QUALITY OF LIFE AND SOCIAL SUPPORT AMONG
PEOPLE FROM DIFFERENT ETHNIC GROUPS
(ESRC NO. L480254037)

FULL REPORT OF RESEARCH ACTIVITIES AND RESULTS

BACKGROUND

This study is one of number of projects looking at inequalities in quality of life funded as part of the Economic and Social Research Council (ESRC) Growing Older Programme (1999-2003).

Until recently, the issue of ethnicity was neglected in both ageing research and policy (Blakemore and Boneham 1994). The increase in the proportion of older people from minority ethnic groups in Britain (Warnes 1996) has encouraged a recognition that ethnicity may impact upon the life course in the same way as do other ways of differentiating between groups, such as gender or age (McMullin 1995). Nevertheless, there are considerable challenges in making comparisons on the basis of ethnicity. Ethnic identity is a complex and dynamic concept encompassing ideas such as a shared past, language, identification with a specific religion and a distinctive culture (Blakemore and Boneham 1994; Fenton 1996). How people define their ethnicity may vary according to time and context. The relationship between ethnicity and self identity is not static and may assume greater or lesser importance at different points in the life course (Rowland 1991).

In the same way that the concept of ethnicity has provoked considerable debate, so it has proved difficult to arrive at a generally accepted definition as to the meaning of quality of life. Theoretically, it is recognized that the concept should include both objective and subjective elements and cover multiple aspects of a person's life including physical health, psychosocial wellbeing and functioning, independence, control over life, material circumstances and the external environment (Bowling et al. 2002). In practice, its measurement has been criticised for focussing too much on health or economic related indicators and too little on how older people themselves perceive and define their quality of life (Bowling 1991; Walker and Martimo 2000).

There are clear advantages in using concepts such as quality of life that have more than one component (multidimensional) when undertaking research into inequalities. While there is growing evidence that older people from minority ethnic groups may experience greater disadvantages in terms of health, income and access to health and social services, in other respects, they may be in a better position than their white counterparts (Blakemore and Boneham 1994; Grewal and Nazroo 2001).

Social support provides a similarly useful framework from which to draw comparisons between different ethnic groups. Ageing takes place within a social context and people's experiences of giving and receiving support will greatly influence their experience of ageing (Phillipson 1997; Victor 1994). There are links between social support and quality life (Bowling et al. 1996; Wenger and Tucker 2002). Early gerontological research focussed very much upon social support in terms of relationships between family members within the same household or in a localised geographical area (Phillipson et al. 1998). More recently, increasing attention has been given to relationships with friends and the wider community (Jerrome 1992; Wenger 1992).

A major barrier to our knowledge about patterns of support within minority ethnic groups has been the existence of stereotyped assumptions about the extent of support that is
available to them (Social Services Inspectorate 1998). In addition, there is a need to take account of distinctive social institutions within ethnic minority communities, the impact of migration history upon social networks, and immigration legislation. Taken together, these factors mean that the process of comparing patterns of social support within and between different ethnic groups is not simple.

OBJECTIVES

The principal aim of the study was to investigate similarities and differences in social support and quality of life in a sample consisting of people from different ethnic groups.

We were undertaking a project in a previously under-researched area using concepts, such as quality of life, over which disagreement and debate exists via a hitherto untried sampling strategy. As such, we feel that it is important to see it as an essentially exploratory piece of work which aims rather to inform future studies, not obviate the need for them.

Originally, we had intended to precision match a sample of people from different minority ethnic groups with a sample of white British people matched for age, gender, and geographical locality by using participants in the Family Resources Survey (FRS) as our sampling frame. Unfortunately, the Department for Work and Pensions (DWP), on whose behalf the FRS is undertaken, belatedly realised that their existing consent procedures would not allow them to give us any information until they had secured written consent from every single FRS respondent. In addition to the delays that this caused, we were no longer able to match the two groups as originally intended. However, matching on the basis of frequency distribution, White British and minority ethnic group participants did not differ in terms of age and gender. There were however significant differences in geographical location and we were unable to achieve similar proportions of White British and minority ethnic group participants living in London, the North West, or Scotland. In this sense, our principal objective was only partially met. At the same time, the steps we took to increase our sample size (see Methods section) have enabled us to make some interesting between group and within group comparisons.

We had also intended to interview younger adult members living in the same household in order to compare expectations about the role of family support between generations. The delays with the FRS meant that we decided that it was preferable to concentrate upon maximizing our sample of people aged 55 and over. In the event, less than twenty households included parents and adult children and so, in retrospect, we feel that this objective would not have been achieved anyway.

