BACKGROUND
Our study of older women’s lives and voices (OWLV) is one of 24 projects funded by the Economic and Social Research Council (ESRC) under its Growing Older (GO) programme. The programme is concerned with quality of life and our project has focussed on participation as one of the 6 topics identified as central to this theme.

Relatively little UK research has focussed on the lives of older women and where it has, the issue of ethnicity has commonly been marginalised and certainly under-theorised (cf Bernard et al 2000). Yet it is difficult to understand the process of growing older without looking at what it means to be a woman since the majority of people in Britain who live into old age are female (Walker and Maltby 1997). Older women from minority ethnic groups constitute an increasing proportion of this group as their statistical profile rapidly comes to mirror that of the White UK-born population (Schuman 1999).

Relative to older men, older women report poorer health (Jagger and Mathews 2002) and lower levels of income (Ginn, Street and Arber, 2001). Yet large data sets on which such findings are based obscure cultural and socio-economic aspects of well-being, especially within numerically small groups (Evandrou 1996). Old age has a special stigma for women within western society (Macdonald and Rich 1984). Even the ‘safest’ identity of grandmother may be problematic: association with nurturing feeds into the image of older women as less needy than older men and, subsequently, to poorer support services (Peace 1986).

Recent studies have taken a more holistic approach to understanding older women’s lives (Bernard and Meade 1993). Life-course and autobiographical approaches have been used to challenge the symbolic significance of the menopause (Greer 1992), and to highlight older women’s adaptability to ‘empty nest’ crises through the uptake of new pursuits and friendships (Jerrome 1981). However, few studies have directly explored the impact on the quality of women’s lives of the intersection of age, gender and race (Squires 1991), partly because of the relatively ‘young’ profile of minority ethnic groups (Blakemore and Boneham 1993).

Trends in studies on older women’s lives reflect broader developments within social gerontology. There has been a shift of focus from dependence and senescence to productive ageing (Walker and Maltby 1997). Within welfare, increased participation and person-centred approaches (Nolan 2000) are intended to achieve more responsive and sensitive services and also more legitimate and accountable public policies in light of demographic trends (Barnes, 1997). Thus, under New Labour’s modernisation agenda (DoH 1998), the ‘flagship’ Better Government for Older People (BGOP) programme aims ‘to improve services for older people by better meeting their needs, listening to their views and encouraging and recognising their contribution’ (BGOP 1999).
While commentators have noted changing political participation and representation of older people Europe-wide (Walker 1998), insight into localised levels of representation is still limited, however. The concept of empowerment driving UK health and community care policy (DoH 1991 and 1997) remains elusive and contested. It draws from consumer models of involvement rather than user-empowerment models based on clearly defined rights (Barnes and Walker 1996). In fact, empowerment is an ‘evolving process’ (Stevenson and Parsloe 1993) which may be characterised by a number of obstacles (Hobman 1994), impacting not least on older women (Walker 1998). These include (Warren 1999):

- ageist perceptions of the ability and willingness of older users to participate
- older people’s tendency towards self-effacement and/or deference to professional advice
- threats to pride and independence from admitting to problems that signify dependence
- unwillingness to complain for fear of losing access to services.

Moreover, as the National Service Framework for Older People highlights, older people are not a homogeneous group. In terms of extent of need and access to services, ‘older people from black and minority ethnic groups can be particularly disadvantaged and are likely to suffer more discrimination’ (DoH 2001, Executive Summary, p 6). Services have been criticised for pathologising behaviour, giving inadequate attention to different views on needs but also experiences of racism (Patel; Butt and Mirza 1996). While older women, in general, tend to display low levels of ‘politeracy’ and ‘moralicity’ (Simey 1998, p 261) and to feature at the margins of political activity (Curtis 1993), this is particularly true of black and minority ethnic women in relation to local governance (Newman 2001).

There do, nevertheless, exist models for participation which take into account the obstacles above (Knights and Midgley 1998; Thornton and Tozer 1994 and 1995, Carter and Beresford 2000). Working examples include the Lewisham Older Women’s health survey (Cooper and Siddell 1994) and the Fife User Panels Project (Barnes and Bennet-Emslie 1997). Such approaches start from the experiences, needs and desired input of older people themselves, rather than from the interests and concerns of service providers.

