# Extending Quality Life: Policy Prescriptions from the Growing Older Programme

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## Abstract

This article provides a policy-oriented overview of the five-year ESRC Growing Older Programme of research on quality of life in old age: the largest UK social sciences research endeavour to date in the field of ageing. By way of an introduction to the Growing Older Programme, its main objectives are stated and some of its unique contributions to knowledge and research methods are summarised. Then the bulk of the article focuses on the relationship between research and policy: first in general terms and then specifically with regard to the operation of and outputs from the Programme. The particular methods used by the Programme to engage with the policy process are described, within a broad enlightenment framework. This is followed by an outline of the key elements of a multi-dimensional approach to extending the quality of later life. The five priority elements of this skeletal strategy – inequalities in old age, environments of ageing, economic and family roles, participation and involvement, and frailty and identity – are derived from the Growing Older Programme's comprehensive evidence base. In each case the policy implications of the research evidence are illustrated. Finally, the role of older people in living their own lives of quality is discussed, and the results of the Programme are used to show how aspects of both structure and agency combine to determine the quality of later life.

## Introduction

The ESRC Growing Older (GO) Research Programme was the UK's largest single investment in social sciences research on ageing, some £3.5 million, and comprised 24 projects with, when it was operating at full capacity, 96 researchers. Both the individual projects and the Programme as a whole have generated a wealth of data and analyses, from 24 GO Findings summaries to more than 200 scientific papers and its own book series. The results of the projects and their specific policy implications have been, or are in the process of being, disseminated widely. As yet, however, the combined policy implications of the GO Programme have not been discussed and that is the main purpose of this article. Indeed, it is argued that they provide the basis for a concerted policy approach to maximising the quality of later life. Before that there is a brief outline of the objectives and construction of the Programme and then an account of how the Programme set about addressing

the vexed question of the relationship between research and policy. The final part of the article considers the role of agency in the development of strategies aimed at enhancing the quality of life of older people.

This article does not attempt to summarise the results of the 24 projects in the GO Programme. The GO Findings produced by each project, a summary booklet, the Programme newsletters and other related material can be downloaded from the GO website (http://www.shef.ac.uk/uni/projects/gop/). There is also a CD-Rom containing all of the Programme's popular outputs. The introductory volume in the GO series provides a scientific overview of the Programme (Walker and Hagan Hennessy, 2004) and the second volume places it in a European context (Walker, 2005a).

### The GO Programme

The background to and development of the GO Programme have been described in detail elsewhere (Walker, 2004), but it is relevant to emphasise one aspect here. The Programme stemmed from the EQUAL initiative launched by the DTI in 1996. This was a virtual initiative (that is, no earmarked funding) designed to encourage the UK's Research Councils to focus on extending quality life, and the GO Programme was the ESRC's response. The Programme ran from 1999 to 2004 and had two main objectives:

- to create a multi-disciplinary and co-ordinated social sciences programme aimed at producing new knowledge on the factors that determine quality in later life; and
- to try to contribute to the development of policies and practice that might have an influence on the extension of quality life.

The first objective is highly predictable for a Research Council programme, but the second explicit policy focus is unusual (at least it was in 1998 when the Programme was being developed).

The extent to which the GO Programme achieved its objectives is beyond the scope of this article and, in any case, is a matter for independent assessment. Three contextual aspects require emphasis here. First, the Programme's multi-disciplinary character is beyond question since it covered anthropology, economics, education, psychology, social gerontology, social policy, social statistics and sociology. Second, it generated a vast body of new knowledge about quality of life in old age, only a small fraction of which has been analysed and published so far. Avoiding a tedious list of the unique contributions of each project, for every one had something new to say about quality in later life, it includes the first representative study in the UK about what constitutes quality of life for older people (Bowling and Gabriel, 2004); the most comprehensive research so far on black and ethnic minority ageing (Bajekal *et al.*, 2004; Moriarty and Butt, 2004; Walker and Northmore, 2005); the first representative study on

