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## **Taking a capabilities approach to evaluating supportive environments for older people.**

### **Abstract**

The ageing of our population means that most places have to see themselves as retirement communities. A pressing question is therefore how environments are supporting quality of life for older people. This paper suggests that a capabilities approach could be a valuable tool. Firstly, it can explicitly address issues of inequality and diversity (Sen, 1992; Nussbaum, 2000; Robeyns, 2003). Secondly, because the capabilities approach acknowledges agency, it can be used to ensure that older people themselves name the criteria that are important. The resulting framework can be used by older people and policy makers to map the responsiveness of their place to later life concerns. It offers, therefore, a means of shifting attitudes from one of deficit and dependency to independence and well being. In producing capabilities criteria, this paper looks to the views of older people as expressed in recently published work in the UK. The paper discusses in turn the domains cited by older people: health, adequate income, mobility, safe neighbourhood, the comfortable and secure home, social relations and support illustrating how these key quality of life factors are often compromised by poor policy provision.

**Keywords: older people, environments, capabilities approach, quality of life, agency**

### **Introduction**

While global concerns over climate change and threats posed by terrorism may be giving us all sleepless nights, the equally important global issue of ageing has been creeping up on us over the past century. The concern most commonly voiced in the UK, is that there will be increasing demand for health and welfare services that will bear down heavily on our pockets through increased taxes on working people. However the ramifications of an ageing population reach into all areas of society. Harper (2006) talks of “labour supply, family and household structure, health and welfare services demand, patterns of saving and consumption, provision of housing and transport, leisure and community behaviour, networks and social interaction, and even, it has been suggested, the geopolitical order of the new century” (p. 1-2).

While generalisations should be treated with caution, it is true in Britain that more older people are better off financially and in better health than their parents’ generation

(Evandrou, 1997). This is set to continue in the short term. The post World War II baby boomer generation that in the UK has benefited from increased and free access to higher education and then, with greater employability and no student debt, entered owner occupation at a time of price stability and benign interest rates, have been able to increase their personal wealth. These WOOPIES (well off older people) have the material resources to shape their retirement and to participate in contemporary lifestyle culture (Gilleard and Higgs, 2000). For this group there are possibilities of new identities carved from consumer choices as opposed to those produced from the relationship to the world of production. This can be a liberating thought- no longer confined to seeing ourselves in terms of what we used to be or do or bounded by traditional “old age” roles of grandparent or volunteer but able to fulfil long cherished ambitions, learn new skills, maybe live in a different place or even country. A chance, in short, to turn the page and find a new exciting chapter not the end papers.

Some commentators notably Vincent (2003) have concluded however that greater affluence notwithstanding, identity in old age is “less susceptible to the ephemera of post modern consumer identities” (p. 121) but may be created from the more enduring stuff of long relationships and shared experience. We might also want to assert that while many older people are increasingly using their wealth to purchase a good life it is naïve to suggest that we can, through consumption and lifestyle choices, either endlessly deny, much less avoid, the experience of biological change (McHugh, 2003). It would be wrong to assert that ultimately in the “fourth age” or when we reach the “oldest old” age group our life is “constituted by inventories of social need and social exclusion” (Gilleard and Higgs, 2000: 23). Nevertheless we are more likely to encounter some limitations of health, loss of spouse, contraction of circle of friends all of which challenge our ways of living.

In discussing quality of life issues it is notable that money figures less frequently in the indicators put forward by older people themselves. Where income is discussed it is in the sense of an enabler though not the most central resource in quality of life. This is not to suggest that issues of income are not significant for some, particularly very old women living alone, but an exclusive focus on income and financial resources provides a limited picture and one that may not bear adequate witness to those domains valued by older people.

### **Why the capabilities approach ?**

As other scholars have pointed out (Sen, 1992; Nussbaum, 2000) the capabilities approach can be employed to analyse inequality. While less discussed than other forms of discrimination, ageism, according to a British survey of 2005, is the most commonly experienced form of prejudice with 29 percent of adults reporting experiences of age discrimination (Age Concern, 2005). It is therefore appropriate to consider a capabilities approach in analysing how policies, attitudes and neglect may constrain older people from leading a life that they judge worthwhile.

A common problem faced by older people is the pervasive view that they are passive and dependent. The capabilities approach acknowledges older people's own agency in constructing the criteria that create quality of life. Nussbaum (2000, 2003) has argued the need for prescribed lists of capabilities. Ingrid Robeyns (2003) suggests, in her work on gender inequality, that any such list must be derived from democratic processes that add legitimacy to the priorities chosen. Robeyns' own list was drawn from existing literature in the field of gender inequality and then debated with feminist scholars. In this paper the list of quality of life indicators is drawn from an analysis of recent research undertaken in the UK. In all of this work older people, through a range of methodological approaches, were asked about quality of life- what militated against it and what, if any factors, would increase this. In short the quality of life indicators are those set out by older people. Secondly these same issues have been continually raised through workshops and discussion groups that the author has participated in through her nine year's membership of an Elders Council<sup>1</sup> working group on home and housing. These criteria therefore have been found and validated both in local empirical work and through the voice of a broader range of older people captured by local, regional and national research.