**OBJECTIVES**

Against this background, the strategy for the OWLV project has been change-oriented research (Reinharz 1992). We wanted to:

- increase knowledge and awareness of factors shaping the quality of life of older women across different ethnic groups and their desire and ability to have a say in the services which are available to them
- achieve this by taking a participatory approach to the project: wherever possible involving older women in designing and carrying out the research, and in promoting and evaluating change.

One of the most immediate findings of the project was that, to meet the first objective, we needed to ground concepts in concerns raised by women themselves. The question ‘Would you like to have a say in things that effect your life?’ gathered very little response. It needed to be broken down into issues like:

- Do you feel listened to by policy-makers/ service providers/ family/ others in the community?
- Would you like to be asked about services?
- Are there things about services that you would like to change?
In this respect, having a say was intimately bound up with quality of life as defined in terms of active ageing (Walker 2002) and social well-being (Beck et al 1997). However, despite claims (Smith 2000) that the expression quality of life has entered the popular lexicon – albeit it in a clichéd, consumerist, lifestyle form – this concept, likewise, was not common currency among participants. Here, we broadened out the term to ask more generally what factors were good about participants’ lives and what factors made life difficult.

Used within discussion groups and life story interviews, these approaches have generated a wealth of rich data, the analysis of which is still ongoing. The main focus of activities to date, however, has been on fulfilling the commitment to maximising older women’s involvement in the project. This has been a more intensive and lengthy process than anticipated and, as others have found (Bowes 1996), has challenged the advancement of the initiative, albeit in a largely positive way. For this reason, along with other unanticipated factors impacting on the study (see EOA form), this report concentrates on appraising the participatory methods of the study and on the findings on older women’s voices, as a reflection of key activities.

METHODS
The desire to link the new focus on individual human agency to the older focus on social structures of power and control (Hanmer and Hearn 1999) underpinned the methodology of the project. An exploratory rather than a representative project, we chose methods which we hoped would enable the participation of older women, able to give informed consent, in a number of ways and to various degrees.

We ran 11 discussion groups with older women from existing social groups and political forums in Sheffield. Each group met three times. Participants were encouraged to talk about the broad topics of growing older, using services and having a say. However, women were free to lead the discussion in whatever directions were important to them.

Ten volunteers were then recruited from the discussion groups and trained to interview individual members of the groups in more detail about their lives and experiences. Working alongside the researchers, volunteers selected topics for and carried out these life story interviews, as well as helping to identify and script what they saw as the main points of the findings. They continue to play a key part in publicising these findings and associated recommendations for policy and practice.

Central to these stages was the production of a video featuring older women participants and documenting the project’s development, findings and recommendations. Members of the project team also interviewed 18 key figures from the voluntary and statutory sectors in Sheffield on schemes for increasing participation and their success in including older women and widening choices available to them.

All discussions and interviews were taped and transcribed for analysis. To date, the analysis carried out has used the software package QSR Nud*ist to identify key themes and sub-themes within a grounded theory framework (Bryman and Burgess 1994). The process is revealing commonalities and differences across the 11 discussion groups and all life stories, as well as associations across individual life stories and the discussions of the group within which individuals participated.
RESULTS
Participatory Methods
Altogether, one hundred women from Black-Caribbean, Irish, Chinese, Somali and white British communities participated in the project, if not at every stage. They were both users and potential users of services. Not all had a record of their birth date. Of those who did, their ages ranged from 50 to 94 years, the average being 68 years. Engagement with them illustrated what we came to refer to as the ‘organic’ nature of the research. That is, we needed to be open to changing intended approaches and to let specific foci evolve as we found out more about the desires, needs and existing commitments of the women. The process raised important ethical concerns.

Recruitment
Recruitment to discussion groups was pragmatic and serendipitous (Warren et al 2002). We needed to cap the number of potential communities involved to avoid diluting findings. Some groups were ‘lost’ as the result of local over-researching compounded by our inability to guarantee changes to services. Links with other keen and relatively under-researched communities were made through personal contacts (including the project secretary) as well as via formal channels such as the Sheffield BGOP network.

