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Growing Older Programme

GO

Extending Quality Life

Inside this Issue

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newsletter is available from the
Communications Secretary.*

The Third Newsletter of the Growing Older Programme: Measuring Quality of Life

Welcome to the third newsletter of the ESRC Growing Older research programme. Regular readers will know that Growing Older is concerned with the essential question of how the quality of people's lives can be extended? It goes without saying that the answer to this question is of vital concern to older people and their families but it is also of direct and increasingly urgent concern to policy makers and practitioners at national and international levels. Quality of life is a key issue in the UK Government's strategy towards older people (for example the National Service Framework for Older People), the European Union's policies on ageing and the draft UN International Plan of Action. Research has a key role to play in providing the evidence-base for policy making in this field and the Growing Older Programme is at the forefront of that research endeavour.

The Programme consists of 24 projects spread across six topics that are central to extending quality life: defining and measuring it; inequalities in quality of life; technology and the built environment; healthy and productive ageing; family and support networks; and participation and activity in later life. The Programme runs from 1999 to 2003. The first project finished in April 2001 and the last one will end in March 2003.

The last newsletter looked at the definition of quality of life and this one focuses on its measurement. As with the definition of the term at the core of the Programme there has not been any attempt to impose a standard approach to measuring quality of life. Indeed to have attempted to do so would have been foolish and counterproductive in defeating one of the aims of a multi-disciplinary research programme which is to encompass a variety of approaches to the topic. The five articles in this newsletter provide a sample of some of the different perspectives towards the measurement of quality of life that are present within the Programme. The aims are to inform readers about these perspectives and to encourage debate about the elusive topic of quality of life in old age. On the back page you will find the short updates from projects designed to keep readers informed about the current stages of the Programme's research.

Finally, I would welcome any feedback from readers about both the content of this newsletter and how the newsletter itself might be improved and you are also welcome to contact the authors directly about their articles.

Alan Walker
Programme Director

Social Networks and Social Support of Ethnic Minority Older People and their Quality of Life

Chih Hoong Sin

This study looks at the relationship between social networks and social support and the quality of life, comparing ethnic minority older people with those from the white majority, using a nationally representative sample of ethnic minority older people derived from the Family Resources Survey. While there is a plethora of studies focussing on quality of life and its measurement, there is less work available on older populations, and even less on older members from ethnic minority backgrounds. Most existing studies are based on small and specialised samples, thus imposing severe limitations on comparability. This study aims to overcome these shortcomings.

METHOD

The definition and measurement of quality of life vary widely[1] and it is not the purpose here to discuss these. With an eye on wider debates, this study takes as its focus the link between an individual's social network and support and his or her quality of life.

An interview schedule has been constructed comprising both structured and unstructured components, designed to collect data on various dimensions affecting the quality of life of older people. The various dimensions covered include:

1. Ethnic identity (using both census categories and self-defined ethnicity)
2. Religion
3. Language
4. Migration history
5. Experience of racism
6. Household structure and living arrangement
7. Housing
8. Environment
9. Transport
10. Socio-economic characteristics
11. Social network and social support
12. Provision and expectation of support
13. Objective and subjective indicators of health and well-being
14. Use and knowledge of formal services
15. Perception of age and ageing
16. Self-perceived quality of life.

It is clear that we are interested in both the objective and subjective aspects of quality of life. It is not the purpose of this study to construct a universal index. Indeed, a conscious effort has been made to explore the complexity of the issue, engaging respondents in discussions on their perceptions, experience, and expectations that are not easily quantifiable.[2]

INVESTIGATING SOCIAL NETWORKS AND SOCIAL SUPPORT

The approach adopted differs from the standard 'question-and-answer' method of structured data-gathering[3,4] while maintaining comparability with established literature. This is underpinned by a belief that the potential to uncover the rich diversity of experiences should not be sacrificed by an indiscriminate adherence to set templates.