Twenty per cent of the interviews were completed in languages other than English and a further ten per cent were completed in a combination of English and another language. We were able to collect information on factors such as health and income that have been shown to influence the type and nature of social support that people receive. We were also able to ask people about preferences for future support and their feelings about family, state, and individual responsibilities. Through a combination of interviewer skills and the preparation of a detailed set of interview guidelines, we felt that we were able to achieve a schedule that was broadly comparable across, and relevant to, a range of different ethnic groups.
METHODS

Sample selection

Although the proportion of older people from minority ethnic groups is increasing, they are rarely represented in substantial numbers in studies of the older population as a whole (Butt and Mirza 1996). In order to achieve sufficient numbers to permit analysis on the basis of ethnicity, researchers have had to adopt innovative and multiple approaches. Even so, problems in recruitment have been widely reported even in studies undertaken in communities that are comparatively ethnically diverse (Boneham et al. 1997; Silveira and Ebrahim 1998). The construction of nationally representative samples has proved to be technically difficult and costly (Smith and Prior 1996).

Our solution was to ‘piggyback’ an existing nationally representative survey, the Family Resources Survey (FRS), which is undertaken biennially on behalf of the Department for Work and Pensions (DWP). Although surveys such as these regularly provide data for secondary analysis or include specific questions at the request of other government departments or research organisations, they are rarely used as sampling frames for discrete projects.

As the previous section explained, unforeseen problems with consent had implications for the timing and size of the sample. The result was that 172 people, of whom only half were from a minority ethnic group, gave permission for their name and address to be given to us. This was fewer than we had anticipated.

Faced with this shortfall, after discussion with the Programme Director, we contacted everyone from a minority ethnic group and a sub-sample of white respondents from the FRS sample and increased the overall numbers by snowballing and contacting people attending community centres or living in sheltered accommodation (service settings). The final sample consisted of 203 people, of whom half were recruited via the FRS, a third from service settings, and the remainder through snowballing.

Data collection

Participants were interviewed using a schedule that included a selection of standardised questions on religion, caring responsibilities, household structure and employment from existing surveys such as the Census and General Household Survey to facilitate comparisons and a health related quality of life measure, the SF-36® (Ware and Sherbourne 1992). Other topics, such as health and social support, that have previously been identified in the literature as impacting on quality of life were also included. There were also sections on migration history and racism. Where participants gave permission, interviews were taped and the main open questions were transcribed.

An important issue for us was the issue of translation. For instance, while there is an equivalent Chinese phrase for ‘quality of life’, the term does not exist in Urdu or Punjabi, and so the schedule had to be piloted in order to ensure that it could be administered in different languages.

Key challenges

Along with other projects in the Growing Older programme, we were interested in the methodological issues surrounding the effects of matching interviewers and participants.
We recruited, trained and managed a team of interviewers ourselves. This enabled us to offer participants a choice of interviewer more easily. Ethnic matching is important not just in terms of being able to interview people in their own language instead of using interpreters but also because of its potential impact on the relationship between participant and interviewer. For instance, it has been suggested that participants are more willing to admit to having experienced racism if they are interviewed by a person from the same ethnic background (Morton-Williams 1993). Two of the interviewers were aged over 55 themselves and the team itself consisted of both men and women.

**Data analysis**

Quantitative data has been analysed using the Statistical Package for the Social Sciences (SPSS) and qualitative data using Atlasti®. Issues do arise from the qualitative analysis of data that has been translated into English from different languages. There is a balance between the accuracy that comes from being present at the time and the context of each nuance and the accuracy that comes from using a professional translator. The interviewers almost always translated and transcribed their own interviews. This was a less costly option and one that possibly was more suited for a fairly structured schedule.

**RESULTS**

**Characteristics of the sample**

**Age and gender**

The sample of 203 people was almost evenly divided between men (n=97) and women (n=104). Over half were currently married and a quarter were widowed. They ranged in age from 55-100 years, with a mean age of 69. As increasing age is associated with service use, it was unsurprising that participants recruited through day centres and in sheltered accommodation were older than those recruited through the FRS or by snowballing.

**Ethnicity**

Based on the categories developed for the 2001 census, Asians comprised the largest ethnic group in the sample (39 per cent), followed by Black Caribbeans (27 per cent) and white (19 per cent). There were smaller numbers of Chinese people (n=11) and Black Africans (n=7). With one exception, the remainder consisted of people of mixed heritage.