The five communities finally recruited nevertheless provided us with the opportunity to look in depth at issues of disadvantage and diversity in older women’s lives. For example, we were interested in: Black-Caribbean women as independent recruits to the British workforce (Bhavnani 1994); Irish older women as members of the numerically biggest yet largely unrecognised minority ethnic group (Blakemore and Boneham 1993); Chinese older women as doubly excluded (for business reasons) from the mainstream economy and wider social participation (Chau 2000); Somali women as very recent immigrants in the context of civil war (Brau 1996); and white British older women as the reference group against which understandings of the intersection of age, (female) gender and ethnicity are typically measured.

In the context of such diversity, negotiating the fine details of involvement often proved extremely ‘labour-intensive’ (Cannon et al 1991), even where access to groups was immediate. Repeated visits were required to build up trust with over-worked and under-resourced community representatives, as well as the older women themselves (Lindow 1996). The pay-off was the increased confidence felt by participants when discussing issues. However, we found that members of some groups had never had the opportunity to share their experiences collectively before, which challenged our assumptions that association with a group necessarily implies inclusion.

Unsurprisingly, not all discussion group participants wanted or felt able to be involved in the research as volunteer interviewers for reasons of confidence, language, literacy, health, energy, and alternative interests and commitments. The 10 older women recruited, referred to collectively as ‘the volunteers’, comprised Ying Wah Cheng, Norma Clarke, Pat Hadfield, Pam Haywood-Reed, Lilleth Millen, Movania Parkinson, Judy Robinson, Jean Wilkinson and Winnie Winfield. They came from a limited number of the more politicised groups and were amongst the younger and most vocal respondents in these groups and/or already active in public or voluntary roles. There was no volunteer from the Somali groups whose members uniformly were non-English speaking. Instead, members chose to be interviewed by one of the researchers working with an outside interpreter. This was the arrangement also for half of the life story interviews with members of the Chinese discussion groups as Ying Wah Cheng was the sole Chinese volunteer.
Over time, the 10 volunteers were reduced to 8 due to health reasons and the sad and unexpected death of Ying Wah Cheng. The depletion of samples is a common experience in survey research involving older people (cf Walker and Warren 1996) and the importance of taking it into account in qualitative and participatory initiatives has also been highlighted (Barnes and Bennett-Emslie 1997).

Fieldwork Practicalities and Politics
Working with older women with various degrees of disability, from 11 different groups and at the community level required the provision of socially and culturally appropriate and suitably equipped venues, transport, refreshments and translation services (Cormie and Warren 2001), underpinned by flexible agenda, a constant flow of ‘phone calls and a raft of written information. The use of interpreters compromised breadth of coverage given to topics and, at times, the participative nature of the groups (see Ethics below). We had envisaged that working with volunteer interviewers would, at the life story stage, help to ameliorate matters. However, norms relating to privacy impacted on plans here and further explained the failure to recruit volunteers from the Somali discussion groups (see Recruitment above). For the Somali women, being interviewed by an ‘outsider’ was a greater guarantee of confidentiality than the assignment of an in-group member. The latter would be too intimately involved with the local community for individuals to be happy in revealing details of their personal lives. Such views were also expressed by some members of the white British groups, though other women preferred the idea of talking to someone they knew rather than to a stranger.

Despite these unforeseen considerations, a total of 44 life stories were gathered, the ‘drop-off’ being explained by deaths, illness and untranscribable tapes, rather than refusal. To prepare for interviewing, the volunteers took part in a series of workshops covering research design, interviewing, basic analysis, and presentation and dissemination activities. The workshops were typically university-based, half-day events, incorporating transport and lunch, and a small honorarium was paid for overall participation. However, the agenda for each workshop was invariably too ambitious and a number of extra workshops was necessary to cover everything fully. The unexpected news of Ying Wah Cheng’s death turned one workshop upside down. Attempts to unite a team of 11 people with various degrees of expertise in producing and delivering presentations and different perspectives on the priority of points was often painful and at times conflictual.

Ethics
A vital lesson driven home by the training sessions was the importance of agreeing on ground-rules to underpin specific procedures (Hecht 1997). The British Sociological Association’s Codes of Ethics were used to guide the project generally (see Appendix 1). However, we still experienced tensions between the informality central to community-based projects and more formal ethical requirements, which arose despite careful briefing of all concerned on project aims and approaches. For example: one gatekeeper unexpectedly included older women with dementia in the first group discussion as well as bringing along (unwelcome) observers; and in another well-established group, the older women participants attempted to involve members of the research team in ongoing power politics.