the impact of social exclusion on older people living in deprived areas (Scharf *et al.*, 2002); the first UK investigation of the pension implications of multiple role occupancy in mid-life (Evandrou and Glaser, 2002); the first research on spiritual beliefs among bereaved spouses (Coleman *et al.*, 2002); a unique national survey of grandparenting (Clarke and Roberts, 2003); and the first research on the successful ageing priorities of older women from different ethnic groups (Afshar *et al.*, 2002). In addition to producing a large amount of high quality new knowledge, the GO Programme made a substantial contribution to both qualitative and quantitative research methods: for example, breakthrough research on quality of life among older people with dementia who were unable to express themselves verbally (Tester *et al.*, 2003); participatory action research involving older people in all stages of the research process (Cook *et al.*, 2003); and the development of a new 19-item instrument (CASP-19) for measuring quality of life in early old age (Blane *et al.*, 2004). Third, the GO Programme made determined efforts to involve older people in all aspects of its operation. This includes their participation in Programme meetings and the Advisory Committee; the widespread dissemination of the GO Findings to individual, and groups of, older people (including large-print versions); and a specially commissioned 'older people's' summary of GO Findings written by and for older people (Owen and Bell, 2004).

The scientific agenda of the GO Programme was determined by the interaction between the Programme specification and the relevant research communities. Thus, while the specification highlighted six broad topics, it was entirely up to the various social sciences disciplines how they responded. The final decisions on which projects were funded were determined by peer review. The resulting distribution of projects across the six topics is as follows:

- Defining and Measuring Quality of Life (five projects)
- Inequalities in Quality of Life (five projects)
- The Role of Technology and the Built Environment (two projects)
- Healthy and Productive Ageing (three projects)
- Family and Support Networks (six projects)
- Participation and Activity in Later Life (three projects)

### Joining up research and policy

A research programme with the explicit objective of trying to contribute to policy and practice has to be informed by an understanding of the, often difficult, relationship between research and the policy-making process. Of course, it was given a head start by the fact that ageing is high on the policy agenda in the UK, the European Union and, as exemplified by the UN's Madrid International Plan of Action on Ageing (2002), globally (Sidorenko and Walker, 2004). However, this high priority provided no guarantees of access to the policy-making

process. Moreover, funding for some specific initiatives aimed at bridging the 'two cultures' of policy and research (Caplan, 1979) – such as physical co-location in the form of policy fellowships – was stripped out in the early stages of the Programme approval process. Thus the GO Programme was faced with the same question as all other policy-orientated research initiatives: how best to influence policy makers? The search for an answer to this question revealed that the cupboard was virtually empty in terms of practical guidance which could be applied easily and cheaply by a Programme such as GO. However, since the late 1990s, the field of research impact on non-academic audiences has progressed rapidly (Davies *et al.*, 2005) in response to the political imperative for an evidence basis for policy and practice and the increasing emphasis by research funders on the impact of their investments on end users. Now there is a growing body of evidence on the effectiveness of various strategies aimed at increasing the impact of research (see, for example, The Cochrane Review Group on Effective Practice *www.epoc.uottawa.ca*; the ESRC Centre for Evidence Based Policy and Practice and Evidence Network *www.evidencenetwork.org*; and the Research Unit for Research Utilisation *www.st-and.ac.uk/∼ruru*). Nonetheless, when the GO Programme was being framed and funded, these valuable resources were not available. The policy literature has long been full of theories of the state and nature of power, and the policy-making process itself has attracted close interest since the early work of the systems theorists (Easton, 1965; Jenkins, 1978; Hogwood and Gunn, 1984; Hill, 1997), but, until recently, the relationship between research and policy has not featured prominently in this work. The evidence base of successful strategies for translating research into practice is stronger than that concerning policy, particularly with regard to encouraging behaviour change among health professionals (Halladay and Bero, 2000). Although it generated findings of considerable relevance to practitioners, the GO Programme did not possess the resources and infrastructure necessary to attempt to stray beyond attempts to facilitate policy utilisation into the realms of practitioner implementation.

