focus on both sub-systems and the relationships between them and employ both quantitative and qualitative methodologies. The first stage is to identify and define those factors in each sub-system that determine the outcomes. The next stage is to translate the identified factors into operational indices. The final stage is to decide how each of these factors is to be measured. The conceptual model calls for more research into the experience of ageing and what aspects of their lives are most valued by older people themselves. Prior to the Programme, British researchers had built on this conceptual model to operationalise quality of life as a multi-dimensional phenomenon (Bowling 1992; Grundy and Bowling 1999). This usually meant that different domains – physical, psychological, social and environmental – on a quality of life continuum were identified in research.

The Programme has contributed substantially to the definition and measurement of quality of life in old age by building on and extending this tradition in three main ways. First, an anthropological study of both professional and older stroke patient perspectives on quality of life found a gulf in understanding of the concept between the two. On the one hand, stroke clinicians defined quality of life colloquially as 'happiness' and did not formally assess it from the patient's perspective. This contrasts with definitions in the medical literature which emphasise physical and clinical domains and which focus almost exclusively on health-related

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quality of life. On the other hand, stroke survivors defined it abstractly in terms of having the health needed to participate socially and to work; having access to material resources; happiness/enjoyment; attitudes to life; and satisfying family, responsibilities and personal relationships. It was often defined in terms of its absence. When stroke survivors discussed the impact of stroke and the recovery process they did not refer to quality of life but to efforts to return to their prior normality (McKevitt, Wolfe and La Placa 2002). This small study emphasises both the difficulty of defining and operationalising the idea of quality of life and the need to acknowledge differences in understanding between lay people and professionals.

Secondly, Blane and colleagues (2002) have made a significant attempt to fill a theoretical vacuum in quality of life research by developing a measure, CASP-19, based on the theory of needs satisfaction. This measure of quality of life is discussed at length in this issue and does not require detailed treatment here. Its main contribution is that it is based on an explicit theoretical model which assumes common human needs (Doyal and Gough 1991): control, autonomy, self-realisation and pleasure. The satisfaction of these needs produces a good quality of life. Moreover, because the measure is distinct from potentially influential current and lifecourse factors, Blane and colleagues have been able to test the effects of these factors and to compare the quality of life of different groups.

Thirdly, Bowling and colleagues (2002) have taken Bowling's previous work further by investigating older people's definitions of, and priorities for, a good quality of life using a large random sample of people aged 65 and more years. A detailed report on this research is also published in this issue. The importance of the inquiry lies in its extensive operationalisation of the 'bottom-up' approach to quality of life so that, for the first time, we have a comprehensive and reliable picture of what constitutes a good quality of life in old age and its key drivers.

Inequalities in quality of life

One of the lasting contributions to social gerontology of the political economy perspective has been the analysis of inequalities in ageing and old age. Starting with its focus on socio-economic groups, age and gender as the main dimensions of quality of life, and the importance of lifecourse pathways, the analysis has broadened to include factors such as race and ethnicity, disability and spatial location. The exploration of inequalities in quality of life formed a key part of the *Growing Older* Programme's portfolio. Gerontological knowledge in this area has been advanced substantially in three ways.

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First of all, our understanding of the impact of ethnicity on the quality of life in old age has been enlarged greatly. It is well known that ethnicity has long been neglected in gerontological research (Blakemore and Boneham 1994): this gap, therefore, was emphasised in the call for proposals. Several high-quality submissions were received and the Programme included a few devoted to the topic. Together they represent one of the most important contributions of the Programme. Two of these projects are represented here. Nazroo and colleagues (2003) used the *Fourth National Survey of Ethnic Minorities* to investigate inequalities among four older ethnic groups – Caribbean, Indian, Pakistani and white – and differences in influences on and levels of quality of life. Their work provides the most comprehensive picture available of differences between the main older ethnic groups in the United Kingdom. It shows large variations across these ethnic groups in most of the key influences on quality of life: material conditions, social networks and participation, neighbourhood environment and health. The six factors that influenced quality of life in old age – having a role, support networks and wealth, health, having time, and independence – were found among all ethnic groups but their form and the way they were experienced varied by ethnicity. Butt and Moriarty (2003) studied a broader range of minority ethnic groups than Nazroo and his colleagues and have revealed the dual impact of ageism and racism as experienced by older people.