Finally the emphasis on actual beings and doings provides a robust empirical approach to consider how places may support or deny older people's quality of life as they define it.

### **Capabilities as determined by older people**

Over the past decade there has been an increased research attention on quality of life and older people. In the UK this has been driven by a new willingness to listen to older people. The Blair government has committed to giving older people opportunities to shape the services that impact upon their lives (Gilroy, 2003). This core value has underpinned major reports such as those from the Audit Commission (2004a, 2004b, 2004c, 2004d) and those from an Inquiry into needs of older people (Raynes, Clark and Beecham 2006a and 2006b). In academic research, funding opportunities provide by the Economic and Social Research Council's <sup>2</sup> programmes on `Growing Older` and more recently the current `New Opportunities for Ageing` have made important contributions to our understanding of older people's lives. The Growing Older programme's objectives were to generate new high quality knowledge that explored different aspects of quality of life in old age and secondly to contribute to the development of policies and practices that would extend it (Walker, 2004). In all of this research there was been a commitment to seeing older people as human subjects with the right to assert their values and beliefs. In the 24 studies that were funded from the Growing Older Programme 8 were concerned with hearing from older people what they felt contributed to quality of life. The indicators put forward by older people are set out in Table 1.

Table 1 here

It is possible to divide these factors into separate groupings: individual issues such as health, income and ability; environmental issues about accommodation and mobility in the sense of transport and thirdly psychological and social issues such as social networks and support. However it can be argued that these elements are not separate in anyone's life and for older people there may be a greater degree of connection. To take one example, physical, cultural and social activities are known to underpin both health and happiness in old age but however good the facilities or opportunities, a low disposable income, a lack of transport, or a perceived unsafe environment can all conspire to block older people's usage.

While capabilities are considered as ideal functionings, it is noteworthy that older people have a more pragmatic outlook. Health, for example, is often framed as freedom from disease. Age, however, is likely to bring some limitation of physical or mental functioning and older people acknowledge change as part of the process of living. When they talk of in terms of health it is in a more holistic sense of well being and to name sufficient health to be able to live a "normal life" as the desired goal (Raynes, Clark and Beecham, 2006b). In considering income, many older people live on modest incomes but may not count themselves as badly off. What they ask for is enough money to participate in society with no money worries (Gabriel and Bowling, 2004). Given the practical focus of this paper and the concern to hear from older people it is these more pragmatic considerations that are discussed here.

Sen's argues (1992) that the sum of all capabilities is freedom. For older people the preferred word might be independence. This is frequently cited by older people as a key feature in their concept of quality of life and hinges on accessibility in the home, security of tenure, feelings of being in control, environmental quality of the neighbourhood, availability of transport, strength of social support, as well as income (Audit Commission 2004a). This key issue is virtually ignored in Quality of Life measurements (Bowling and Gabriel, 2004; Brown et al, 2004). This gap may account for the call made by the European Forum on Population Ageing which has suggested that more existential, biographical and older person centred perspectives should be built into thinking on quality of life. This also requires that researchers and policy makers develop methods to both involve older people and focus upon their perceptions and expectations (Brown et al, 2004).

### *1. Health*

While the current debate on ageing places high emphasis on wealth, health remains a more significant issue for older people. While there is considerable research attention focused on the ageing body it is still the case that later life is more likely to bring infirmity. Sixty four percent of British people aged 75 or over have a disability according to the 2001 Census; half of those aged 75-80 have a long term illness that prejudices their activities and this rises to more than 70 percent of those aged 80 and over (ONS, 2001). We may argue that some deficiencies of sight (particularly cataracts) can be ameliorated by surgery; that loss of hearing can be corrected by discreet devices. However we are far from conquering the onset of common disabling conditions such as osteo-arthritis or

Parkinson's disease. Major advances in drug treatments and controversial stem cell therapies may at some future date hold back or even prevent the occurrence of dementia however the painful truth is that as we grow into great age we are more likely to have cognitive impairment (Alzheimer's Society, 2007). While there is not enough space here to do justice to this difficult issue, policy makers, local politicians and service providers need to be thinking of the implications. Most people with dementia are not living in institutions but in the same streets they have always lived in. To what extent are we investing in lowering the cost and availability of assistive technologies that might support the cognitively impaired? To what extent are we considering the way-finding needs of this growing group when we build new housing estates or regenerate neighbourhoods. Bland layouts and loss of distinctive buildings create greater confusion and grief in those who have lost their way home (see Burton and Mitchell, 2006 for recommendations on designing dementia aware places).