The concept of social network offers a useful conceptual framework of linkages between people, facilitating the interpretation of social exchanges (both supportive and unsupportive) within the complex system of broader social ties.[5] Unfortunately, there has been a lack of standardised instruments for collecting data on social network and support. While theoretically impressive work abounds, there is a distinct lack of sound literature addressing the needs of a practitioner. One of the most intractable problems has to be the issue of how good theory can be operationalised in the process of empirical research, particularly with reference to the measurement of the various components identified in social network and support. While some of the techniques have been validated for use with older persons,[6,7,8] there is much less work done on the validation of such instruments with older persons from ethnic minority backgrounds.

In constructing an appropriate methodology we need to avoid imposing a template on respondents of which network members are deemed important or the types of social exchanges perceived to be supportive. A more discursive stance is adopted whereby respondents are encouraged to be active participants in the mapping and understanding of their social networks and support. Individuals, institutions, types of social exchanges, frequency of exchanges, and so on are only important insofar as they have any significance to the respondents. Many forms of social exchanges are not of equal social significance to people from different ethnic backgrounds. Likewise, individuals fulfilling similar social roles may not have the same cultural significance. The objective and subjective significance of such persons and exchanges are issues to be subjected to empirical verification, and should not simply be assumed.

While the concept of social network provides the context of support giving and receiving, the link between the two is far from simple.[9] Indeed, there is a very real risk of conflating the two. This study treats social network and social support as conceptually distinct and does not make any assumptions regarding any correlation (or indeed, the direction or any possible correlation) between the two. Thus, a large social network is not automatically taken to imply a high level of enacted or perceived support.

PROGRESS

Interviewers speaking a range of ethnic minority languages have been recruited and two training sessions have been successfully completed. Pilot interviews with older persons of White British, Caribbean, Indian, Pakistani, and Chinese backgrounds have also been undertaken in the respondents' preferred language(s). ■

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Mr Chih Hoong Sin, National Institute for Social Work, 5 Tavistock Place, London WC1H 9SN or ChihHoong.Sin@nisw.org.uk

Older People and Lifelong Learning: Choices and Experiences

Alexandra Withnall

The definition of lifelong learning is a complex one and a number of perspectives and alternative formulations can be distinguished in the extensive literature which has emerged around the concept.[1] However, an examination of the range of EU and national policy documents that have been published in recent years demonstrates that lifelong learning as it is promoted in policy circles, has a very clear economic imperative. The debates which have taken place at both national and international level are firmly grounded in a common analysis of the need for educational policies which accord a strong priority to vocational education and training in spite of some general rhetoric concerning the non-economic, personal and social benefits of lifelong learning.[2] More recently, there has been some recognition that older people who are post-work in the sense that they are no longer primarily engaged in earning a living or with major family responsibilities, might be worthy of inclusion in the debate.[3] However, they are still frequently marginalised by the very strong emphasis on economic imperatives together with current political concerns about the financial support of an ageing population which, although of major importance, tends to conceptualise later life as a social problem.

It seems then, that there is a need for new theory development in lifelong learning that will incorporate older people as learners. At the same time, it was apparent, from a review of the admittedly sparse literature on learning in later life and the benefits which may accrue, that both theory and practice has developed largely on the basis of anecdotal evidence and unproven assumptions about outcomes. However, Phillipson[4] has suggested that later life is being reconstructed as a period of potential choice and opportunity, but also as an arena of risk and danger. This suggested to us that we needed to adopt a new approach and to examine:

❖ how older people themselves define and understand learning and education in later life, the value they place on it and the contexts and discourses that have shaped their perceptions over the life course;

❖ the basis on which older people make choices about educational opportunities and learning;

❖ what outcomes formal and/or informal learning have for older people in the context of their own lives and how these outcomes are experienced and described. In short, what role does learning play in older people's perceptions of the quality of their lives?