The agreed inclusion of 4 of the gatekeepers within discussion groups, as older women themselves, generated additional concerns. Whilst encouraging of other participants, they often slipped unwittingly into their usual role of representing the group’s needs. Where, in one instance, the
dominant voice was also the interpreter, it was hard to judge whether it was through lack of response or lack of opportunity that the other women were not recounting their experiences. The interpreter was undoubtedly being ‘helpful’, but it was at the risk of her version of the story prevailing (Jentsch 1998). We resorted to checking transcripts and following through on points in subsequent discussions.

We similarly recognised that we had not prepared sufficiently for older women with hearing difficulties. Efforts to accommodate their needs included: sitting in a circle so that everyone had a clear view of each other; asking participants to speak clearly and give everyone a turn in the conversation; providing individual scribes to take notes; and summarising points on flip charts. Typically, however, efforts were not sustained for the whole meeting and the women with hearing problems either sat in (frustrated) silence or, conversely, attempted to dominate the conversation.

How to ensure that ‘acceptable researcher/subject relationships’ (Dingwall 1980, p. 876) were achieved within the life story interviews was also complicated. Commentators have debated the importance of dynamics of control (Cornwall 1984), communications skills (Richards 1994), and sympathetic treatment over parity of age (Barnes 1999). Concerns shared by all in the OWLV project related to the volunteers’ credibility as witnesses and their reactions to respondents (Gearing and Dant 1990). Bearing in mind that one-off interviews/meetings are likely to place some limitations on participants ‘telling all’ (Bornat 1993, p 41), the most obvious and least intrusive way to monitor encounters was, again, through thorough inspection of the interview transcripts. They suggested variation across volunteers but ‘fruitful interviews’ nevertheless, the importance lying in the attempt to reduce inequalities (Fisk 1997, p 58).

By featuring older women centrally in both process and end result, the making of the project video represented further efforts to share ‘responsibility’ and control (Bowes 1996; Barnes 1999). A limited budget and the constraints of the film crew’s schedule meant that not all discussion groups could be taped, however. In other cases, filming was too intrusive given the early stages of the meetings and/or not all members felt comfortable with taking part. The two Somali groups declined collective access on cultural and religious grounds. Instead, nominated spokeswomen were filmed as representatives of the views of the group members while the translators chosen to compile the Somali and Chinese versions of the videos had worked closely in development activities with the respective groups. A more concrete ethical issue relating to the making of the video concerned confidentiality. Signed consent forms were drawn up spelling out participants’ rights to decide on the topics they wished to cover on film and to edit and dispose of material they did not want to be made public. This procedure acted to check two contrasting effects of having cameras present in the discussion groups: self-conscious enlivenment of the debate versus inurement to the process of being filmed. However, an additional set of ground rules on filming etiquette had to be introduced following the discovery of the film crew’s common practice of leaving cameras rolling after shooting structured discussion to capture ‘off-film’ comments and reflections.

**Older Women’s Lives and Voices**

Despite practical and ethical concerns influencing its making, the video captured key elements of the project findings on older women’s lives, their clear ability - given the right support - to define and express their own needs, and their strong desire to get their voices heard.
Lives
Recognised in many discussion groups and individual life stories was the stereotyping of older women as ‘old biddies’ or ‘grannies’ (Bytheway, 1995). Yet ageing was not necessarily a negative experience for women. The gaining of experiences over time could lead to a growth in self-confidence and acceptability. Diminishing care responsibilities, as children grew up and left home, resulted in a greater sense of freedom to please themselves. For most, this meant pursuing chosen activities post-retirement, including new educational, recreational and voluntary pursuits though for a small number, this applied to activities in paid employment.

The importance of family was common, nevertheless. Many women, especially in the Black Caribbean and Chinese groups, were providing childcare support for grandchildren albeit in a changed form from traditional practices (Plaza 2000): for example, to enable their daughters to take up career opportunities not open to themselves when they were younger. Other women were in a position where they were increasingly reliant on family members for practical, emotional and economic support. Included among the negative aspects of older age were poor health and increasing disability and frailty, isolation and loneliness.

