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The ESRC Growing Older Research Programme[1]

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This article serves three purposes. The first and main one is to introduce the ESRC's Growing Older Programme and its research agenda. Secondly, it outlines the four main challenges confronting the programme and its research teams: the methodological one concerning 'quality of life', the democratic one of participation, the challenge of communication and, ultimately, that of policy impact. Thirdly, the demographic and policy contexts that helped to create the Programme and to which it must respond are also discussed briefly.

The main purpose of this article is to introduce the ESRC's Growing Older Programme and to outline its research agenda. This is followed by a discussion of the key challenges it is facing. The origins of this programme can be traced directly to policy concerns of government, and both the immediate policy issues and the more general policy context are essential for an understanding of the ways in which the connections between social policy and scientific research are manifested is this particular case. Firstly, a few words about the demographic pressures that overarch this Programme and which, mediated by policy makers, were influential in its conception.

Demographic background

Everybody knows that Britain is an ageing society. The combination of declining birth rates and death rates mean that there are fewer young people and more older ones. In the language of demography the population pyramid is bulging and fast becoming cone shaped (Walker and Maltby, 1997: 12). This is unprecedented in human history and presents unique challenges to all aspects of social, economic and political life, from the labour market to family life, from the health service to political parties and the institutions of democratic participation. The trebling of the numbers of people aged 80 and over, in the next 25 years, is one outstanding example of social and economic progress, but it raises profound questions about caring relationships within families and the social contract between the generations on which pensions, health, and social care systems are based. Also, as the WHO put it, years have been added to life but will life be added to years? In other words can we avoid the 'empty prize' of longevity without quality?

Despite the fundamental importance of the issues surrounding population ageing they have been the subject of too little serious public debate and it is only very recently that policy makers have begun to give them the attention they deserve. Unfortunately, meanwhile, this vacuum has been filled frequently by a demography of despair which

portrays population ageing not as a triumph for civilisation but something closer to an apocalypse (Walker, 1990).

Where does research figure in this picture? The UK has a long and distinguished record of research in the fields of geriatrics and gerontology and boasts some of the worlds' leading researchers. But there have been very few attempts to co-ordinate research efforts to focus on population ageing in the way that the National Institute of Ageing does in the US. Research has been mainly conducted in the response mode, contingent on proposals being generated by the research community. However, in July 1995, the then President of the Board of Trade, Ian Lang, launched the EQUAL initiative. This is a virtual initiative (i.e. no new money) covering all of the UK's scientific research councils. It is focussed 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 focussed on this theme and, two years ago, I was asked to prepare a Programme proposal. This was approved by the ESRC Council in May 1998 and the process of commissioning commenced that autumn. The end result of a complex process of tendering and peer review produced the 24 projects that constitute the research base and core of the Programme.

The changing policy context

Demographic pressures alone are not sufficient to explain the growth in policy interests in population ageing and recently the emergence of quality of life as a policy issue. Looking at the post-war growth of spending on older people in all advanced industrial societies demography accounts for only one third of the rise, with the vast bulk of the increase being due to policy changes (OECD, 1988, 2000). In the UK, up until the late 1970s, governments of both major parties were willing to fund increases in pensions and health services for older people, not in response to demographic change but, in order to improve quality of life and to try to overcome the poverty and deprivation that a large proportion of older people were experiencing. The same is true in other EU countries and the growth of public spending on older people was even greater in other comparable countries than in the UK (Walker and Maltby, 1997).

However the relatively privileged position that older people occupied in the eyes of policy makers in the previous post-war decades began to be reversed in the 1980s, with the UK leading the way. Not only were big cuts made in public pensions but, also, these changes were accompanied by negative political rhetoric about the 'burden' of ageing and the economic costs of pensions (Walker, 1990). It is very difficult to over-estimate the importance of those policy changes in the 1980s. It is also important to emphasise how far the UK was out of step with the rest of the EU in this policy direction. Comparatively speaking it was much closer to Japan and the US, both of which carried out major pension reforms in the 1980s. Most of the other EU countries have implemented their own reform programmes in the 1990s but none of them were as extreme as in the UK (Walker, 1999a).