OUR METHODS

The primary research focus is on the collection of different types of qualitative data informed by the collection of quantitative data to explore the background and circumstances of the older learners in our study. In the first phase, we conducted focus groups at each of 10 sites offering formally organised learning opportunities specifically for older learners. Sites were chosen to represent both geographical spread and the widest possible range of activities. Analysis of these group discussions enabled us to elicit shared perceptions of the interplay of social, historical and cultural changes and their effects on opportunities and constraints in relation to education and learning over the course of participants' lives. We also identified a shared recognition of the value and importance of 'indulgent' learning (as opposed to compulsory learning in earlier life) to the focus group members in sustaining an enjoyable lifestyle post-work. From this analysis, we were able to construct a conceptual model of the causes of and pathways to involvement in learning activities which we are currently testing through a questionnaire-based survey to 100 older people, half of whom are known to be involved in formal learning activity. The other 50 are not so involved but we want to discover whether they are undertaking other forms of activity that they interpret as learning and the importance they attach to this in the context of their lives.

In the next phase, we shall follow up 25 older people from each category in order to explore in greater detail through semi-structured interviews, the meanings ascribed to learning activities and the perceived outcomes for the quality of their lives. We are currently in the process of recruiting and training 10 older volunteers who will carry out these interviews with their peers. In this way, we aim to establish collaborative and non-exploitative research relationships by positioning older people themselves at the centre of the research process.

We shall also ask a further 25 people to keep learning diaries over a three month period detailing their experiences in learning using their own definitions. With participants' agreement, these will be subjected to content analysis to illuminate further what role learning plays in the context of older people's lives and its impact.

At each stage, we have tried to incorporate our own identities and those of the 'researched' into the process of the research and to take a critical stance towards our findings by providing feedback to research participants in order to check on validity and to invite comment.

IMPLICATIONS

We believe that this research will enable us to develop a new framework within which to understand older people's choices and experiences of undertaking different types of learning and the subjective meaning such activity has for the quality of their lives. It will also contribute empirically derived data that will inform national and local policy debates at a time when other recent government initiatives indicate a gradual realisation that access to learning opportunities may be an integral part of health, well-being and independence in later life. ∎

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Dr Alex Withnall, University of Warwick, Coventry CV4 7AL or A.Withnall@warwick.ac.uk

The Theory and Properties of a Needs Satisfaction Model of Quality of Life

Martin Hyde, David Blane, Paul Higgs and Richard Wiggins

There is growing concern that Quality of Life (QoL) remains under theorised and ill defined.[1-5] The evidence that significant numbers of older people are living longer, healthier and more active lives[6-7] requires us to rethink the way in which we conceptualise and measure quality of life in this age group.[1,2,5] The lack of a theoretically informed measure of QoL in early old age has meant that for a long time it has been measured by a range of proxies, such as health.[5] These proxy measures rest on an implicit set of normative assumptions about each person's quality of life and often neglect the range of experiences of people in older age. Such scales should be seen as measures of the influences on QoL rather than measures of QoL. Partly as a reaction to the perceived problem of employing these, objective, proxy measures more recent attempts to measure QoL have sought to re-centre the subject(ive) in the construction of measures of QoL in early old age.[9,10] Thus researchers seek to understand what QoL means for each person by asking respondents to rate the most important things in their lives. Ironically this approach still suffers from the same problems of the 'expert' defined measures of QoL. In failing to provide an adequate definition of QoL these studies are still restricted to measuring the things that affect QoL.

The use of proxy measures, whether defined by the researcher or the subject, conflates the influences on QoL with QoL itself. In contrast, we started with the premise that any QoL measure should be distinct from those things that might influence it. In order to do this one needs to seriously consider what is meant by quality of life. The debate about whether QoL is best measured quantitatively or qualitatively focuses on the first part of the concept, the quality. In doing so many people fail to consider the much larger question of what it is to be human, that is to be alive (a life). Thus a measure of QoL should be based on an ontology. Our model of QoL is derived from an explicit theory of human need which recognises the social and the biological as equal components.[11] This 'needs satisfaction' approach assumes that QoL should be assessed as the degree to which human needs are satisfied. By grounding our model of QoL in such an ontology we are able to make meaningful comparisons between people's different QoL score.