In Britain the partial retreat from welfare provision has constructed a policy framework where customers of publicly funded services are encouraged to make their own choices and as a result take responsibility. This concept has also influenced policy makers in health who advocate the adoption of healthy lifestyles (Department of Health, 2004, 2005). This may be nothing new since public information films have long been advocating healthy eating, exercise to maintain a healthy heart, safe sex and smoking cessation however what is new is the concept that health is a matter of individual choice and therefore those who are in poor health have chosen wrongly and should, perhaps, incur blame. For older people the ability to choose, for example, a healthy diet is likely to be more constrained than for other groups by income or simple lack of access to shops selling fresh fruit and vegetables. In the UK there has been a reassertion of the value of street markets as sources of fresh food (ODPM, 2004; Jones, Hillier and Comfort, 2004a; Dines and Cattell 2006). While these are growing because of the demand for sustainable and organic food, this is one counter movement in the face of a range of factors including the growing power of multiple retailers, the large investment in out of town retail developments that are close to high capacity roads and dedicated car parking facilities together with the growth of car ownership and changing working and living styles that have contributed to the loss of the high street family run green grocer, fishmonger, baker and butcher (Jones, Hillier and Comfort, 2004b). For those who no longer drive or never did, choice is becoming more constrained. In the context of the United States where low proximity to everyday services is more pointed, Ron Croucher asks two important questions. "Do we want all those baby boomers driving their SUVs 30 miles to the grocery store in 20 years time when they start entering their 80s? Better yet, will they want that reality?" (Croucher, 2004: 13).

When older people talk of health it is in the more holistic sense of well being. Part of that well being is enjoyment and meaningful activities. Those older people in disadvantaged areas with little or no social infrastructure are heavily prone to isolation and depression (Scharf, et al 2003). Older people in Newcastle say "We feel there is a large but currently unquantified and un-catered for `silent majority` to be addressed, possibly through education rather than, or as well as, health and social services" (Elders Council, 2003).

Older people are capable of enjoying the learning opportunities, facilities and clubs already in existence in communities though issues of cost, transport, confidence and the need for escorts may need attention. Where “special” activities are organised, research indicates that craft and cultural activities are often geared to older women. While women make up the majority of those in later life particularly those in the over 80s, more attention needs to be paid to the needs of men. There seems to be little social infrastructure for older men whose social networks often contract markedly after the death of their spouse. Women it seems often act as kin keepers and the glue in social relationships particularly with other couples (Arber, Davidson, Daly and Perren, 2003).

While leisure, learning and fun may sound like less significant issues <sup>3</sup> research among older Americans suggests that retaining and increasing social activity has a direct impact on quality and length of life (Glass et al 1999). If older people can take a more holistic view of health, this view needs to be more widely embraced by policy makers and service providers.

## *2. Income*

While many older people in the UK are more affluent the emphasis placed on income in the studies revealed that it is valued as a means to an end and as part of maintaining a sense of control. Income, of course, varies considerably but it remains the case that in spite of recent commitments (DWP, 2006a) to reconnect the level of state pension with average wages, the level of the British state pension is among the lowest in northern Europe. As at April 2007 a man or woman who has paid the full contributions has a state pension of £87.30 (\$171.50) so a couple who had both worked full time and paid contributions would have a weekly pension of £174.60 (\$343.03). However government guidelines state that the minimum income for a single older person should be £119.05 (\$233.89) per week and a couple should have no less than £181.70 (\$356.97) per week. In comparison the median weekly salary at April 2006 was £487 (\$956.79) for a man and £387 (\$760.32) for a woman. It has been suggested that the level of state pension is based on an assumption that people have either accrued reasonable occupational pensions or have wealth tied up in their property that can be released to fund their needs (Acheson, 1998). While many older people have occupational and private pensions that bring them up to at least these levels, almost 2 million older people are living in poverty with the majority of these being women. Gender issues are critical in a discussion of poverty in old age since women dominate in late old age and it is women’s caring roles in respect of children, parents and spouse that take them out of the workforce to the detriment of their pensions in later life (Evandrou and Glaser, 2004). Current estimates show that in 2004-05 between £2.9 and £4.2 billion of income related benefits went unclaimed by older people (DWP, 2006b).

Increasingly the British are a nation of home owners with 72 percent of all older households living in owner occupation and of these 93 percent living with no mortgage debt (DCLG, 2006). However owner occupation does not equate with wealth. A million retired people have housing equity of at least £100,000 but are living on incomes that do not meet modest needs (DWP 2006c). There are equity release schemes but research

published in 2005 revealed that in spite of widespread knowledge and acceptance of the concept 40% think that they are difficult to understand, 52% see them as risky and only 11% say that they trust the providers (Rowlingson and McKay, 2005; see also Appleton, 2003.) Finding trustworthy and effective equity release mechanisms needs to be a greater priority.

### *3. Mobility*

While mobility is frequently mentioned by older people as one of their dimensions of a quality of life it covers a broad range of activity and operates at many spatial scales. Metz (2000) unpacks five key elements: travel to get to desired places and people; the psychological benefit of movement- the act of getting out and about; exercise benefits; involvement in the local community and finally potential travel- knowing that a trip could be made even if not actually taken. Mobility then plays a central part in quality of life and its loss is a major factor in diminution of well being (Kirkwood, 2001).