The 1990s brought new policy concerns. First of all, the so-called 'demographic timebomb' of falling numbers of young labour market entrants. Of course this was no more than the workforce reflecting the general ageing of the population but it led to a flurry of public statements. By 2015 the proportion of the EU workforce aged 50 will be over one quarter. The implications of this ageing of the workforce have been addressed

by very few employers but gradually EU governments are realising the importance of workforce ageing and the European Union has played an important role in pushing this item up the policy agenda (Walker, 1997, 2000). For example the European Councils in 1998 and 1999 emphasised the need to sustain employment among older workers and, in 2000 and 2001, the Employment Guidelines, which are the key method of co-ordinating the employment policies of the Member States in this field, contained explicit references to the employment of older workers. 'Active ageing' has emerged as a major policy priority within the EU but is also being promoted by other big players on the global scene, such as the OECD and G8. Activity in this context means mainly economic activity but the other policy concerns have helped to broaden the meaning of active ageing (European Commission, 1999; WHO, 2001).

The second policy issue to emerge in the 1990s was that of long-term care (LTC). The fastest-growing segment of the older population is those over 80 and, between 2000 and 2005, there will be an 10 per cent increase in this age group in the UK (18 per cent in the EU as a whole). The realisation that population ageing meant the likelihood of increasing demands for LTC has resulted in policy action in most EU countries, notably the introduction of LTC insurance in Germany. In the UK the need for urgency on this front was reinforced by the cost of the perverse incentive introduced by the Conservative Government in the mid 1980s for older people to enter residential homes rather than staying put, and the need for some of them to sell their family homes in order to receive social security subsidies. Also the campaigns by groups representing older people and carers helped to raise the profile of this issue as well as achieving important social advances, such as the Carers Act (1996). The first Royal Commission for a decade was appointed to look into this issue but the rest of that story is beyond the scope of this article (Royal Commission on Long Term Care, 1999).

A by-product of this policy focus on LTC was the revival of healthy ageing as a public issue. Although there is not a clearly formulated policy on healthy ageing in this country there is a commitment to sustaining activity beyond employment, as stated in the Cabinet Office (2000) report 'Winning the generation game'. Thus, there are two elements to active ageing: employment focussed on the third age and healthy ageing and community participation targeted at the fourth age. Both have positive potential for older people and society in terms of social inclusion, well being, quality of life, and in reducing pressures on public spending on pensions, health, and social care, but there are also dangers to be guarded against in the application of active ageing policies.

Thirdly, there is globalisation, which has exerted such a strong influence on policy discourses for the past five years or so. In particular there is the so-called Transatlantic Consensus which holds, among other things, that globalisation makes increasing inequality inevitable; global competition means taxation and social costs have to be minimised; and traditional welfare states are not suited to a globalised world of differential life courses (Beck *et al.*, 2001: 2–3). The fact that older people are the main beneficiaries of welfare spending pushes pensions, health care, and LTC to the top of the reform agenda.

Unlike the US, however, the discourse in the EU so far has not been purely about minimising social costs, it is a twin-track one emphasising prevention as well as remedial action. This starts from the assumption of individual responsibility but also includes recognition that the state has a crucial role in helping to establish the conditions within which people age. Put together the policy line produced focussed on extending activity

and, with it, it is hoped, quality of life (European Commission, 1999; Cabinet Office, 2000). This tendency is reinforced by three subsidiary factors: the cultural shift towards individual quality of life, usually attributed to late modernity or post-modernity. For example the fact that people are ageing differently, experiencing ageing with diverse life courses, and are themselves seeking to enhance their own quality of life. The mushrooming of pensioners' interest groups all over Europe in the past decade is one indicator of the new grassroots politics of old age which is impacting on the policy system (Walker and Naegele, 1999). It is likely to increase when the 1960s baby boomers start to reach retirement around 2015. Then there is the traditional European social and political emphasis on solidarity and partnerships between state and citizen. Enhancing quality of life is an important element of this legacy and, at EU level, it figures as a goal of the Fifth Framework Research Programme while, in the UK, references to it can be found in countless documents, such as the ESRC's priorities and the OST Foresight Panels' reports. Important recent policy development such as the NHS Plan – the Performance Assessment framework and new 'best value' regime – and the National Service Frameworks all put a heavy emphasis on quality improvement (DH, 2000, 2001). It is an important element of what the government calls 'modernisation'.

Returning to the research agenda for the final piece of this contextual jigsaw puzzle on the emergence of quality of life as a major public issue, the UK's various scientific communities and their research councils have been influential in raising the profile of both ageing and quality of life research. Thus, several of the key concepts being employed currently by policy makers have been developed by and, therefore, get their scientific legitimacy from the discipline of social gerontology – the leading example being 'active ageing' itself.