This model maintains that although there are common basic human needs it is equally important to recognise that being human is an active and reflexive process.[12,13] We conceptualise four domains of QoL based on this range of needs. These domains are;

'Control', 'Autonomy', 'Pleasure', and 'Self-Realisation'. Autonomy is defined as the right of an individual to be free from the unwanted interference of others.[14] Control is understood as the ability to actively intervene in ones environment.[14] These are considered to be the basic, prerequisite, conditions that ought to be fulfilled in order that someone can participate freely in a society. Much gerontological research, however, has failed to consider the more active and reflexive dimensions of being an older person. Such a narrow focus has been criticised for ignoring the issue of the agency of older people.[15] It is this, more active, side of older age that we aim to map with the other two dimensions of our model, 'Pleasure' and 'Self-realisation'.

This model has been operationalised in a four domain, 22 item scale (available at the GO website). On the basis of statistical analysis this was reduced to 19 items which we have called CASP-19. Subsequent analysis demonstrated the properties of the scale. Each of the domains, Control, Autonomy, Self Realisation and Pleasure, exhibit respectable Cronbach's α's of between 0.56 and 0.74. The domains are well correlated showing Pearson's correlation coeffeicents of between 0.35 and 0.70. A second order factor analysis revealed strong evidence that the four domains tap a single, latent, QoL factor. As a test for concurrent validity a life satisfaction scale[16] was included in the questionnaire alongside our measure. The two scales are strongly correlated (r = 0.69, p = 0.01). The next stage of the study is to test the effect of the influences, such as social support, local area and material resources, on the QoL of this age group. ■

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Mr Martin Hyde, Dept of Social Science & Medicine, Imperial College of Science, Technology and Medicine, Reynolds Building, Charing Cross Campus, London W6 8RP or m.hyde@ic.ac.uk

Approaches to the Measurement of Quality of Life: Older Women's Lives and Voices

Tony Maltby, Lorna Warren, and Joe Cook

The fundamental aim of the research is to raise awareness of issues affecting the quality of life of older women across different ethnic groups in Sheffield and their involvement in the range of services available to them. It has drawn upon our pilot study of older women (funded by the Averil Osborn Fund) that was based in Sheffield and Birmingham, but more especially builds upon work Lorna Warren has been undertaking with the Sheffield's Better Government for Older People (BGOP) programme. The research process is informed by a participatory research strategy whereby older women are working with us in shaping and carrying out the research. They have been involved in a series of discussions, in face-to-face interviewing of members of these discussion groups, and will take part in evaluating the research process. A mini-conference event, disseminating the findings directly to a broad range of local and national stakeholders, is planned for March 2002. Here a video documenting the lives and voices of the participants, the process and outcomes of the research, will be launched. This resource will be made available to members of the different communities and groups participating in the research to encourage them to engage in their own research projects.

The involvement of older women from a range of ethnic communities in Sheffield in the design and execution of the research, as well as the early dissemination of findings has meant that the research has had to develop organically, although the broad objectives as stated in the research proposal have remained paramount. During the first phase discussion groups were held with women aged 50 years and over from Chinese, Irish, African-Caribbean, Somali and white British-born ethnic identity. Each group has met twice and transcripts of the taped discussion sessions have been completed. Although the key themes or issues for debate in these discussion groups derived from the pilot project and used an aide mémoire, the overall format of the discussions was left relatively open to encourage the airing (and sharing) of opinions central to the lives of women themselves. That is, the aim has been to encourage the women's lives and voices to become the central focus. We use the term 'voice' here, both in the literal sense of speaking out, but also to imply freedom from mediation through the constructions of others. For a large proportion of these women, this process has been a positive experience.

For the second phase, the face-to-face interviews (intended to be what Cotterill[1] has termed 'loosely structured conversations'), nine volunteers from the discussion groups have been trained in order to work alongside the project team in carrying out life story interviews with all participants. It is hoped that this stage of the project will help to equip the women, where desired, with the skills, experience and confidence to commission or carry out research themselves, primarily as members of community and/or interest groups. Indeed, we are exploring the possibility of them gaining formal recognition for this training. The volunteers are also to work with the research team in evaluating the process of this participatory research and in promoting change. It is planned to involve all the volunteers centrally in the dissemination of findings in the local conference mentioned above.

