

Research for an ageing society

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ABSTRACT – This article outlines the research agenda of the Economic and Social Research Council's Growing Older Programme. The Programme focuses on extending quality life and is composed of six sub-themes: defining and measuring quality of life; 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 aims not only to produce high quality research on the factors determining quality in old age and how it can be extended but, also, to contribute constructively to policy and practice. The article also introduces the new UK National Collaboration in Ageing Research which brings together four of the research councils to raise the profile of research on ageing and to develop a multidisciplinary approach

The purpose of this article is to introduce readers of *Clinical Medicine* to an exciting new programme of research on ageing which has the potential to deliver important practical results for both practitioners and policy makers. The programme is also linked to a major new initiative designed to encourage multi-disciplinary collaboration in ageing research.

Britain is an ageing society. The biggest expansion is taking place among the over 80s, who will treble in number by 2025. This quiet population revolution has profound implications for all walks of life, public and private, and poses huge challenges to public policy on pensions, health and long term care and for those working in the health and social services. There is an urgent need for an informed public debate about these issues in this country and, in the absence of robust information, apocalyptic demography has the upper hand. Thus the policy and the media agendas tend to be set by the pessimistic perception of population ageing as a problem and the cost of health and social care as a 'burden'. Many of the popular misconceptions about ageing and its personal and societal implications derive from the absence of hard evidence on some key issues. The UK has never had a concerted programme of research in this field that could match that of the National Institute of Ageing in the USA. However, that gap is beginning to be filled and, last December, the Economic and Social Research Council (ESRC)

launched its Growing Older Programme, which is the social science contribution to the urgent need for a better evidence base for policy and practice.

The £3.5 million Growing Older Programme aims to help Britain come to terms with its own ageing process. This country boasts some of the world's leading social science experts on ageing and this initiative intends to harness their talent to focus on the central question confronting both individual older people and society as a whole: if we are living longer can our quality of life also be extended? Rather than seeing ageing as a period of inevitable decline and decrecence – viewing older people automatically as economic burdens and associating old age with negative images – this major research programme will be looking for evidence of how quality of life can be sustained for as long as possible. If it is successful it will allay the fears of the pessimists about population ageing as well as, perhaps, giving younger generations something to look forward to.

How can social research contribute something positive to quality life in old age? First of all, in order to extend quality life, we have to understand what it means to different groups of people. Such information is lacking and, without it, both policy makers and practitioners frequently substitute their own conceptions. For example, health and mobility are commonly used as proxies for quality of life in old age. Yet, in scientific terms, we do not know the constituents of quality in later life and how they interact to determine well-being. A major theme of the programme will be to place older people them-

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Key Points

The £3.5 million ESRC Growing Older Programme aims to understand the factors that determine extended quality life

There is a lack of knowledge about the constituents of quality in later life and how they interact to determine well-being

Rapid technological change has the potential to threaten the quality of life of older people or to enhance it

Sustaining good physical and mental health is an essential prerequisite for extending the quality of later life in the form of one extension of working life and active citizenship

The Programme aims to demonstrate that social research can deliver practical answers to major policy questions and can directly address the concerns of practitioners

selves at the centre of the research process aimed at defining and measuring quality of life. What are their priorities for the different elements of quality and the importance of policies on pensions, health, social care, housing, crime, transport and so on? Also, we know virtually nothing about the differences in the quality of life experienced by different groups of older people, for example according to social class, gender and ethnicity.

Rapid technological and informational change has the potential to threaten the quality of life of older people who lack the skills and material resources to use them and exploit their advantages. Alternatively technological innovation could be a very positive force for integrating older people with their neighbours and enhancing their quality of life. The new field of gerontechnology is beginning to show how 'design for all ages' can ensure continued access to technology. We need to know how far technological change in the workplace can assist in extending working lives rather than, as is more often the case, be a cause of redundancy. Also, the new ICT applications in the home (domotics) and smart housing offer the prospect of sustaining frail and vulnerable people in their own homes and integrating them in the community. A hard-nosed cost/benefit appraisal is required of technology designed to assist older people.

Sustaining good physical and mental health is an essential prerequisite for extending the quality of later life in the form of an extension of working life and active citizenship. Both forms of activity can yield substantial economic and social benefits to society as well as the individuals concerned. On the one hand there is the paradox that now confronts this country and all other EU countries: that, as longevity has increased, the age at which people leave the labour market has fallen dramatically. In Britain and Germany barely one-third of men reach pension age in employment. This has increased pressure on both the payment and the funding sides of social security. On the other hand, older people consume a higher proportion of health resources than younger ones. In this country people over the age of 75 comprise 6.8 per cent of the population but take up 27 per cent of health expenditure. In Germany the ratios are 6.5 per cent and 16.5 per cent. *Per capita* health expenditure among the over 65s is nearly twice as high as for those aged 0–64 and is more than five times higher for those aged 75 and over. There are thus huge bonuses attached to extending health and activity in later life for both individuals and the Exchequer. Yet there is surprisingly little research on why many older people remain healthy while others do not.

There are also important questions concerning participation in later life – social inclusion and integration and their links with quality of life. Older people may be excluded from full and active citizenship by poverty, disability or ill-health, or because they

choose to disengage from certain community networks. Theories of exclusion and disengagement, however, do not account for the wide variation in people's choice and behaviour in later life. A small but significant proportion of older people suffer from loneliness, which is one of the most sensitive subjective indicators of well-being. But why do people remain, or become, active in community or voluntary roles? How can policy encourage or discourage participation in later life? What are the links between empowerment and well-being among particularly very frail older people?

There are 24 projects in the programme covering issues as diverse as the role of grandparenting in the quality of later life, coping with frailty in old age, and professional and lay assessments of quality of life in stroke care. It has boldly set as its main priority making an impact on quality in later life. Of course this will depend on policy makers and practitioners, but excellent research that is geared to the pressing problems they face in this field will be hard to resist. Therefore it is intended to show that social research can deliver practical and useful answers to major policy questions and can directly address the concerns of practitioners.

In the near future the ESRC's Growing Older Programme will become part of a new initiative aimed at developing multi-disciplinary collaboration in ageing research. The four UK research councils (BBSRC, EPSRC, ESRC and MRC) have come together to ensure that ageing research has a high priority and that the full potential of cross-disciplinary linkages is realised. The new collaboration comprises two elements: a UK Funders' Forum, which brings together all of the main bodies responsible for funding research in this field, under the chairmanship of Sir John Pattison; and a three-year initiative, funded initially by the MRC, focussed on developing interdisciplinary collaboration. The Funders' Forum will meet biannually and the interdisciplinary collaboration will begin in the near future. As with the Growing Older Programme, this initiative will seek to work closely with policy makers and practitioners to try to ensure that science is directed to practical ends.

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