The growing older programme

This is the policy and scientific context which conceived the ESRC's Growing Older Programme and to which, in turn, it must respond. The central research question of the Programme goes to the heart of the policy issues outlined above: how can the quality of people's lives be extended? The Programme has two leading objectives:

1 to establish a broad-based multidisciplinary and co-ordinated Programme of research on different aspects of quality of life in old age;
2 to contribute to the development of policies and practice in the field and, thereby, to extend quality life.

Growing Older is an ESRC Programme therefore its main aim is the generation of new high-quality scientific knowledge on quality of life in old age. This means that the projects which make up the Programme were selected on their scientific merit via the process of peer review. Thus, although the idea of the Programme was developed by the ESRC, it was the response of social scientists that has determined its shape and content. As well as a scientific core the Growing Older Programme has an explicit focus on policy and practice. In particular it aims to contribute to policy and practice so that it can have a tangible impact on extending the quality of older peoples' lives.

The content of the Programme has been organised into six broad topic areas:

- defining and measuring quality of life,
- inequalities in quality of life,

- technology and the built environment,
- healthy and active ageing,
- family and support networks,
- participation and activity in later life.

Twenty-four projects have been commissioned within these six themes. They cover all of the important issues concerning quality of life in old age and many key current policy concerns – social exclusion, employment, lifelong learning, grandparenting, empowerment and social care, to name a few. The first project commenced in October 1999 and the last one in September 2000. It is due to be completed by April 2003. There are 96 researchers working on the Programme, including many of the leading names in UK social gerontology. It is also a major training ground for new researchers in this field.

The idea of linking together the projects into a single Programme is intended to gain maximum added value by means of co-operation and synergy between the various research teams (via Programme meetings and communications). It is too soon to speak about outcomes but to ensure that they are widely disseminated the Programme produces newsletters and findings and will hold a closing conference. There is a Programme pack, information leaflets and a website (details of how to obtain publications and to join the mailing list are at: *http://www.shef.ac.uk/uni/projects/gop*).

Challenges for the Programme

There are four major challenges for the Growing Older Programme to make a substantial and lasting contribution which, also represent challenges to all of us working on it.

'Quality of life'

The first challenge concerns the core concept of the Programme – quality in later life – because a basic aim of the research is to understand and elaborate the meaning of quality both theoretically and operationally. The problem here is that there is no consensus on what the term 'quality of life' means and, even among researchers, no agreement about what domains should be included when assessing it. In fact progress in both policy and research continue to be frustrated by the absence of consistency or clarity of understanding about what quality-of-life research should encompass. 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 research into quality of life was done in the 1960s and 1970s by sociologists, social gerontologists, and psychologists in the US, when they looked at satisfaction, happiness, and well being. 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 in order to assess the value of clinical interventions. Yet when researchers ask the general public what it regards as important to its quality of life, several items – such as finance and personal relationships – are given priority when they do not even feature in the most commonly used assessments of health status (Bowling, 1992).

With regard to quality of life in old age there is a long tradition of gerontological

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research on 'successful ageing', 'positive ageing' and 'healthy ageing'. Both researchers and practitioners working within this tradition frequently employ a range of health-related indicators as proxies for quality of life – functional capacity, health status, psychological well-being, 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, for example, on age, gender, race and ethnicity, and disability. Frequently psychological well being is used as a proxy for quality of life, a tendency that is most evident in the US. This tends to portray old age as a problem and see it as a period of 'adjustment' that is 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 aspects of people's daily lives, concentrating instead on the individual's competence, morale, happiness, and so on.

The functionalist, pathological, and ageist assumptions that underlie the well-known life satisfaction and morale inventories still exert a powerful influence on research on quality of life in old age, particularly within the positivist social sciences paradigm. Even in the face of the growing social and political participation of older people and 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 there are emergent perspectives on quality of life in old age which are setting a new agenda and one that is both more holistic and more reflective of diversity in ageing than previous approaches. Two strands of research are of particular importance. First there are phenomenological approaches based on life-span development psychology.

The phenomenological approach starts from the individual, identifying important domains in their life and their quality (Gurium and Lynott, 1983; Johnson, 1976). The main point of this approach is to consider the context of a respondent's whole life history. Past history has a strong influence on life expectations. The way people resolve difficult issues in their earlier lives has an affect on the way ageing emphasises important meaning relevant to research on quality of life. Life patterns differ more in older than younger individuals and because of this 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 and Coleman, 1993; Bond, 1999: 571)

The Schedule for the Evaluation of Individual Quality of Life (SEIQoL) is a phenomenological approach, which has been widely used recently (O'Boyle *et al.*, 1993). It operates by eliciting from respondents those aspects of life which are considered crucial to their overall quality of life during a structured interview. 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 the researchers and leads to

outcomes which tend towards 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 previous questions (Bond, 1999).