The method we chose at the 'interview' stage was based upon life-story approaches, defined generally as the oral delivery of a narrative account of a person's life by the person themselves. Life stories offer the opportunity for people to tell their own 'story'. The accounts need not necessarily take the form of a structured narrative[2] but in terms of the culmination of key periods, activities or events in their lives. Crucially, they reveal the various and varying ways in which individuals may experience and explain the 'inner' side of ageing[3] and express those issues contributing to 'quality of life'. They give people agency in defining their own needs, including older people who are independent and self-supporting. We have also adopted life-story methods as they are the favoured approach of feminist researchers wishing to avoid the limitations of 'add-on' approaches to the study of women's experiences and achieve non-hierarchical research relationships. In practical terms, life-story methods have the additional benefit of developing opportunities for involvement.[4]

These particular research strategies have been adopted because clearly to ask individuals directly to arrive at some expressed meaning of their 'quality of life' has no guarantee of success. The term is not used as common currency, is esoteric, is multi-layered in terms of understanding and meaning according to the scientific approach adopted. Anticipating these difficulties we have instead asked our research participants to express, for example, 'what is good' or 'what is bad ' about their lives, about the day to day experiences of their ageing. Often their responses have been linked to key stages or events in the life-cycle as outlined above. Development of such discussions has elicited information about various issues central to the lives of the women, including attitudes to ageing and older people, spiritual and political beliefs, discrimination and oppression based on age, gender, 'race', income, transport, family relations, health, disability, leisure, activities, use of services and nature of service provision, social rights, and having a say and being listened to. Thus, our approach has demonstrated the diversity of meanings 'quality of life' has for these women. It has also yielded an enormous quantity of 'rich' data for further analysis. ■

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Dr Tony Maltby, Dept of Social Policy & Social Work, University of Birmingham, Edgbaston, Birmingham B15 2TT or T.Maltby@Bham.ac.uk

Quality of Life and Real Life Cognitive Functioning

Mary Gilhooly[1]

Defining quality of life is a bit like defining intelligence - everyone knows what it is, but no one has come up with a definitive definition or perfect measurement tool. For this reason it is sometimes said that intelligence is 'what intelligence tests measure'. We have taken this rather pragmatic view in conceptualising quality of life in our project; quality of life is what our chosen measures measure. We did not spend months agonising on how we would conceptualise quality of life and then look for a measure that would fit our definition. Instead we selected measures that we thought would be quick, easy, and fun to use or which had good 'face validity' for our purposes.

Two scales were chosen for our project - the Delighted-Terrible Faces Scale[2] and LEIPAD.[3] The Faces Scale was chosen to assess subjective perceptions of quality of life, in recognition of the fact that individuals have different responses to the impact of factors such as illness, poverty, and life events on personal satisfaction with life in general. LEIPAD was chosen because it assesses five domains which were viewed as important components of quality of life and which, in addition, were directly linked to the aim of the study, that is, to examine the relationship between risk factors measured in middle age and cognitive functioning in old age. LEIPAD had the advantage over other measures of quality of life in that it is both subjective and objective in its assessment and was developed for use with older people.

DELIGHTED-TERRIBLE FACES SCALE

When using the Faces Scale, 'quality of life' was defined to participants as 'overall satisfaction or dissatisfaction with all areas of life'. Because it was intended that the judgement be subjective, wherever possible no further definition of quality of life was provided. Piloting revealed no problems with using the Faces Scale and the majority of participants easily understood what they were being asked to rate.

Some investigators in the GO Programme have expressed concern about using the Faces Scale, arguing that it is silly and potentially demeaning. However, this scale has been used successfully in a number of studies at the Centre of Gerontology and Health Studies, University of Paisley. The scale nicely breaks up a serious of potentially tedious questions and generally brings a smile to the face of interviewees. Previous studies at the Centre have indicated high correlations between the Faces Scale and other measures purporting to measure quality of life, for example, the Life Satisfaction Index. However, skewing towards the positive end of the scale may, depending on the nature of the question, occur.