Secondly, the Programme has produced compelling new evidence on the importance of location in determining the quality of life. The existence of a research gap on social exclusion in old age was emphasised in the Programme specification and one project was commissioned on this topic. Scharf *et al.*'s (2003) study, the first in the UK, focused on the most deprived electoral wards of England's three most deprived local authorities: in Liverpool, Manchester and the London Borough of Newham. It included a survey of and face-to-face interviews with 600 people aged 60 and more years and 130 qualitative interviews. As reported in this edition, the research found that older people living in deprived areas of England are at least twice as likely to experience poverty as those in Britain as a whole. Poverty affects nearly one-half of those aged 60 and more years in deprived urban neighbourhoods. Older people were also found to be disproportionately vulnerable to serious crime and a significant minority were socially isolated and/or severely lonely. The study has demonstrated that older people in deprived areas face multiple risks of exclusion and that these risks are significantly higher than in other areas of Britain.

Thirdly, cohort differences within the older population have long been recognised as a structural inequality (Townsend 1979; Walker 1980). However, research has tended to focus on the long term rather than on the

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recently retired. Blane *et al.* (2002) have filled this knowledge gap by focusing on a third age group, those aged 65–75 years, in their investigation of quality of life (see also Beaumont and Kenealy 2003). While this research supports previous work which has emphasised the negative impact on quality of life of accumulated disadvantages over the lifecourse and recent traumatic events, such as failing health and reduced financial security or bereavement, it also shows that, when present-day and lifecourse influences are examined together, it is the former that exert a more powerful effect on the current quality of later life than the lifecourse factors. An article based on this research is included in this issue.

Technology and the built environment

This theme was flagged in the call for proposals because there was hardly any social science research in the UK on these topics as they relate to old age (for key exceptions see Sixsmith and Sixsmith 1992, 1996). Despite this, information and communication technology applications are widely recognised as having a major potential to improve the quality of life of frail and vulnerable older people (ETAN 1998). As it happened, very few proposals were submitted under this theme (more were attracted by the EPSRC's EQUAL initiative but few from social scientists). None were commissioned in the field of technology but the Programme has made important contributions on transport and the built environment.

Gilhooly *et al.* (2003) conducted one of the very few studies of the link between transport and quality of life in old age. Car ownership and access to public transport were both associated with high perceived quality of life. Furthermore these factors were found 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 was not explained by the fact that they were wealthier. Thus, this study is one of the first to demonstrate that good access for transport is associated with a high perceived quality of life.

Peace, Holland and Kellaher (2003) investigated the links between residence, identity and quality of later life. They interviewed 54 older men and women living in seven different residential settings in three varied locations. The types of housing were: residential care homes, sheltered housing, bungalows (rented and owned), terraced houses, flats, semi-detached houses (rented and owned), and detached houses. The locations were: the north London Borough of Haringey, the town of Bedford, and villages and small towns in south Northamptonshire. The research emphasises the importance of environment but goes much further than

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previous studies in presenting a holistic notion of a 'life of quality', in which those aspects of the environment which are significant to the individual reflect their needs and aspirations closely enough to allow an acceptable level of comfort and flexibility in everyday living. Rather than the hitherto fragmented analyses of specific aspects of the environment, Peace and colleagues identified key foci of interest – including personally-significant material household objects; enough space to allow for self actualisation; and a location that is integrated with one's personal history – to which people make the connections that sustain environmental wellbeing and identity. A life of quality is one where the sum of these connections is sufficient to satisfy the individual.

Healthy and active ageing

The importance of this theme has risen markedly over the life of the Programme both nationally (Cabinet Office 2002) and internationally (Walker 2002*a*; World Health Organisation 2002) and, not surprisingly, is also a theme of a new cross-Council ageing research programme. The *Growing Older* Programme has made important contributions to knowledge in three aspects of this theme. First, Beaumont and Kenealy (2003) focused on those aged 65 and more years who were in good health. As reported in detail in their paper, 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 and well-retained cognitive abilities. The study highlights the ubiquity of the strategy of making comparisons with a 'downward' reference group to enhance the perceived quality of life.