While not getting out and about is commonly associated with frailty or concerns about personal security in the neighbourhood the simple poor maintenance of street lights, cracked pavements, lack of seats and dropped kerbs may be enough to prevent older people's free movement. More attention is now needed to pavement width given that more older people are using mobility scooters. At the slightly larger scale of planning there are other deterrents that may particularly impact on older people. In British cities in Victorian times (second half of the 19<sup>th</sup> century) public toilets were often below street level accessible by steps thus keeping what our forebears felt were embarrassing personal functions out of sight. The same British cities have demolished most of these and it is increasingly common to find large swathes of urban streetscape with no public toilets at all. Transport nodes have often excluded toilet provision making travel uncomfortable for many but for older people who may suffer from continence issues or simply urgency the only dignified solution may be to remain at home or restrict mobility to a very small range.

Research among older people in British rural communities reveals an acute awareness of transport dependency (Bevan and Croucher, 2006). As more older people are drivers and come to see their car as an essential part of their life the potential loss of driving has a profound impact. In the UK many of the limitations placed upon older people's mobility are from discriminatory practices. Currently there are just over 2 million UK drivers aged 70 and over and this will increase to 4.5million by 2015 (DETR, 2001). In the UK drivers must renew their driving licence at 70 and every three years thereafter though recent discussions by transport policy makers suggests that the imposition of the 70 years break point was arbitrary rather than based on any assessment of increased risk. For those still able and confident to drive in later life ageist practices by insurance companies may cause people to hang up their keys. Research for Age Concern and Help the Aged (2007) suggests that people of 75 years or over are nearly ten times more likely to be refused a quote for holiday and/or motor insurance than people aged 30 to 49. Recent research in New Zealand reveals that loss of driving impacts most on discretionary trips taken purely for pleasure and often at short notice. "Bus services rarely meet spontaneous travel wishes, and most of those provided `for older people` are oriented toward `serious` travel needs" (Davey, 2007: 62). If our policy goal is to improve quality of life by supporting independence and involvement in the community then meeting a friend for lunch or going to look at the spring flowers needs to be taken as seriously as getting to a hospital appointment.

#### *4. Safe Neighbourhoods*

An Age Concern survey carried out in the UK in 2002, to which more than 4000 older people responded, revealed that 72% agreed with the statement that you are more likely to become a victim of street crime as you get older. However official statistics consistently inform us that older people are far less likely to suffer from criminal acts against their person or their property. As is the case for women, gay men, people from minority ethnic communities, many older people experience the corrosive power of living in fear. Again evidence from Age Concern tells us that “a third of those who responded to the questionnaire felt that fear of crime had affected their quality of life and made them feel lonely and isolated, which seemed to become more marked with increasing age. (Age Concern, 2002:2). Evidence from the British Crime Survey (Chivite-Matthews and Maggs , 2002) reveals that older people are much more likely than any of the other age groups to say that they feel very or a bit unsafe walking alone in their area after dark (43%). A further 43 per cent of older people also say that they never walk alone in their area after dark, compared with 19 per cent of the 30- to 59-year olds and 14 per cent of the 16- to 29-year-olds (page 19). Fear of crime acts as a powerful constraint on freedom of movement with older people withdrawing into self imposed curfews.

Why should older people be more fearful? Eric Midwinter puts forward a practical point when he rightly asserts that ‘Although many of our older population are healthy and active, the physical consequences of a push, a shove or a fall are likely to be far more traumatic at an older than at a younger age. Even the problems of replacing pension books, library tickets, cheque books and other documentation...may become more demanding and tiresome when we are older’ (Midwinter 1990:37).

It can be argued that “fear reflects an oppressive social structure” (Laws, 1994: 7) which reminds less powerful groups that they are subordinate. Building on this position, Jones (1987) points out that the consequences may be that elderly people consider themselves de-skilled in relationship to their environment. The exception to this is in the home in which older people, in particular may exhibit pride of possession and a sense of control. Crimes such as theft following entry by bogus callers may destroy older people’s sense of control in this last remaining domain of power and highlight their vulnerability. Hence what may seem like fairly small scale victimization may have profound consequences for older people.