Pioneers in the analysis of research utilisation in the policy community, such as Heclo and Rein (1980) and Weiss (1977, 1979, 1998), have characterised the relationship between research and policy as a series of models, of which there are four main ones (for a full account see Weiss, 1979; Young *et al.*, 2002; Davies *et al.*, 2005). The *rational* or *knowledge-driven* model suggests that research generates knowledge that, in turn, compels action. The *engineering* or *problem-solving* model argues that it is policy that determines the demand for research. The third, hybrid, *interactive* model of the relationship between research and the policy process sees them as being 'mutually influential' (Young *et al.*, 2002: 16). It is important not to analyse ideal types beyond their heuristic validity, but the first two models tend to over-emphasise the role of research in the policy process; indeed, the scientific sovereignty portrayed by the rational model is akin

to the forlorn hopes of Fabian-style social reform (Shaw, 1896). In practice, as Heclo and Rein (1980) and Weiss (1980) showed more than two decades ago and supported by contemporary research (Davies *et al.*, 2000), policy making is rarely a simple sequential process with clearly defined stages, in which research evidence is either in the driving seat or being called upon in an instrumental or problem-solving way. It is more likely to be the outcome of a myriad of apparently disjointed actions, including non-decisions (Bachrach and Baratz, 1970; Weiss, 1980; Walker, 1984; Booth, 1988), which sometimes coalesce and are labelled in retrospect as decisions or policies.

Thus the applicability of the first two models to a research programme such as GO was strictly limited and, similarly, this was also the case with the third one. The close interactive relationship implied by mutual influence may be possible for some think tanks, dedicated research units and individual scientists co-opted to government, where insider status gives the researcher special influence. This is not likely to be the case with a Research Council Programme, the specification for which was drafted in consultation with policy makers and other research users, but the actual content of which was determined solely by the research community.

However, the fourth main model of the relationship between research and policy, *enlightenment*, appeared to offer the GO Programme something to aspire to. This approach recognises that research is seldom used in a direct and instrumental way in the making of policy but rather it feeds into decision making by a slow process of osmosis through which it may influence the thinking of policy makers and help to frame their understanding of social reality and the possibilities for action (Weiss, 1980; Booth, 1988; Davies *et al.*, 2000). Thus research may be as useful for its ideas as the specific data it generates. This means that a key challenge for researchers is to present findings in ways that are accessible for policy makers and, ideally, at times when they need them, which in turn suggests the need for less strongly discipline-based research and more multi-disciplinary and policy-oriented research. Also, scientists seeking to influence the policy process need to recognise that they are only one source of information, and that their research may be used for a wide variety of purposes, including the legitimation of policy decisions, a mechanism of control and, like MSG, purely for decoration (Lipsky, 1971). Policy makers should be more open to the questions that research raises and should engage in continuous dialogue with researchers rather than trying to co-opt research in the form of limited evaluations of policy initiatives. In other words, both should enter any joint relationship with caution derived from an understanding of each other's respective cultures, timescales, reward systems and goals (Walter *et al.*, 2003; Locock and Boaz, 2004).

It was in the light of this understanding of the complex, often uneasy, relationship between research and policy and practice that the GO Programme was oriented from the outset towards an enlightenment approach. Thus, for

example, the Programme sought to permeate the policy process at its pinnacle, in Whitehall, by connecting every project to a senior civil servant representing their department as part of the secretariat to the then Inter-ministerial Committee on Older People. It produced a set of summary findings documents aimed chiefly at the policy and practice communities, a specially commissioned booklet for policy makers (Dean, 2003), arranged seminars for targeted policy makers and practitioners, and made numerous presentations to policy and practice audiences. To influence the policy environment, the GO Programme worked closely with the main NGOs representing older people and developed a media strategy jointly with the ESRC's Public Relations Department. All of these efforts may be described as an orchestrated 'producer–push' interaction between research and policy users (Lavis *et al.*, 2003; Davies *et al.*, 2005) in which GO attempted to combine the project-level activities with Programme-level ones.

It is too soon for a final judgement of the impact of this policy-orientated strategy and, again, properly is a matter for independent assessment, although there are sufficient positive signs to suggest that it should be considered seriously by subsequent research programmes. For example, it is clear that the project findings did reach the hands of key policy makers in Departments such as the Department for Work and Pensions (DWP) and Office of the Deputy Prime Minister (ODPM) (see, for example, Social Exclusion Unit, 2004). Moreover, this process appears to be a continuing one (DWP, 2005; Labour Party, 2005). Important NGOs in the ageing policy field have taken up the Programme's findings (Bowling and Kennelly, 2003; Scharf *et al.*, 2002; Walker and Northmore, 2005). Social policy commentators in the media have emphasised the importance of the GO Programme as an evidence-base for policy and practice (Dean, 2003) as have influential quangos such as the Social Care Institution for Excellence (*www.scie.org.uk/*).