Secondly, Evandrou and Glaser (2002) investigated the relationship between multiple role responsibilities in mid-life and a range of indicators of quality of life. Details of the project are also contained in this issue. Among several important findings are that by comparison with a cross-sectional picture of mid-life, a lifecourse perspective reveals multiple role commitments to be much more common; that multiple role responsibilities make little difference to basic state pension entitlement; and that there are significant differences with respect to entitlement to second tier pensions, with women (especially mothers) being particularly disadvantaged.

Thirdly, Robertson *et al.* (2003) studied labour force participation in the third age (50–75 years) and examined differences in subjective wellbeing and life satisfaction between the employed, retired and unemployed, as well as among the employed and retired. The study is unusual in that it includes people of pensionable age and found that the highest levels of wellbeing were among those who were employed at these ages. In all

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categories and on both measures of quality of life, the unemployed and those seeking work had the lowest scores. The project demonstrated that differences in satisfaction and wellbeing between employed, unemployed and retired people do not result solely from their employment status, but are determined principally by factors related to their environment. However, some of the factors that influence satisfaction and wellbeing may themselves be facilitated through participation in paid work. These environmental factors include, for example, opportunities for control, externally generated goals, availability of money and valued social position (respect). There were significant differences between groups according to these factors: the environment of the unemployed was impoverished in all respects; the employed reported more externally generated goals, a higher quality of interpersonal interactions and more highly valued social positions generally; and the retired had greater opportunities for personal control and more money available.

Family and support networks

Given the long tradition of gerontological research in Britain on social networks, not surprisingly this topic proved to be the most popular in terms of proposals submitted and projects commissioned. Important and innovative research has been completed on widowhood and bereavement (Bennett, Smith and Hughes 2002), the impact of reminiscence on quality of life (McKee *et al.* 2002), on the social worlds and lifestyles of older men (Arber *et al.* 2003), and on grandparenthood (Clark and Roberts 2003). Three major contributions to knowledge on this topic are highlighted here.

Coleman and his colleagues (2002) have carried out the first UK study of spiritual beliefs among bereaved spouses. Their exploratory research found a strong connection between strength of belief and adjustments to bereavement. Moreover, none of those with strong belief systems indicated depression or lack of perceived meaning in life. It is expected and hoped that this project will lead to further work on this neglected topic, partly by building on longitudinal insights from the Southampton Ageing Study which have recently been reported in this journal (Coleman, Ivani-Chalian and Robinson 2004). Baldock and Hadlow (2002) focused on frail, housebound older people to understand why it is that some disabled older people do not seek or even refuse health and social care services to which they may be entitled. Their research reveals how, in the process of preserving self-identity in later life, older people in need of care may reject services which they see as incompatible with their personal project to fight, delay and even deny disability. Tester and her colleagues (2003) tackled the neglected issue of quality of life from the perspectives of

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frail older people, especially those with dementia and/or communication difficulties, living in institutions. Using innovative methods of communication the research team was able to elicit perceptions of quality of life from older people with all types of physical and mental frailty. The main components of quality life were sense-of-self, the care environment, relationships and activities. Communication was a key theme of this research: being able or enabled to communicate verbally or non-verbally is essential for frail older people to express themselves, maintain a sense-of-self, form and maintain relationships, participate in interaction and activities, and make meaning of their experiences.

Participation and activity in later life

This theme was also included in the Programme specification because of the lack of British research in this area. The four projects commissioned have made substantial contributions to knowledge with regard to social participation, empowerment among older ethnic communities and learning in later life. Victor *et al.* (2003) carried out the first national study of loneliness for more than four decades: their large and complex project will be the reference point on this topic for many more decades to come. Using a combination of qualitative and quantitative approaches, the team investigated loneliness, isolation and living alone in later life. They demonstrated that, overall, only a minority of older people are lonely (7%) or isolated (11–17%) and that the prevalence has shown little change over 50 years. Their research shows the dynamic nature of loneliness and isolation across the lifecourse, and illuminates the various pathways into loneliness in later life by contrasting two groups: those for whom loneliness is a continuation of previous experiences, and those for whom it is a 'novel' experience.

Afshar, Franks and Maynard (2002) investigated the quality of life and successful ageing priorities of older women from different ethnic groups, and it is the first study of its kind in the United Kingdom. They found two sets of influences on perceptions of quality of life: physical and material factors and those concerned with emotions, psychological wellbeing and social support. There were both similarities and differences between the groups in the relative importance of these influences. Health was the most important issue in relation to quality of life for all participants. This research emphasises the importance of subjective feelings of empowerment, as opposed to action or agency. Such feelings can reflect a sense of self-worth and this may derive from specific cultural customs and experiences or from personal achievements, leading to an enhanced sense of value that enables a person to act but also to receive.