#### *5. A comfortable and secure home*

A comfortable and secure home is both a resource and a capability for most people but both may increase as we age. A decrease in interaction with a wider world (brought about variously through choice, diminishing disposable income, loss of loved ones, loss of mobility, expectations of society) may mean that older people spend greater proportions of time in the home (Munro, 1996). The quality of this environment becomes more critical and any lack of fit (inaccessibility, cost of upkeep etc) may have greater impact. In the UK low income coupled with owner occupation means that many older people are

living in property that is in poor repair and consequently difficult to heat. These factors combined with escalating heating fuel costs mean that more than 20,000 people aged 85 and over die of cold each winter in spite of our maritime climate that is not associated with long spells of intensely cold weather (ONS, 2005). While this paper focuses on the UK, Croucher raises a frightening spectre of life in the future United States. He foresees a future with old people sleeping on their couches in dirty clothes and using a chamber pot because of the current propensity to build 3,500 to 5,000 square foot houses “with the bedrooms on the second floor along with several full baths and ... the washer and dryer in the basement (2004: 13) Huber and Stickland (2003: 69) talk of the failure of physical infrastructure (poorly designed housing) and human infrastructure (lack of adequate support) that may, in the UK, propel older people into residential care stripping them prematurely of independence. If Croucher’s dystopia becomes a reality, how will the United States cope? Policies that encourage well located developments of apartment or small dwellings would be a step to allowing people to age independently with dignity.

The prolific writing on the meaning of home cannot be encapsulated here (see Mallett, 2004 for a recent comprehensive review). Within this literature however much has been written about the importance of home and its likely greater importance to older people. When roles that take people out into the world decline, the home space may take on greater importance as it is increasingly the means by which older people structure and manage their daily life. While qualitative research supports the important role of space in maintaining continuity of living- a person who has certain ways of being and doing things- specialist housing for older people often prejudices preferred ways of living by design that privileges function over liveability with access and safety issues dominating the architectural concept (Heywood, Oldman and Means, 2002; Gilroy, 2005). Smaller spaces do not only compromise how we live but may also compromise a sense of identity. Cramped rooms or the need to mix functions in one space mean that there is less space to display objects and memorabilia. Objects may be inanimate but they are powerful and significant in all our lives, especially as we all grow older. Home however it is constituted and the memorabilia within it may provide a site of resistance for older people. The design of specialist housing and particularly care homes for older people betray a lack of awareness or even dismissal of such matters as trivial. This contributes to the alienation of older people.

### *Social relationships and support*

The majority of older people mention good social relationships frequently as of critical importance in quality of life. Research demonstrates that more than 60 percent of older people see family and friends at least once a week either by making visits or being visited though those over 75 are more dependent on the latter (Bowling, Sutton and Banister, 2003). In terms of support however it would be unjust to see older people as always in the role of needy beneficiaries. Work in the UK by Wheelock and Jones (2002) reveals reliance by working families on child care from grandparents. When looking at the provision of care for a spouse or older and frailer parents it is estimated that about a third of informal care to people over 65 is provided by people over 70.

Beyond the family, research in Newcastle (Baines, Lie and Wheelock, 2006) revealed that just under two thirds of all volunteers who gave their time to helping older people were themselves past retirement age. While it is popularly thought that older volunteers are simply previous volunteers grown older, there is evidence that some people start their volunteering when they have ended their full time paid employment. A number of studies have looked at the impact of volunteering on subjective and objective well-being (see Wheeler, 2000 for a review of these). Positive effects are found for life-satisfaction, self-esteem, self-rated health, and for educational and occupational achievement, functional ability, and mortality. However studies in the UK have found that the desire of older people to volunteer is frequently dampened by insurance restrictions particularly on driving, health and safety considerations and lack of access for those with disability or any mobility difficulties (Davis Smith and Gay, 2005). Ageism is at the root of some of these issues. Attitudinal barriers may also discourage older volunteers. Qualitative research in the United States by Christina Price (2000) with retired professional women revealed that in spite of their qualification and experience, retired women acting as volunteers were often treated as incompetent. It would be interesting to develop this work further and consider whether what is being revealed are attitudes to older people or attitudes to older *women*. These academic issues aside, clearly if agencies are to make use of the untapped resource that older people's time, expertise and energy represent they must engage in some soul searching about their organisational cultures.

Older people may well need support from Social Services and health professionals. In the UK cuts demanded of local authority budgets are frequently found in adult care which is largely taken up by supporting older people. In rural areas, in particular, there is evidence of premature admission to residential and nursing care for older people who cannot be supported on cost grounds by home care (Gilroy, Brooks and Shaw 2007 forthcoming). At the seemingly lower level of the care spectrum there is unmet need for shopping schemes, gardening help, someone to do little household repairs (Care and Repair, 2006). The problems raised are often the small scale but recurrent tasks of mowing and weeding the garden, mending a dripping tap and other little repairs that tax strength or skills. Perversely their petty nature means that they are less likely to be resolved through bought in help and their recurrent nature meant that the solutions are only temporary. While some older people may be fortunate to have help from family and neighbours, there are many others living away from support or who find asking for help difficult since reciprocity is not easy. Working with older people and local trades-people to create a network of support would enable a great many more older people to continue living at home with confidence that they were coping.

## **Conclusion**

In this paper I have argued that a capabilities approach has considerable utility in considering how places are responding to the needs of older people. Firstly it can be used to determine the gap between the potential freedoms and the actual lived experience of older people. As the paper has attempted to argue there are many areas where older people are constrained by ageism but also by an inability or unwillingness to see life from

an older person's point of view. When considering which capabilities are important to older people, the paper has followed Robeyns' approach in arriving at a list of capabilities that is derived from democratic processes. Recent published research that gave prominence to older people's definitions of a life worth living formed the basis of the list. This was validated by the author's own extensive participation in working groups led by older people.