With regard to the specific enlightenment strategies employed by the Programme, it is clear that linking projects to named Whitehall officials worked well in a few cases, despite the difficulties created by frequent job rotations. The key pointers to success were the level of interest in the research from within the department (higher in DWP than in the Department of Health, DH), and the willingness of researchers to engage in the regular transmission of information. Predictably, some projects fell more easily than others into the policy domain of a single department. Feedback from the policy community indicates that the GO Findings were of considerable importance in making research available in an accessible form. The special briefing seminars and workshops organised for government departments were of variable success, in terms of attendance, and this depended crucially on their timing with regard to the current policy practices of the particular department. Because these sessions were only one weapon of the Programme's 'producer–push' interaction with the policy community, their influence was not decisive. Thus, the seminars for DWP were well attended, while

the one for ODPM was not, but both departments have utilised GO research. Presentations to NGO audiences, such as Age Concern and Help the Aged, were highly successful in terms of attendance and informal feedback concerning the usefulness of the research. The document on GO produced by older people (Owen and Bell, 2004) has been used extensively in local policy campaigning by older people's forums. The biggest challenge faced by GO was to persuade all of the scientists involved of the necessity of policy utilisation. This multi-disciplinary Programme included some disciplines that have a very distant relationship to policy making, and some researchers were hard to persuade of its importance (especially when there are no academic rewards from such activities). Thus it was essential to make it clear from the start that this was a key objective of the Programme (initial 'policy impact statements' were produced by all projects), to use Programme meetings to re-emphasise this priority and to support those new to the policy field. It is a source of considerable pride that the GO research team included several converts to policy-relevant research, including some well-established scientists.

### Key elements of a strategy to extend quality life

While the question about the impact of the GO Programme on the quality of life of older people must remain in the air for some time, the combined results of the 24 projects represent the UK's most comprehensive social policy evidence base in this field. In Dean's words:

The inter-ministerial group of older people has had a national programme of its own for 'listening to older people' but . . . it can now turn from its parish library to the equivalent of the British Library, with a vast source of older people's views that should be able to answer many of the questions ministers want to ask. (Dean, 2003: 2)

This evidence base could be used to construct a new multi-dimensional strategy aimed at extending quality of life. According to the research findings from the Programme, it would have five core elements.

First, it is necessary to reduce current inequalities in the quality of older people's lives. The importance of this major theme of the GO Programme derives from the enduring significance in UK research on ageing from the political economy perspective. This advanced the case, a quarter of a century ago, that the material circumstances encountered by different groups of older people are largely the result of the roles and statuses they occupied at previous stages of the life-course, with employment status and socio-economic class being particularly influential (Dowd, 1980; Walker, 1980; Minkler and Estes, 1984; Guillemard, 1983). The emphasis on the life-course and its impact proved to be particularly influential. More recently researchers have highlighted the significance of gender, which was part of the original thesis, and race and ethnicity which were not (Arber and Ginn, 1991, 1995; Blakemore and Boneham, 1994; Modood *et al.*, 1997).

The GO Programme shows the continuing influence of socio-economic status as an engine of advantage and disadvantage in old age and, in particular, its strong correlations with poor health, functioning and morale. For example, those in social classes IV and V living in council or housing association rented accommodation are more than twice as likely to report a problem with mobility than those from social classes I to III who own their own property (Breeze *et al.*, 2002). It also further demonstrates the critical importance of gender and marital status in determining inequalities in old age. For example, the risk of having a low household income in later life is nearly five times greater for divorced women than for married men. While divorced men may be more disadvantaged financially than other men, their income is much higher than that of divorced women (Davidson and Arber, 2004). With regard to ethnic inequalities in quality of life, which was a major focus of the GO Programme, research revealed a huge gap between older people in ethnic minority groups and their white counterparts. These differences were particularly marked in the areas of income and wealth, housing conditions and health. Importantly too, this research demonstrates divergencies *among* ethnic minority groups as well as between them and the white majority (Nazroo *et al.*, 2003; Bajekal *et al.*, 2004).