In general, respondents across all groups found it difficult to manage on their income. Some had resorted to drastic measures such as selling possessions. Few Somali women received even a basic pension. Women in this situation spoke of their subsequent loss of independence and sense of being a burden. Their forced dependence placed a strain on their families while they, in turn, were coping with what they frequently saw as the breakdown of family traditions.

Voices
Given this glimpse into participants’ lives, talk of service provision was not surprisingly universal, if varied in degree and focus. In general, participants were keen to discuss gaps in provision, lack of awareness of entitlement and how to access services. The majority, however, had little experience or knowledge of voicing their individual views on policy issues. They found it difficult to ignore stereotyping and believe that they had the ability to change their lives. A number of white British women described being ‘brought up to accept things and not to complain against the system’. Women in one of the Chinese groups judged local services in Sheffield relative to services they had received in mainland China or Hong Kong and subsequently deemed them to be largely satisfactory (Yu 2000). The Somali women still bore the emotional and physical impact of civil war, often with associated bereavement and even injury. As dependent refugees, they were grateful for asylum but wished to know their rights.

As users or potential users of services, participants commonly felt invisible: that their views did not count and that they were not taken seriously. This was partly a reflection of wider perceptions of disability and age. One participant living in residential care sensed the expectation that she should ‘lie down somewhere and shut up’ rather than express her opinion on the running of the home. Other women fell foul to cultural stereotypes, especially the myth that minority ethnic groups ‘look after their own’ (SSI 1998). For example, the Somali older women’s typical position as empowered heads of household had been undermined by migration. They were unable to mix with the wider community and increasingly to understand and relate with their own children. Barriers of language and generational stake (Jerrome 1996) meant that, even where received, informal support was not always effective or appropriate. The reliance on children to act as interpreters in encounters with formal service providers was especially problematic. As one Chinese woman similarly observed: ‘I have children who speak English, but they are not able to explain to me in Chinese, in a way that I
can understand’. Limited insight into particular needs and assumed shared cultural backgrounds characterised services even where participants from minority ethnic groups had been in Britain for a longer period. Translation services were poor if non-existent, the provision of information inadequate, and community and advocacy workers scarce.

Struggling in the absence of appropriate support and help (Musa and Marks 1996) limits to women’s pro-active involvement were further compounded variously by ill-health, illiteracy and fear of going out in public alone (due to racist and/or night-time attacks). Black-Caribbean and Somali participants who had spoken out collectively in the past said nothing had changed. This was an ongoing experience for the Somali women despite repeated discussion of shared community problems in local meetings. In reactive terms, women from the Irish, Chinese and, less expectedly, white British groups said their lives had not been researched before. Laughter commonly greeted the question of whether participants had ever been directly consulted or listened to by service providers.

Not all participants in the project necessarily saw themselves as being silent, however. Indeed, the Chinese Lai Yin, Irish forum and Sheffield 50+ were very politicised and already actively campaigning for the needs of older women to be met. These were major motivations for group members to be involved in the research. Uniformly, participants believed that older women were the best judges of what they wanted and what would improve their lives. Those with specific support needs were more likely to be frustrated by slow responses and the lack of obvious mechanisms for holding policy makers and providers accountable to research findings. Others were sceptical of achieving goals for themselves and their peers, but felt their contributions placed them ‘in the doorway of change’ to improve the quality of life of future older women.

**Service Provider and Policy Maker Perspectives**

Interviews with service providers and policy makers suggested that, as other studies have confirmed (Wright 1999 and Stevenson and Parsloe 1993), service providers and policy makers struggled with the challenges which user involvement brought in terms of resources and organisational pressures. It was not that interviewees were ignorant of or opposed to change. Some flagged Sheffield’s involvement in the BGOP initiative, and the positive development of Sheffield’s 50+ group and Older People’s Congress (http://www.sheffieldbgop.org.uk/). Nevertheless, partnership activity between service providers, was undermined by underfunding of plans at the local level and drives to meet national targets. Actors participating in the organisation of individual services– managers, staff, volunteers and services users and their carers – each had their own set of priorities and needs. It was an intensive task to ‘reach the hidden voices as it were, people who are already isolated, marginalised or house-bound rather than just listening to the ones that come forward.’ Dimensions of gender, ethnicity and age raised further challenges of appropriate contact, translation and transport. Without proper resources, service providers ‘risk[ed] raising communities’ expectations’ in ways they could not meet. Alternatively, user involvement potentially challenged accepted practices and left public sector workers feeling more vulnerable to criticism. In this respect, service providers and policy makers confirmed the long history of research being carried out which was not acted upon.