Older people particularly (but not exclusively) those who are frail are often constrained from making their own choices and expressing preferences. Too often official approaches and strategies for older people begin from a concept of older people as impaired individuals who are incapable of making choices or who demand a special needs approach (Drake, 1999). The capabilities approach helps policy makers broaden their focus from the intensive needs of the frail to the ways in which older people can be supported to live lives characterised by independence and well-being (Audit Commission, 2004a). It therefore addresses a knowledge gap and contributes to the empowerment of older people.

In using a capabilities approach the starting point is listening to older people. From the author's experience, the considerable potential of elders as a creative and active resource for the community can be released through more innovative methodologies. Photography based projects, banner making, drama sketches and collective poetry writing have all given opportunities for more people to express their views, use their skills as well as opportunities for social interaction. Policy makers, service providers and researchers need to be more imaginative in promoting methods that fuse product and process: in working with older people in these creative ways these methods can also make a contribution to quality of life. Older people are increasingly looking for voice in their communities: the capabilities approach provides a framework for discussion and for action.

### **Notes**

1. The Elders Council of Newcastle is a forum of older people (aged 50+). It was established to promote the benefit and social inclusion of elders by providing a voice for older people's organisations and individuals on issues concerning their quality of life, health and well-being. It promotes the potential of older people as a creative and active resource for the community. Its work is carried out through working groups: health & social care; housing, lifelong learning, older person friendly city centre, and the readers group

2. The Economic and Social Research Council (ESRC) is the UK's leading research funding and training agency addressing economic and social concerns. It aims to provide high quality research on issues of importance to business, the public sector and government

3. In writing this for an international audience it is worth recalling that the American constitution determined it was fitting to include the pursuit of happiness in its list of the inalienable rights.

### References

- Acheson D (1998) Independent Inquiry into Inequalities in Health, The Stationery Office, London.
- Afshar H, Franks M, Maynard M (2002) Women ethnicity and empowerment in later life. Research Findings 10, Growing older Programme, University of Sheffield, Sheffield.
- Agarwal B, Humphries J, Robeyns, I (2003) Exploring The Challenges of Amartya Sen's Work And Ideas: An Introduction. *Feminist Economics* 9/2-3:3-12
- Age Concern/Help the Aged (2007) Insurance and age – exploring behaviour, attitudes and discrimination. Age Concern ,London.
- Age Concern (2005) How ageist is Britain, Age Concern Research Services and the university of Kent, Age Concern England, London.
- Age Concern (2002) Survey of Fear of Street Crime amongst Older People, Age Concern, London.
- Alzheimer's Society (2007) Dementia UK, Alzheimer's Society, London.
- Appleton N (2003) Ready, steady... but not quite go: Older home owners and equity release: a review, Joseph Rowntree Foundation, York.
- Arber S, Davidson K, Daly T and Perren, K (2003) Older Men: Their Social Worlds and Healthy Lifestyles, GO Findings 12, Growing Older Programme, University of Sheffield, Sheffield
- Audit Commission (2004a) Older People-Independence and Well-Being: The Challenge for Public Services, Audit Commission, London
- Audit Commission (2004b) Older People- A Changing Approach, Audit Commission, London
- Audit Commission (2004c) Assistive Technology: Independence and Well-Being 2, Audit Commission, London
- Audit Commission (2004d) Supporting Frail Older people: Independence and Well-Being 3, Audit Commission, London
- Baldock J and Hadlow J (2002). Housebound Older People : The Links Between Identity, Self –esteem and the Use of Care Services. GO Findings 4, Growing Older Programme, University of Sheffield, Sheffield
- Barnes S, Lie M, Wheelock, J (2006) Volunteering, self-help and citizenship in later life, Newcastle University and Age Concern, Newcastle
- Beaumont JG and Kenealy (2003) Quality of Life of Healthy Older People : Residential Setting and Social Comparison Processes. GO Findings 20, Growing Older Programme, University of Sheffield, Sheffield
- Bevan M and Croucher K (2006) Delivering services for older people in rural areas in Lowe P and Speakman L (eds.) *The Ageing Countryside: The Growing Older Population of Rural England*. Age Concern, London: 147-163.
- Bowling A and Gabriel Z (2004) Quality of life from older people's perspective, *Ageing and Society* 24/5: 675-692
- Bowling A, Gabriel Z, Banister D and Sutton S (2002). Adding Quality to Quality: Older

People's Views on their Quality of Life and its Enhancements. GO Findings 7, Growing Older Programme, University of Sheffield, Sheffield.

Brown J, Bowling A and Flynn T (2004) Models of Quality of Life: A Taxonomy Overview and Systematic Review of the Literature, European Forum on Population Ageing Research, London.