The evidence on mainly material inequalities collected by the GO Programme points to the need for a wide range of measures beyond the long-pressing case for raising the basic incomes of older people and to combat poverty in old age (which would be done most effectively by increasing the NI pension either in its present form or a revised universal one). These include: preventative interventions across the life-course to promote and maintain health of both a general kind and targeted at semi-skilled and unskilled occupations, ethnic minority groups and older people; further action to equalise incomes following divorce; the abolition of the contribution conditions for the receipt of the NI pension; and the uplifting substantially of the over 80s addition to the NI pension. The Programme also indicates that, despite the importance of life-course history in influencing quality of life in old age, there is considerable scope for policy and practice to change current conditions among older people. Thus, when Blane and colleagues (2004) examined the accumulated disadvantages over the life-course at home and at work alongside present-day factors, the latter were shown to exert the greatest influence on quality of life. Although, as the authors acknowledge, many life-course factors are implicit in the current factors influencing quality of life, including the level of an older person's pension, this research cautions against an over-deterministic role for the past.

Secondly, the fundamental importance of the environments of ageing – social, cultural, economic and physical – in increasing opportunities for or barriers to later lives of quality was underlined by a variety of GO projects (not only the two originally classified under this theme). The central conceptual understanding of this work is that 'environment' is not a unitary experience but

rather a series of settings in which daily life takes place (Kellaher *et al.*, 2004). As well as the key issue about the quality of those settings, a common theme running through the GO research covering this topic is that getting out and about is of fundamental importance to quality of life. For example, in both rural and urban areas, having to stay at home for health reasons increases by nearly three times the chances of having poor morale (Gilhooly *et al.*, 2003). One-fifth of those older people living in England's most deprived local authorities experience social exclusion from their neighbourhood in that they hold negative views about it and feel very unsafe when out alone after dark (Scharf *et al.*, 2004). Older people living in these deprived neighbourhoods experience a higher crime rate than the national average for their age group (Scharf *et al.*, 2002).

This research on the critical role of environment in the identities of older people, even when the physical environment is an acutely deprived one, suggests the need for a wide range of policies. For example, it reinforces the case made already for interventions to enhance personal mobility and prevent the onset of activity-restricting health problems. In housing it calls for an emphasis on enabling older people to remain in familiar neighbourhoods for as long as possible. In public transport there is a need for various measures to improve availability, accessibility and passenger safety. In neighbourhood renewal, as well as raising the quality of deprived urban areas, the neglect of older people in such strategies should be replaced by an explicit emphasis on their long-term commitment to such neighbourhoods and their need for social contact and personal security. These various elements of a policy aimed at promoting the inclusion of older people are currently being considered by government (Social Exclusion Unit, 2004, 2006).

Third, a strategy to extend quality life must encompass economic roles and their combination with family ones. The GO Programme shed new light on various aspects of this topic. For example, it revealed the impact on well-being of different employment statuses. The older unemployed are most deprived, but there are no overall differences in well-being or life satisfaction (as proxies for quality of life) between older people who have a job and the retired. Quality of life is influenced not by the role incumbency itself but by two other sets of factors: the nature of the environment that is experienced and a person's wish to be in that environment (Warr *et al.*, 2004). The Programme also examined the combination of economic and family roles: 'parent', 'carer' and 'paid workers'. It found that the combination of these roles over the life-course is a much more common occurrence than at any one point in time. It underlines the fact that many women carry a penalty for fulfilling the important social roles of parents and carers: having to rely on low incomes in old age (Evandrou and Glaser, 2003, 2004). A further element in the economic and family roles matrix is the centrality of the latter to quality of life in old age. This is demonstrated by the overwhelming significance of older people's relations with their grandchildren: over 80 per cent

of grandparents say it contributes a lot (31 per cent) or enormously (55 per cent) to their quality of life (Clarke and Roberts, 2003). Again, a multi-dimensional policy response is required to these findings, including measures to combat age discrimination in the labour market, to provide incentives for the employment of older workers and to ensure their access to training; the switch mentioned above from a contributory to a residency criterion for the award of the basic NI pension; a recognition by employers of the increase in caring responsibilities in mid and later life; and an official acknowledgement of the importance of the relationship between grandparents and grandchildren, such as in payments for child care.