**Discussion of Findings**

*Combined Approaches*
We chose group discussions and one-to-one interviews as flexible and popular means for older people to put over their views (Thornton 2000). Discussion groups gave participants the opportunity to share information and to debate and discuss positive and negative aspects of their lives. Life story interviews guaranteed greater confidentiality and, with the provision of one-to-one interpretation, chances to talk more easily and in more depth about their individual experiences.

The deliberate combination of the two methods helped to tap the commonalities and divergences across different ethnic groups in expressions of voice as well as in experiences and priorities. For example, participants from minority ethnic groups tended to articulate their needs as those of a distinct cultural community, speaking of Somali women or Black women. White British women, in contrast, tended to universalise their needs as representative of older women in general, although recognising individual variation. Chinese and Black Caribbean women did not provide details about their families in open forums. Somali women deemed the topic to be totally private and, like the Chinese older women, wanted to focus on the public sphere.

The multi-faceted nature of quality of life (Abram 1974) was also clearly highlighted, putting into the picture the importance of individual measurement of life satisfaction (Calman 1984). For example, universally discussed, health was a key element of women’s public and private lives, often influencing their roles and relationships in overlapping ways (Reynolds 2001). In the group settings, women acknowledged the embodied relationship between health and ageing (Bytheway and Johnson 1998) and described the efforts they made at making the connection a positive one at the level of personal identity (Macdonald and Rich 1984). Women from the Black-Caribbean community described their position as employees recruited from oversees to work in low status, physically demanding jobs in an often inherently racist health care system characterised, moreover, by a highly gendered and racialised division of labour (Bhavnani 1997). Participants’ life stories also told of the discriminatory treatment received as individual patients at the hands of individual practitioners. Coping mechanisms at all levels included the church and religion as much as family support and inner strength (Nazroo et al 2003).

The implications for service provision of the shift from quality of life as a snapshot-type assessment (cf Bowling 1995) to a much more heuristic and holistic review was that a ‘joined-up’ approach (DoH 2001) to older women’s needs was not enough. It needed to be accompanied by a radical critique of the norms and values underpinning the broader organisation and discourses of welfare (Bryan et al 1985; Mason 2000; and Modood 1997). Inclusion of interviews with statutory sector workers brought insight into the structure and cultures of service delivery to inform but also give balance to that radical critique (Newman 2001). Limited resources; a lack of training, practical and organisational support; and impossible time-scales for reaching policy milestones made it hard to challenge discriminatory or exclusionary practices and achieve effective change. The service culture was still largely one of consultation and control rather than deliberative or participative democracy, even accepting the latter’s limitations (Barnes 2001 and Beresford 2002).

It is, arguably, still too early to judge the full impact on policy and research of involving older women in the OWLV project (see Impacts below). Nevertheless, the volunteers’ activities in life story interviewing, presentations and teaching (see Activities below) has illuminated channels for involvement. It has equipped them with skills to carry forward participation, if desired. Footage of participants in their daily activities has helped to capture the importance of the personal (Pateman 1994; Segal 1999) in understanding older women’s confidence, willingness and ability to voice their interests in various fora. The project video has provided a resource, to marginalised communities,
committed statutory sector workers and other educators and trainers, with which to demonstrate the potential for the greater involvement of older women in influencing policy and service development as well as what those women would like to change. Both elements of the project may be ways of engendering a sense of involvement after project funding has ended (Haxby 1994).