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Cook, Maltby and Warren (2003) also investigated the participation and quality of life of older women across different ethnic groups. A key aspect was women's involvement in local services. The *Older Women's Lives and Voices* team employed a range of participatory research techniques, including the recruitment of older women 'volunteers' who were trained as interviewers. For many older people involved in this research, it was the first opportunity for collective discussion of their needs and experiences. This research shows that, when given the right support and opportunities, older women are well able to define and express their own needs and have a strong desire for their voices to be heard. The participants felt that the route to a better quality of life lay in them being able to voice their own needs and for these to be taken on board in policy and practice. They faced barriers, however, such as ageism, racism and language, and consequently felt excluded from services.

Finally, an innovative study by Withnall and Thompson (2003) looked at the role of learning and education in later life. This research found that learning in later life generates diverse perceived positive outcomes and that the simple acquisition of new knowledge is the least important. It demonstrated considerable interest among older people in many disparate subjects and that they continue to learn in diverse ways. However, the educationalist's labels of 'participation' and 'non-participation' are meaningless to many older people, who see learning as a mainly informal activity and an integral part of their daily lives.

Conclusions

This overview of the work of the *Growing Older* Programme has conveyed only a flavour of the outputs so far generated. The following papers indicate the richness and variety of the information produced by each project. It has not been possible to mention the contributions of the Programme to generic issues such as research methods (and to the recruitment and retention of older people and the use of participative approaches: see *Growing Older* Programme, *Newsletters* 4 and 5; Hennessy 2002; Walker 2002*b*). As well as the hundreds of papers being produced by the projects and other, less conventional outputs (including three videos), a book series is being published by the Open University Press. This series will include research monographs from 10 projects and two edited volumes, one the result of thematic collaboration between projects. The Programme has also published a summary of the projects and a CD-ROM containing all of the newsletters and findings plus the summary booklet and policy-orientated booklet by Malcolm Dean (2003).

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While avoiding evaluation I conclude by emphasising what I see as the main achievements of the *Growing Older* Programme. First, scientifically, even before the Programme had been completed it had generated a massive amount of new high-quality knowledge about a very wide range of issues related to quality of life in old age. Moreover, it has opened up new frontiers of knowledge in this field in an unprecedented way: from measuring quality of life to understanding exclusion; from the role of transport to loneliness; from multiple role occupancy in mid-life to spirituality. The Programme has helped to place on the research agenda or cement the existing place of some highly important topics, such as black and ethnic minority ageing, sex (older men as well as women), spirituality, social exclusion, environmental wellbeing and political participation. Secondly, older people's perspectives have been promoted to a prominent position. The original proposal emphasised the necessity of older peoples' views and the Programme, more than any previous British research, has successfully learned from older people's own attitudes, aspirations and preferences. This is a remarkable legacy for researchers in this country and a model for other countries.

Thirdly, there is the explicit policy and practice focus of the Programme. Uniquely for a research council initiative, an explicit aim of the Programme has been to try to influence policy and practice so that it can actively contribute to the quality of life of older people's lives. To try to achieve this difficult end we linked projects to Whitehall civil servants on the Inter-ministerial Committee, held special seminars with key policy makers and produced accessible findings from each project. Fourthly, the *Growing Older* Programme has had a major impact on European and international research agendas. For example, it contributed directly to the creation of the *European Forum on Population Ageing Research* (http://www.shef.ac.uk/ageingresearch/) under Framework Programme 5, it was part of a comparative study of five EU countries, and is a partner in the UN's Research Agenda on Ageing. The *Growing Older* Programme can claim some great achievements and its scientific outputs will continue to play defining roles in many aspects of social gerontology. There is no question that the Programme has produced a substantial new evidence-base for policy making. Whether or not this evidence will be used by policy makers and practitioners remains the major unanswered question and is largely beyond the Programme's control.

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NOTE

1 Further information on each project can be found in the *GO Findings* series on the Programme website: http://www.shef.ac.uk/uni/projects/gop/index.htm

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