Fourth, the GO Programme highlighted the importance of participation to older people's quality of life. Several projects investigated this topic from different perspectives, but each of them points to the significance of age, gender and ethnicity in enhancing or limiting the extent and quality of social participation. For example, there are significant differences among older men according to their partnership status, with older divorced and never married men having the most restricted networks of family, friends and neighbours (Davidson and Arber, 2004). For women from minority ethnic groups, family and extended networks occupy a central place in their lives, as do the notions of community and belonging (Afshar *et al.*, 2002). One project demonstrated the beneficial impact on their quality of life of the active engagement of older women from different minority ethnic groups in a local authority's consultation machinery (Cook *et al.*, 2004). These and other findings in this area suggest that it would be fruitful to extend opportunities for local community participation, such as those provided by the Better Government for Older People initiative. But they point to the need for targeted action that is informed by the wide variations in participation between different groups of older people.

Fifth, a strategy designed to extend quality life should not neglect the oldest old, even though this is invariably the case with preventative health initiatives (Pope and Tarlov, 1991). A major component of the GO Programme focused on the impact of frailty on quality of life and the strategies that older people employ to maintain their identity when faced with physical and cognitive decline. The onset of frailty is commonly associated with discontinuity and loss: the loss of one's home, friends, familiar company; a decline in physical health and/or cognitive functioning; and in feeling cut off in the present world or indifferent to fellow residents in a care or nursing home. However, the GO research revealed a variety of strategies used by older people to counteract such discontinuities and to maintain the continuity of their identity, including having a significant role in their family, keeping active and sustaining cognitive functioning (McKee *et al.*, 2002; Tester *et al.*, 2004; Gilhooly *et al.*, 2003). A key role is played by communication – for example, in building and sustaining relationships, in residential homes or community settings – and through participation in meaningful activities. Tester and her colleagues (2004) demonstrated that non-verbal communication

techniques can be used successfully to engage with frail, cognitively impaired older people living in institutions.

With regard to the use of care services in the community the GO Programme revealed a similar set of responses by older people that were concerned with maintaining and reconstructing identities and social relationships following increasing dependence and reliance on help from other people and that these responses determined their service use (Baldock and Hadlow, 2002; McKevitt *et al.*, 2003; Moriarty and Butt, 2004). This important research illustrates that loss of independence necessitates personal identity work in order to sustain conceptions of self, and that adjustments are made which often lead to major improvements. However, the older people involved did not usually see professional service providers as a potential source of improvement. Instead it was increased contact with others that was most likely to raise self-esteem. Moreover, there was considerable divergence between older people's conceptions of their circumstances and needs and those of service providers, characterised as the difference between 'needs-talk' and 'self-talk' (Baldock and Hadlow, 2002). This is not to suggest that either side is mistaken but to demonstrate that their perspectives are necessarily different.

The sorts of policy prescriptions that follow from this body of research on the relationships between frailty, identity and services are focused mainly on service providers and are challenging. For example, following the onset of disability – say as the result of a fall – it may be more effective to quickly find ways to sustain the older person's social contacts and thereby identity and morale, rather than awaiting the results of a full needs assessment. Similarly, service providers have to understand why it is that many frail, even housebound, older people stubbornly refuse services, and to tailor any support that might be offered to the vital identity work that is taking place. Care staff, particularly in institutional settings, need training in communication, including non-verbal techniques, and in various low-cost interventions aimed at sustaining physical and mental functioning.

The comprehensive nature of the GO Programme's investigation of the factors that determine the quality of later life means that it provides a broad evidence base for policy prescriptions. The result is a multi-dimensional package covering inequalities in old age, the environments of ageing, economic roles and their combination with family ones, participation and involvement, and frailty and identity. As a starting point, some illustrations of possible specific measures have been provided under each of these five dimensions. Much more important in developing a broad strategy, however, is to recognise first the positive policy orientation of the research findings: a good quality of life can be extended. Second, there is a red thread that connects each of the dimensions. Although, often remedial, actions are necessary in the third and fourth ages to compensate for earlier disadvantages or to respond to later life events which limit quality of life, the main emphasis is on the need for preventative policies over the whole

life-course. In other words, if quality life is to be extended, it is essential to begin the necessary actions as early as possible: quality in later life is best assured by quality in early and mid life. Third, there is the inter-connectedness of the five dimensions and their policy prescriptions. For example, the availability of a basic pension which is focused beyond purely physical survival is an important prerequisite for active participation. The safety of neighbourhoods is critical if older people are to maintain their health by walking or cycling. Ensuring that the density of civil society is maintained under urban renewal schemes will maximise the opportunities for social contact. Fourth, there is the evidence-based nature of the five policy targets: they are derived from the largest, most comprehensive, investigation of its kind in the UK and this should afford them some status in the policy process (Young *et al.*, 2002).