Burton E and Mitchell L (2006) Inclusive Urban Design: Streets for Life, Architectural Press. Oxford

Care and Repair (2006) Small things matter: The key role of handyman services, Care & Repair England, Nottingham.

Chivite-Matthews N and Maggs P (2002) Crime, Policing and Justice: the experience of older people, Home Office, London. Available online at <http://www.homeoffice.gov.uk/rds/pdfs2/hosb802.pdf>. Accessed March 21st 2007.

Cook J, Maltby T and Warren L (2003) Older Women's Lives and Voices : Participation and Policy in Sheffield. GO Findings 21, Growing Older Programme, University of Sheffield, Sheffield.

Croucher R

Davey JA (2007) Older people and transport: coping without a car, Ageing and Society, 27/1: 49-65

Davis Smith J and Gay P (2005) Active ageing in active communities: Volunteering and the transition to retirement, Policy Press, Bristol.

Department of Communities and Local Government (2006) English Housing Survey 2004-5

Department of Health (2004) Choosing health: Making healthier choices easier. The Stationery Office, London

Department of Health (2005) Delivering choosing health: Making healthier choices easier, The Stationery Office, London

Department of Transport, Local Government and the Regions (2001) Older Drivers: A Literature Review, DTLR, London.

Department of Work and Pensions (2005) Opportunity Age, DWP, London.

Department of Work and Pensions (2006a) Security in retirement: towards a new pensions system, White Paper, the Stationery Office, London

Department for Work and Pensions (2006b) Income-related benefits: estimates of take-up in 2004-05. The Stationery Office, London.

Dines N and Cattell V (2006) Public spaces, social relations and well-being in East London. Policy Press, York

Drake R (1999) Understanding Disability Policies. Macmillan, London.

Elders Council (2003) The Way Ahead, Elders council of Newcastle, Newcastle

Evandrou M (1997) Baby Boomers: Ageing in the 21st century. Age Concern, London.

Evandrou M and Glaser K (2004) Family, work and Quality of Life: Changing economic and social roles through the lifecourse, ageing and society 24/5: 755-770.

Gabriel Z, Bowling A (2004) Gilhooly M, Hamilton K, O'Neill M, Gow J, Webster N and Pike F (2003) Transport and Ageing : Extending Quality of Life via Public and Private Transport. GO Findings 16, Growing Older Programme, University of Sheffield, Sheffield.

Gilleard C and Higgs, P (2000) Cultures of ageing: self citizen and the body, Prentice Hall, London.

- Gilroy R, Brooks L and Shaw T (2007) Ready or not: the ageing of market towns in Powe N, Hart T and Shaw T [eds.] *Market Towns: Contemporary Roles, Challenges and Prospects*, Routledge, London.
- Gilroy R (2003) Why can't more people have a say: learning to work with older people, *Ageing and Society* 23/5: 659-674.
- Gilroy R (2005) Housing and home as sources of freedom and flourishing in the lives of older people *Social Indicators Research* 74/11:141-158
- Glass T, Mendres de Leon C, Marotolli R and Berkman L (1999) Population based study of social and productive activities as predictors of survival among elderly Americans, *British Medical Journal* 319: 478-483
- Harper S (2006) *Ageing Societies*. Hodder Arnold, London.
- Heywood, F., Oldman, C. and Means, R.: 2002, *Housing and Home in Later Life*, Open University Press, Buckingham
- Huber J and Stickland P (2003) *The New Old. Why baby boomers won't be pensioned off*, DEMOS, London.
- Jones G (1987) Elderly people and domestic crime, *British Journal of Criminology* 27/2: 191-201.
- Jones P, Hillier D and Comfort D (2004a) Alive, alive 0! Street trading in town centres, *Town and Country Planning*. 73/4: 134-136.
- Jones P, Hillier D and Comfort D (2004b) Putting which town centre first? *Town and Country Planning*. 73/2: 50-53
- Kirkwood T (2001) Kirkwood, T. (2001) *The Reith Lectures, The End of Age*. Available online from [http://www.bbc.co.uk/radio4/reith2001/lecture4\\_print.shtml](http://www.bbc.co.uk/radio4/reith2001/lecture4_print.shtml). Accessed on June 2nd 2004
- Laws G (1994) Oppression, knowledge and the built environment. *Political Geography* 13/1: 7-32
- Mallett S (2004) Understanding home: a critical review of the literature, *The Sociological Review*, 52/1: 62-89.
- McKevitt C, Wolfe C and La Placa V. (2002). *Comparing Professional and Patient Perspectives on Quality of Life*. GO Findings 2, Growing Older Programme, University of Sheffield, Sheffield
- McHugh K (2003) Three faces of ageism: Society, image and place, *Ageing and Society*, 23/2: 165-185.
- Metz D. (2000) Mobility of older people and their quality of life, *Transport Policy* 7/2: 149-152
- Midwinter E (1990). *The old order: crime and older people*. Centre for Policy on Ageing, London.
- Munro M (1996) Housing older people in Britain in Komut, E.M. *Housing: question of the Others*, Chamber of Architects, Ankara: 374-384
- Nazroo, J., Bajekal, M., Blane, D., Grewal, I. and Lewes, J. 2003. *Ethnic Inequalities in Quality of Life at Older Ages : Subjective and Objective Components*. GO Findings 11, Growing Older Programme, University of Sheffield, Sheffield.
- Nussbaum M (2000) *Women and Human Development: The Capabilities Approach*. Cambridge University Press, Cambridge.
- Office of the Deputy Prime Minister (2003) *Policy Statement 6; Planning for Town Centres*, ODPM, London.