**Limitations to the Project**
The approaches taken by the OWLV project were, nevertheless, potentially limited. As a male researcher, contact with some of the women was bounded for Tony by cultural rules of separation. Despite being careful to contextualise our studies in the wider structures of ‘race' and class (cf Bhavnani 1988 and 1993), as well as age, the impact of our status as relatively young, white middle-class researchers was also open to question (cf Douglas 1992). As suggested above (see recruitment), our findings may have been influenced by channels and processes of recruitment (Thornton and Tozer 1995, p 21) as well as by top-down decisions about limits of involvement of older women. We did not:

- reach older women with considerable disabilities or outside of organisations
- succeed in recruiting an older Somali volunteer
- estimate the extent to which individual women would want to be involved. The volunteers would have liked to interview service providers, and be more active in analysing the data and in running discussion groups, for example;
- foresee the extent of dissemination activity, and its associated administrative and monetary costs, which the project would generate;
- (subsequently) secure sufficient funds to adequately reward the volunteer interviewers for their work at all stages.

Interestingly, whilst clear that their experiences of ageing were gendered, several groups also referred to the needs of men, not wishing them to be left off research agenda.

**Methods-Based Lessons for Good Practice**
It is not necessarily the case that older women are 'structurally oppressed into silence' (Bowes 1996, para 8.3). Competent in presenting their views of the world, they are not necessarily listened to. Older women in the project did not want to take over from policy-makers but to be heard by them. They valued the intrinsic and not just the practical outcomes of the project: learning from and supporting one another; realising that they were not alone; feeling valued, validated and important; and building confidence and motivation. The volunteers participated not for financial reward but because they were keen to be active and to collaborate with providers to spend budgets more effectively. Statutory sector workers desired to move beyond the ‘grand reports ... that never see the light of day’ and ‘doing research for the sake of doing research’ which was pointless. Members of the research team needed to learn, and be honest about (Warren 1998), the lesson of vulnerability (Duelli-Klein 1983) in working with respective players to achieve these goals. All participants believed that it would be perceived as ‘lip service’ if things did not change and, disheartened, people would withdraw their involvement:

Lessons for participation, identified by the volunteers and the project team, bridged research and policy-making, contributing to a 'culture of empowerment' (Barnes and Walker 1996) if not full emancipation (Beresford 2002). They were of potential relevance to older men and other service users across a range of ethnic groups and included:

- working in-depth with a small number of groups
• outreach work with communities to build trust, demonstrate commitment, and clarify respective aims and expected outcomes
• efforts to move beyond pre-existing contacts and to involve isolated older women
• making information understandable for everyone
• the furnishing of suitable venues and facilities for participants with disabilities and impairments
• the provision of experienced, adequately briefed and relatively independent interpreters and translators
• ensuring that the research process guarantees confidentiality and is culturally sensitive and as flexible as possible to maximise participation
• valuing the anecdotal and well as the discursive in the gathering and analysis of data
• the provision of support, guidance, training and rehearsal for participation in research and in service decision-making processes
• ensuring that research is purposeful though also being realistic about what can be achieved
• sharing lessons learnt by all participants, researchers as well as older people
• valuing the intrinsic benefits of involvement
• identifying and securing channels for feeding findings to and gaining responses from service providers and policy makers
• monitoring and evaluating the contribution to change made by projects and their findings
• agreeing on a withdrawal strategy for the project
• resources for all stages of participation as well as for local level provision.

ACTIVITIES
We have been involved in regular London-based GO programme meetings to update on projects and discuss methods, findings, dissemination and policy issues. We have also met, in York, London and Keele, with a sub-group of GO researchers united by a focus on ethnicity and age. We have undertaken training in media presentation with the ESRC and been allocated a policy link with the Department of Health. Along with the older women volunteers from the project, we gave a presentation to the whole GO group in October 2002 and we are working on book chapters and a book for a series of GO publications.

Within the project, we set up an advisory group to guide us on implementing the proposal and feeding back findings and to discuss results. The all-female group met twice (a third meeting had to be cancelled) and comprised: representatives from various local community groups; a former user-representative in service planning in Sheffield; an academic; and an Equalities Team Manager working with older women from different ethnic communities in London.