Although speculation about the likely extent of policy responses to this outline strategy is not strictly appropriate, the early signs are highly promising. In particular, it is clear that, prior to the 2005 General Election, the government had taken up not only specific features of this multi-dimensional GO agenda, such as action on social exclusion, but that the inter-connections between the various elements had been recognised (DWP, 2005). The Labour Manifesto also emphasised the crucial policy linkages necessary to realise the age-positive approach to later life proposed here (Labour Party, 2005). Thus, over the next few years, there are likely to be measures to promote flexibility in retirement, tackle age discrimination, reduce crime in deprived urban areas, implement new rights for carers, create Lifetime Home Standards for new houses, make transport more accessible for older people, enable active engagement in local decision making and to widen access to learning, leisure and volunteering. Whether or not these sorts of measures will be far reaching enough and sufficiently well-resourced to make a big difference to older people's lives is impossible to say. Moreover, two big questions remain: what is the future of (state) pensions and will the government adopt a preventative strategy covering the whole life-course? On pensions there is denial in government about the inability of means-tests to reach all older people in poverty and it is hoped that a short-term initiative to target resources on the poorest, very elderly, people will be coupled with current longer-term thinking about pensions. On the issue of preventative social policy, although there are a few promising signs in the area of health promotion (DH, 2004a, 2004b), as yet there is nothing to suggest that the government is ready to lead the revolution required to enforce a preventative public health orientation across all Whitehall departments.

### The role of agency in extending quality of life

The final main part of this article turns from the relationship between scientific research and policy to the role of older people themselves in any strategy to extend quality life. Ageing is a very personal as well as a public issue: it is

older people who are now living the extended years of life and, in doing so, who are devising their own responses to later life events as they happen with hardly any reference to social policy. This raises the question about the respective roles of policy and individual action in determining quality of life: a current controversy in the sociology of ageing and social gerontology that continues the long-standing debate in mainstream sociology about the relationship between structure and ageing (Weber, 1968; Archer, 2000), which has also surfaced recently in social policy (Deacon and Mann, 1999; Hoggett, 2001). The details of the current debate around ageing are discussed elsewhere (Walker, 2005b), but, in essence, the political economy of ageing approach is criticised for neglecting agency (Gilleard and Higgs, 2000). In fact, one of the key factors in the development of the political economy paradigm was the inadequacy of early theorising about old age (Walker, 1981). Rather than neglecting agency, it sought to show how its exercise is constrained or liberated by structures (which include social policies). In other words the ability of people to act within, engage with and change social structures is subject to conditions of relative power and powerlessness. It hardly needs stressing that, on average, older people from professional and managerial occupations have more chances to construct and elaborate their own unique pattern of responses to ageing than do those from semi-skilled and unskilled ones (TSO, 2004; Social Exclusion Unit, 2004). Similarly, older women and ethnic minority elders experience poverty and social exclusion – two heavy constraints on agency – at higher rates than men and the white majority. Political economy theory, in a nutshell, is concerned with the distribution of power and therefore it must encompass the relationships in which power is exercised: that is, both agency and structure. It is a false notion that it is possible to choose between agency and identity and structural location and influence (cf. Gilleard and Higgs, 2000: 12). In practice, individual ageing is determined by the interaction between social actors and social structures. The practical policy significance of this constant tension between agency and structure is that the experience of ageing, including its quality, is the result of a combination of structural elements, such as social class, income, wealth, gender and ethnicity, and individual actions and choices. This tension can be illustrated by research from the GO Programme.