Office of National Statistics (2005) Excess winter Mortality dataset by age group and region, ONS, London.

Office of National Statistics (2001) Census 2001, ONS, London.

Price C (2000) Women and retirement: relinquishing professional identity, *Journal of Aging Studies* 14/1: 81-101

Raynes N, Clark, H and Beecham J [eds.] (2006a) *The Report of the Older People's Inquiry into 'That Bit of Help'*, Joseph Rowntree Foundation, York

Raynes N, Clark, H and Beecham J [eds.] (2006b) Evidence submitted to the older people's Inquiry into 'That Bit of Help', Joseph Rowntree Foundation, York

Robeyns I (2003) Sen's Capability Approach and Gender Inequality: Selecting Relevant Capabilities. *Feminist Economics* 9/2-3:61-92

Rowlingson K and McKay S (2005) *Attitudes to Inheritance in Britain*, Policy Press for Joseph Rowntree Foundation, Bristol.

Scharf T, Phillipson C and Smith AE (2004). Poverty and social exclusion: Growing older in deprived urban neighbourhoods. in Walker A and Hennessey CH (eds) *Growing older: Quality of life in old age*. Open university Press, Maidenhead, Berkshire.

Sen A (1992) *Inequality Re-examined*, Oxford University Press, Oxford

Vincent J (2003) *Old Age*, Routledge, London

Walker A (2004) The ESRC Growing Older research programme, 1999-2004. *Ageing and Society* 24/5: 657-674.

Wheeler J (2000) Volunteering, *Annual Review of Sociology*, 26:215-240

Wheelock J and Jones K (2002) Grandparents are the next best thing: informal childcare for working parents in Urban Britain, *Journal of Social Policy*, 31/3: 441 – 63.

Table 1: Findings from recent research of quality of life criteria as defined by older people

<b>Quality of life criteria</b>	<b>Researchers</b>	<b>Date</b>
<ul style="list-style-type: none"> <li>• Health and remaining active</li> <li>• Contributing to community</li> <li>• Income as enabler but not central to QOL</li> <li>• Mobility</li> <li>• Social support</li> </ul>	Afshar H, Franks M, Maynard M	2002
<ul style="list-style-type: none"> <li>• family activities and interests</li> <li>• health</li> </ul>	Baldock J and Hadlow J	2002
<ul style="list-style-type: none"> <li>• family</li> <li>• health</li> <li>• home</li> <li>• freedom of choice</li> <li>• mobility</li> </ul>	Beaumont JG and Kenealy P	2002
<ul style="list-style-type: none"> <li>• social relationships</li> <li>• health</li> <li>• social activities</li> <li>• home &amp; neighbourhood</li> <li>• finances</li> <li>• independence</li> </ul>	Bowling A, Gabriel Z, Banister D, Sutton, S	2002
<ul style="list-style-type: none"> <li>• family</li> <li>• income</li> <li>• health</li> </ul>	Cook J, Maltby T and Warren L	2003
<ul style="list-style-type: none"> <li>• activities</li> </ul>	Gilhooly M, Hamilton K, O'Neill M, Glow J, Webster N and Pike F	2003
<ul style="list-style-type: none"> <li>• health to participate socially</li> <li>• relationships</li> </ul>	McKevitt C, Wolfe C and La Placa V	2002
<ul style="list-style-type: none"> <li>• support</li> <li>• income</li> <li>• health</li> <li>• independence</li> </ul>	Nazroo J, Bajekal M, Blane D, Grewal I and Lewes J	2003
<ul style="list-style-type: none"> <li>• housing and the home</li> <li>• safe and supportive neighbourhood</li> <li>• social activities and networks</li> <li>• getting out and about</li> <li>• income, including the availability of benefits advice</li> </ul>	Audit Commission	2004 all

<ul style="list-style-type: none"> <li>• information from an independent source</li> <li>• health and healthy living</li> </ul>		
<ul style="list-style-type: none"> <li>• Comfortable and secure home</li> <li>• an adequate income</li> <li>• safe neighbourhood</li> <li>• getting out and about</li> <li>• friendships and opportunities for learning and leisure</li> <li>• keeping active and healthy</li> <li>• access to good, relevant information</li> </ul>	Raynes, Clark and Beecham	2006