Findings from the project have been disseminated, UK-wide and internationally, at conferences and seminars, involving the older women volunteers wherever possible, (see Appendix 2 for full details). Together, we held a very successful one-day conference, in April 2002 at Sheffield United Football Ground, to launch the video and disseminate findings locally. The event provided a forum for discussing ways in which services might better meet the needs of older women in Sheffield and involve them in shaping service provision, as well as lessons for participatory research more broadly. It was attended by an audience of over 100 people, including older women who had participated in the project, local policy makers and service providers, and academics. Interpreters were available for Somali and Chinese speakers.
The OWLV conference was given coverage on BBC Radio Sheffield and led to a later invitation to speak about service provision for older women on Radio 4's Women's Hour. An OWLV newsletter has provided a regular medium for keeping people at the local level informed of progress and related events. Available on the OWLV web page it has also been accessible to wider national and international audiences of interested older people, researchers, service providers and policy makers (http://www.shef.ac.uk/uni/projects/gop/gop23.html).

We have made efforts to ensure that, with the participation of the older women volunteers, the OWLV project has fed into and continues to generate research-led teaching at undergraduate and postgraduate levels (see Appendix 2 for details).

OUTPUTS (see Appendix 2 for full details).
The project has had two major outputs: the Older Women’s Lives and Voices project video and a set of guidelines for Working with Older People (Cormie and Warren 2001). We have also contributed short articles to: the British Society of Gerontology (BSG) Journal Generations Review; the G O Newsletters; and the Consumers in NHS Research News. We are currently writing/planning to write papers for academic journals and book chapters, and have started negotiations on 2 books (see Activities).

IMPACTS
While we have argued (Combined Approaches) that it may still be too early to judge the full impact of our participatory approach on policy and research, it is important to recognise the intrinsic rewards which the project has brought. The increase in confidence, learning of new skills in research and presentation, and establishment of relationships bridging the lay-professional divide experienced by the volunteers, for example, has been attested to by poems and letters which they have written (see Appendix 3). They are vital ingredients in maintaining the momentum of participation both within research and service provision (Barnes 2001).

The Working with Older People guidelines and the project video are selling steadily and we have anecdotal evidence that they are being used in teaching and presentations by colleagues in other universities.

The result of rigorous publicity and dissemination activities is that we have been directly invited to submit papers to or speak at a number of events and future presentations are still being planned. We have also been asked to contribute to teaching programmes within and outside our home departments (see Appendix 2 for full details).

FUTURE RESEARCH PRIORITIES (see Appendix 2 for full funding details).
With an emphasis on avoiding the reinvention of the wheel, the older women volunteers identified the need to ask researchers, policy-makers and providers how to: get more older women involved; secure a listening ear; obtain more feedback; better work together; and help them to help older women. Future research priorities lie in helping to find answers to these questions.

At the local level, we have already established important links with organisations in Sheffield such as the North Primary Care Trust (NPCT), with whom we are exploring ways forward in user involvement (see ‘Future Events’ in Appendix 2). We intend, in the next year, to apply for small grant funding, from the Joseph Rowntree Foundation, to assist with the development of this and further dissemination work.
Lorna Warren is also working with:

- colleagues within the Department of Nursing and Midwifery at Sheffield University and from the public service sector, as well as older people and their carers living locally, to organise a series of Planting Seeds events. The aim of the events is to explore ways of developing older people’s involvement in research and in shaping the research and service agenda.

- other colleagues from the GO programme - Kate Bennett (University of Liverpool) and Mary Maynard (University of York) - on a proposal to look at widowhood and ethnicity: specific aspects of older women’s lives which have implications for voice and service provision.

Tony Maltby is working with Birmingham City Council, Birmingham and Solihull Learning and Skills Council and others investigating access, retention and progression in employment of older people locally. His project is using and extending the participatory and empowering approaches to researching the lives of older people developed in the OWLV project.

At a wider level, Lorna Warren and Joe Cook are collaborating with partners from 12 other countries, to map existing research on older women in Europe. Funded by the European Commission, the initiative should reveal comparative perspectives on the issues raised in the OWLV project. Further opportunities to identify good practice lessons in policy, and priorities and potential interdisciplinary collaboration relating to research on older women’s lives are likely to arise respectively from Tony Maltby’s involvement in a project (APPLE) exploring the quality of life implications of demographic shifts in East Asian countries and Joe Cook’s current position as Research Fellow on the European Forum on Population Ageing Research (EU Framework Programme 5 project directed by Professor Alan Walker).

All three of the academic members of the research team hope to be able to independently contribute their expertise to the new ESRC proposal ‘The New Dynamics of Ageing’.