For example, Arber and colleagues (2003) have revealed the disadvantage experienced by divorced women and widows compared with married men: at work here are aspects of both structure (for example, gender, employment, occupational pensions and social security) and agency (for example, marriage, specific divisions of domestic labour and household finances). Breeze and her co-researchers (2002) demonstrate the clear social class gradient in functional limitation and reported problems with self-care, with the most disadvantaged group being those in social classes IV or V living in council or housing association accommodation. In this example, agency in terms of mobility to get around and care for oneself is directly constrained by social structure. Nazroo and his

colleagues (2004) found substantial inequalities in quality of life between ethnic minority older people and their white counterparts, as well as between these groups, for example with regard to incomes. At the same time, the important finding from this project that ethnic minority older people derive higher life quality from their (often deprived) neighbourhoods than do the majority white population suggests that agency is being exercised effectively to some extent even within an oppressive structure of inequality. Evandrou and Glaser's work (2004) reinforces this picture of structural constraints on agency with reference to the relative disadvantage in the pension system experienced by women who have carried multiple role responsibilities in mid life.

Some GO projects focused on individual adaptation to ageing: for example, among frail older people. As noted previously, this work revealed discontinuities in personal identity resulting from later life losses, such as one's home and friends and a decline in physical health or cognitive functioning. Those in a residential setting may feel particularly cut off from their previous lives. At the same time, in the face of overwhelming structural constraints, frail older people often attempt to maintain their identity by, for instance, keeping active in mind and body. Baldock and Hadlow's (2002) research revealed the extraordinary lengths that frail house-bound older people can go to in exercising identity protecting agency by rejecting services. Communication plays a key role in this exercise of agency to maintain identity, through building relationships and sustaining friendships, and through participation in meaningful activities. Interaction and communication are essential to agency, hence their pivotal place in the policy proposals outlined earlier.

Thus the GO Programme provides ample proof that quality of life in old age is the product of the interrelationship between structure and agency over the life-course. This is powerfully evinced in the work of Bowling and her colleagues (Bowling *et al.*, 2002; Bowling and Gabriel, 2004) which combined data from a major nationally representative quantitative survey and those from an in-depth follow-up interview to formulate the foundations for a good quality of life in old age:

- having good social relationships with family, friends and neighbours;
- having social roles and participating in social and voluntary activities, plus other activities/hobbies performed alone;
- having good health and functional ability;
- living in a good home and neighbourhood;
- having a positive outlook and psychological well-being;
- having adequate income;
- maintaining independence and control over one's life.

Mainly these foundations of a good quality of life contain a mixture of factors reflecting both structure and agency and their combination. Thus the policy prescriptions aimed at extending quality of life which arise from this work, as for

the GO Programme as a whole, must contain a mixture of those aimed, on the one hand, at reducing disadvantages and inequalities that constrain action and, on the other, at promoting self-efficacy and self-realisation and the maintenance of health and capacity. In other words, policies to extend quality life must address both structure and agency and, ideally, in a mutually reinforcing way.

### Conclusion

This article introduces the work of the GO Programme, 1999–2004, to a social policy audience. The Programme was directed at the factors which determine the quality of later life with the aim of contributing to policy and practice developments that might, in the WHO's terms, 'add life to years'. The very broad scientific agenda of the Programme has been distilled into five key policy dimensions, which together could constitute a strategy to extend quality life. It is argued that such a strategy must include policies aimed at the life-course as a whole as well as those directed mainly at older people – a distinction that in the Madrid International Plan of Action on Ageing is labelled 'ageing mainstreaming' and 'ageing specific' (Sidorenko and Walker, 2004). While the article is focused primarily on the relationship between research and social policy, it also draws attention to the critical role of agency in the achievement of quality life and calls for policies that address both structure and agency.

The GO Programme represents a massive evidence base for social policy in the ageing field and, as argued here, could be used to construct a strategy to extend quality life. To achieve this goal some big changes are required and these, ultimately, are a matter of political commitment, no matter how compelling is the evidence. At the same time, there are many small, relatively inexpensive, innovations in policy and practice that could be introduced quickly and which would have a significant impact on the quality of older people's lives. There are also steps that older people themselves can take without reference to formal policy and practice. Thus the GO Programme stands as a resource for all of the key participants in the ageing field, the evidence base for action, and considerable efforts have been made to put this evidence in their hands. Only time will tell if they take the necessary actions to extend quality life.

### Acknowledgement

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