Secondly, in British social gerontology and also in France and, to a lesser extent in the US, a coherent critical approach to understanding old age has taken shape and has begun to influence research (Phillipson and Walker, 1986, 1987; Walker 1999b). According to this critical perspective old age is socially constructed and this has three important implications for quality-of-life research. First, the definitions of good quality of life for older people are exactly the same as for all other age groups (Bond, 1999). Older people are not a separate sub-species of society nor do they conform to the two popular stereotypes which portray them as either contented, detached, calm, and reflective or, on the other hand, as anxious, depressed, selfish, and cantankerous (Bromley, 1990). Second, as human subjects, older people have a right to determine their own meaning of 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, well-being 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, 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 older people as a homogeneous group.

Flowing from these new paradigms are research methodologies and instruments that attempt to locate older people in their social and biographical contexts and which place them centrally in the research process itself. One example is Hughes' (1990) conceptual model of quality of life in old age. The assumption here is 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 those factors in each sub-system that determine the outcome of the sub-system and to make this the definition. The next stage is to translate the factors identified into operational indices. The final stage is to decide how each of these factors is to be measured (Hughes, 1990). The conceptual model calls for more research into the experience of ageing and what aspects of their lives are valued most by older people themselves.

Following the approach of Hughes' conceptual model researchers are increasingly operationalising quality of life as a multi-dimensional phenomenon (Grundy and Bowling, 1999). This usually means that different domains – physical, psychological, social, environmental – on a quality-of-life continuum are identified in the research process. Within the Growing Older Programme, several projects are advancing this perspective and will shed new light on the meaning of quality of life from the perspective of older people themselves. If the Programme is successful it will produce new methodological instruments for assessing quality of life in old age that are sensitive to the diversity of the ageing experience.

Participation of older people

The second challenge is to ensure that the voices of older people themselves are heard

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within the Programme and that the rich variation in ageing is fully represented. This is a challenge for individual projects and for the Programme as a whole. Projects have a responsibility to engage with older people as users as well as the subjects of their research and some of them are employing participative methods to ensure that older people have a say in the project. The Programme itself has an advisory committee which includes older people and they were involved in its development. There is also a reference group of older people. If we can engage successfully with older people and genuinely include them then the research produced will be the more truthful and more useful and also, have a better chance of gaining legitimacy in the eyes of older people. Understandably there is a lot of scepticism about research, especially work which costs a great deal of money and does not appear to produce any tangible benefits. Therefore the Programme must play its part in helping to ensure the relevance of research to people's lives.

Communication

The third challenge is successful communication with the general public. The public debate on ageing in this country has been very narrowly focussed and often uninformed. Population ageing is often portrayed as a socio-economic problem with worrying implications for pension provision, health, and social care. The Programme has the potential to challenge the negative terms and images associated with the ageing population and the insidious age discrimination that figures in all walks of life (McEwan, 1990). It cannot alone overcome these problems, but it can help to do so.

Influencing policy

The final challenge is that of policy impact. How can the programme ensure that its research makes a difference to older people's lives? For me that is the ultimate challenge. To try to achieve this goal we have been engaged in discussions with policy makers since the start of the Programme. They are an important element of the advisory committee. The Programme communication plan is policy oriented. For example, we will mount special workshops for the researchers and policy makers and practitioners, we will write briefing notes and target findings on specific policy makers. But will it be enough to make a difference? That is the test for the Director and the Programme as a whole. If we fail the judgement will be a harsh one because never has the policy context been so propitious – policy initiatives on active ageing, social exclusion, Better Government for Older People, quality improvement in the health and social services, Foresight, and so on, represent open doors for this Programme to ensure that the best scientific evidence base is available to the policy community. Internationally too the policy tide has turned in the direction of this Programme: the UN's new strategy on ageing, to be debated at a world summit in 2002 and the focus on active ageing by the EU, G8 , OECD and WHO.

Conclusion

These four challenges set the agenda for the Growing Older Programme. The Programme is a substantial investment in social sciences research in the field of ageing. Whether or

not it can respond successfully to these challenges and answer the research questions it has been set is a matter for the Programme and the quality of its researchers. We are entitled to be very confident about the high quality of the Programme's researchers. However, whether or not it will make a difference to the quality of older people's lives is a *much more complex* question, the answer to which, to a large extent, lies beyond the influence of the Programme.

Note

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