LEIPAD

LEIPAD is a multi-dimentional evaluation instrument which *(a)* permits a short, but exhaustive assessment of the various quality of life domains, *(b)* allows subjective assessment and an understanding of the hierarchy of importance given to these domains by the individual being tested, *(c)* is specific to the elderly, *(d)* possesses cross-cultural validity, and *(e)* is sensitive to changes brought about by medical or social treatment.

The LEIPAD scale assesses quality of life using a questionnaire format. The original questionnaire is composed of 49 self-assessment items. For the purpose of our study questions that assess the influence of social desirability, personality characteristics, and sexual functioning were omitted, leaving 29 questions. These questions are grouped into five subscales:

1. *Physical Function (e.g. How would you rate your overall physical health?),*

2. *Self-care (e.g. Are you able to get up and down the stairs without help?),*

3. *Depression and Anxiety (e.g. Taking everything into consideration, how anxious do you feel?),*

4. *Cognitive Functioning (e.g. Do you have difficulties in concentrating?), and*

5. *Life Satisfaction (e.g. How satisfied are you with your ability to manage your hobbies or recreational activities?).*

Inherent in our project is the assumption that good cognitive functioning is an important component of quality of life. Moreover, a poor quality of life is likely to impact on cognitive functioning. It was the inclusion of a subscale assessing cognitive functioning that attracted us to LEIPAD. Because older people often experience various adverse events simultaneously, physical, mental, social and economic well being become more closely interrelated than is the case with younger people. Older people may also have communication difficulties that could be linked with cognitive impairment. For this reason, LEIPAD assesses subjective perceptions of memory function, concentration and thinking.

Although the project team recognize the very real difficulties inherent in conceptualising and operationalising quality of life, the need for linear scales providing dependent and independent variables for use in regression analyses dictated our choice of measures. Hence, in our project quality of life was defined as 'what the quality of life scales measure'. ■

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1. The research team comprises Ms Dominique Harvey (research assistant, University of Paisley), Ms Allison Murrary (research assistant, University of Paisley), Ms Margaret Lothian (research student, University of Paisley), Professor Mary Gilhooly (grant holder, University of Paisley), Dr Louise Phillips (grant holder, University of Aberdeen), Professor Ken Gilhooly (grant holder, Brunel University), Professor Phil Hanlon (grant holder, University of Glasgow), Dr Elisabeth Boyle (attached research associate, University of Paisley)

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Professor Mary Gilhooly, Faculty of Health & Social Sciences, University of Paisley, Paisley Campus, Gardner Building, Paisley PA1 2BE, Scotland or m.gilhooly@paisley.ac.uk

Project Updates

Brief updates to keep readers informed about the progress of GO projects

DEFINING AND MEASURING QUALITY OF LIFE

Coping with Life and Using Services: How People Over 75 Maintain Their Dignity and Self-esteem When Faced with a Limiting Physical Condition (John Baldock)

Thirty five older people living on their own have been interviewed twice. Analysis of the interview data is now taking place. Initial findings tend to show that some people do at first resist help and services that they later accept. To what extent this means they are not always the best judges of what they need is not yet clear.

Quality of Life of Healthy Older People: Residential Settings and Social Comparison Processes (Graham Beaumont)

Phase I will be completed as planned at the end of May 2001 with 195 participants recruited and interviewed. With the selection process we have now completed well over 400 detailed interviews. Phase II began on 1 June when participants began to be invited back, and meanwhile data entry from Phase I will begin, to be followed by analysis of this phase in the autumn.

Adding Quality to Quantity: Older People's Views on Their Quality of Life and Its Enhancement (Ann Bowling)

Four ONS surveys have been completed and the data is currently being analysed. In-depth interviews have been carried out by Zahava Gabriel. Eighty have been completed, transcribed and are currently being analysed using NUDIST (version 5). An abstract for a paper discussing the qualitative data was presented at this year's BSG conference.

Spiritual Beliefs and Existential Meaning in Later Life: The Experience of Older Bereaved Spouses (Peter Coleman)

One year follow-up interviews nearing completion; quantitative analysis and construction of individual case studies underway; first meeting held of advisory committee to consider practice and policy implications of research.

An Anthropological Investigation of Lay and Professional Meanings of Quality of Life (Chris McKevitt)

This project ended in July. Data analysis is nearing completion and papers are being prepared. A brief article will appear in Stroke News, the Stroke Association's publication. Presentations of findings have been made locally and at the European Stroke Conference. Other abstracts to conferences have been submitted. We have presented findings at the conferences of the International Epidemiology Association/ Society for Social Medicine and the British Society of Gerontology.

Environment and Identity in Later Life: A Cross-Setting Study (Sheila Peace)

We have completed the first (focus groups) phase of the study. We have also piloted five QoL measures along with our own schedule of emergent questions. From this we have devised a flexible interview instrument for the next phase of the project, which runs from June to December. We will also be doing some initial shooting for the video which will be one of the outcomes of the study.

INEQUALITIES IN QUALITY OF LIFE

Influences on Quality of Life in Early Old Age (David Blane)

Postal survey and data entry complete (November 2000). Data collection is complete. New data have been integrated into existing longitudinal data set. Selected missing values, due to item non-response, have been inputted. The technical properties of our outcome variable (scale measure of quality of life in early old age) have been established; and submitted for publication in an appropriate peer-reviewed journal. Substantive cross-sectional and life course analyses are underway. Dissemination is in process via verbal presentations and written papers.

Inequalities in Quality of Life Among People Aged 75 and Over Living in the Community (Elizabeth Breeze)

The end of award report was submitted in April and papers for publication will be drafted later this year. Most people aged 75 and over in the community reported few problems with mobility, body care and movement, home management, and social interaction (dimensions from Sickness Impact Profile) and their morale is positive. Women tended to have higher scores than men and older people than younger. The gender differential was greater, and the age differential less, for morale than for the SIP dimensions. People in rented homes had higher risk of being in the worst quintile of quality of life than people in owner-occupier homes. Health problems and lifestyle behaviours partially accounted for this but no one factor had a major effect. In this older population, personal indicators of socio-economic status appear to be stronger determinants of quality of life than area measures when both factors are taken into account.

Ethnic Inequalities in Quality of Life at Older Ages: Subjective and objective Components (James Nazroo)

Literature review has been completed. Pilot interviews for the qualitative data collection were conducted early this year. The main stage of data collection has entered its second phase (May 2001), and we anticipate fieldwork being completed in July 2001. Analysis of the qualitative data will begin shortly, and we are currently planning the detail of the quantitative analysis.

Older People in Deprived Neighbourhoods: Social Exclusion and Quality of Life in Old Age (Thomas Scharf)

Fieldwork involving interviews with 600 people aged 60 and over living in socially deprived areas of Liverpool, Manchester and East London was completed in Spring 2001. As part of this work, the research group has been working closely with relevant community groups in the study locations. Initial analysis of survey data began in summer 2001 and will inform the qualitative stage of the research, scheduled to start in the autumn.

Exploring Perceptions of Quality of Life of Frail Older People During and After the Transition to Institutional Care (Susan Tester)

Summary of findings of focus groups available. Observation completed in four care home settings, analysis in progress. Main fieldwork piloted and begun, including guided conversations and informal observation with sample of frail older residents in care homes. Two journal papers and one book chapter under review. Three papers presented at national conferences. Three papers in preparation for national and international conferences.

TECHNOLOGY AND THE BUILT ENVIRONMENT

Transport and Ageing: Extending Quality of Life for Older People via Public and Private Transport (Mary Gilhooly)

The focus groups and postal survey are complete. Interviews in Paisley and London are on-going. It has been difficult finding and persuading people over the age of 75 years to take part in the interviews. Finding ▶

men who do not drive has also been problematic. Papers have been presented at the annual conferences of the Gerontological Society of America, the Australian Association of Gerontology and the British Society of Gerontology (BSG). Dissemination has also taken place at meetings of the local elderly forum in Scotland. A joint study was set up with La Trobe University. Preliminary analyses indicate that for men, but not for women, quality of life is linked to car access.

HEALTHY AND PRODUCTIVE AGEING

Quality of Life and Real Life Cognitive Functioning (Mary Gilhooly)
Three long interviews are needed for each participant in this study, two assessment sessions plus an in-depth interview on lay concepts of cognitive functioning in old age. To date about 80 participants have completed both assessment sessions. Approximately 50 people have taken part in the interviews on lay concepts. Papers have been presented at the annual conferences of the Gerontological Society of America, the Australian Association of Gerontology, British Psychological Society and the BSG.

Evaluating the Impact of Reminiscence on the Quality of Life of Older People (Kevin McKee)
Currently undergoing group phase of intervention, one to one phase now complete. Data entry ongoing. Paper on reminiscence and writing activities presented at BSG conference 2001.

Older People's Experiences of Paid Employment: Participation and Quality of Life (Ivan Robertson)
Over 1200 questionnaires have been returned. This data has been inputted and some preliminary results are currently being written up. 180 interviews, incorporating cognitive ability and personality assessment, have been completed. The remaining 170 are scheduled to be carried out over the summer.

FAMILY AND SUPPORT NETWORKS

Older Men: Their Social World and Healthy Lifestyles (Sara Arber)
The first observational component (30 social organisations) is complete. Preliminary analysis is underway. The second qualitative component (100 in-depth interviews) now includes respondents from GP practices and is over half way through. The quantitative component has recommenced and analysis of the GHS, HSE and BHPS is in progress. The three components

are becoming increasingly inter-related, as contemporaneous analyses develop. Articles for national and international journals and papers for international and national conferences reporting preliminary findings are currently being written.

Older Widow(er)s: Bereavement and Gender Effects on Lifestyle and Participation (Kate Bennett)
Field work in progress -3/4 completed. Currently coding data. Analysis to commence soon.

Grandparenthood: Its Meaning and Contribution to Older People's Lives (Lynda Clarke)
Fieldwork for both Stage 1 and 2 completed. Currently analysing data from second survey and writing up results from both surveys. Two book chapters in preparation. Four conference presentations planned.

Family, Work and Quality of Life: Changing Economic and Social Roles (Maria Evandrou)
The team is progressing with the multivariate analysis of the Retirement Survey (1988/89 and 1994) and the Family and Working Lives Survey (1994-95). Findings are being presented at the EAPS (Helsinki) and the IAG (Vancouver) conferences. Research Fellow left to take up lectureship.

Quality of Life and Social Support Among Older People From Different Ethnic Groups (Mike Fisher)
Details of access to the Family Resource Survey sample have been finalised, and the first group of respondents will be available in mid June. Completed extended pilot work on the interview schedule, and a team of interviewers is ready to begin fieldwork. Writing a methodological paper on the issues of secondary access to a major national dataset, and a paper on the methodological issues in identifying social networks.

PARTICIPATION AND ACTIVITY

Empowerment and disempowerment: comparative study of Afro-Caribbean, Asian and White British women in their third age (Mary Maynard)
The fieldwork for this project is now completed. Systematic work is now being undertaken with regard to developing coding categories and using ATLAS/ti to organise and marshal the data. As part of a 'thank you' to all our participants, we invited them to visit the University of York campus at the beginning of July when they were given the opportunity to meet the

research team, share their views about the research and their involvement in it, have lunch and tour the city.

Older Women's Lives and Voices: Participation and Policy in Sheffield (Lorna Warren)
First phase of fieldwork (11 discussion groups x 2) finally completed, with unforeseen minor delays, in May 2001 and analysis of findings well underway. Nine older women volunteers successfully trained and in the field completing life story interviews with participants from the discussion groups. Interviews with local policy makers, service providers and practitioners currently being set up. Videoing of project continues to progress smoothly. Eight seminar papers/presentations have been delivered and two journal articles are in preparation.

Older People and Lifelong Learning: Choices and Experiences (Alexandra Withnall)
The conceptual model of the pathways to learning in later life developed in Phase I of the project is currently being tested by 50 learners and 50 non-learners around the country via a detailed questionnaire. Ten older people have been recruited as interviewers for the next phase and written training material prepared for them. A paper discussing the focus groups carried out in Phase I is currently in preparation.

For Further Information:

Our web site includes detailed information on projects and activities.