In keeping with the patterns of migration to Britain that have existed since the 1950s, the overwhelming majority of participants from a minority ethnic group had been born in India or the Caribbean. However, we recorded 29 different countries of birth including Iraq, Burma, the Sudan, and Egypt.

**Geographical location**

Britain's minority ethnic communities are concentrated on London, Birmingham, Manchester, Leicester and Bradford (Forrest and Gordon 1993) so it was unsurprising that just under three-quarters of the overall sample lived either in London or in a metropolitan authority. Almost without exception, people living in rural areas were white.
Health

Although nearly two-thirds of participants rated their health as good or fairly good, fewer than a quarter reported that they did not have a longstanding illness or disability. While poorer health was to be expected among those recruited via day centres or in sheltered accommodation (Bennett et al. 1996; Walker et al. 1998), the frequency and severity of health problems across the sample as a whole was very striking.

Living arrangements

Information was collected about 203 people living in 175 separate households because in some cases two adults aged 55 and over living at the same address were interviewed. Forty one per cent of households consisted of just one person. Just over a third consisted of two people, generally couples but a small number of widowed and divorced people shared with an adult child. The remainder lived in households ranging in size from three to nine people. On the whole, women were more likely to live on their own than men.

Ethnicity, self identification and racism

Conceptual challenges to recording ethnicity

The way in which race and ethnicity have been recorded in official statistics has a controversial history (Simpson 2002). The introduction of a question on ethnic identity in the 1991 census was seen as an important step towards identifying the nature and extent of disadvantages between ethnic groups. Concerns that the 'white' category concealed the existence of 'hidden' minorities, such as Irish people, and that the 'other' category was too imprecise (Fenton 1996; Peach 1996) resulted in further adjustments for the 2001 census.

Self-identification is an important component of ethnic identity in that individuals may choose the extent to which they identify with a specific community. While every participant was prepared to define his or her ethnicity using the 2001 census categories, fewer than three-quarters would have chosen to describe themselves in this way. In practice, self-identification may also be circumscribed by others' definitions. A Black Caribbean woman commented:

Well you can't say that you're English, never mind that I been here such a long time. You have to still say, they class you as Caribbean, you know.

Ethnicity as a dynamic concept

Participants' answers also highlighted the way in which external political developments may produce further pressures to reformulate the way in which ethnic identity is recorded officially.

Devolution has heightened pre-existing debates about what it means to be 'British'. Interestingly, the greatest levels of dissatisfaction were found among White British people; we had used the English census question for comparability and every Scottish participant commented on the absence of a separate Scottish option.

Current categories reflect the predominantly South Asian and Caribbean origins among those moving to Britain in the 1960s and 1970s. Since then, domestic immigration legislation and the effects of war and political unrest throughout the world have meant that later arrivals generally have different countries of origin with subsequent difficulties in matching their ethnic origin to pre-existing categories. For example, two of the three
people born in Iraq defined themselves as 'Asian Other' and the third as 'Any Other'; all three expressed uncertainty as to which one they were 'meant' to choose.

As a proportion of the sample, the number of people moving as a result of political unrest was small (n=14). However, the potential for inequalities between this group, who tended to have moved to Britain in middle or old age, and those who arrived as young adults for education or employment opportunities was apparent in that their levels of housing and car ownership were lower than in the sample as a whole and they were more reliant on state benefits. While firm conclusions cannot be drawn from such a small sub-group, its existence highlights the need for further work examining whether different patterns of migration have an impact upon patterns of ageing and possible future care needs (Blakemore 1999).

**Differential impact of racism**

There are many forms of racism including personal insults, unfair treatment in the workplace, and racially motivated crime (The Commission on the Future of Multi Ethnic Britain 2000). In addition to conveying the notion of hostility towards people of a different ethnic origin, the concept of racism also infers that this hostility occurs within the context of unequal power relations (Gordon 1996) so we took a controversial step by asking everyone if they had experienced racism. The advantage was that it revealed an important way in which the experiences of participants from different ethnic groups seemed to vary.

Firstly, just under half of the sample of Black people (defined as Asian, Black, Chinese and Mixed Heritage participants) said that they had experienced racism. This is likely to be an underestimate as people are often reluctant to admit to being a victim of racism. It was a significantly higher proportion than that reported by white people, of whom just five had encountered it because they either came from a white minority or because their partner was Black.

Secondly, it raised the possibility that existing quality of life research may not have taken enough account of its impact. For example, a reduction in crime and fear of crime is one of the government's 15 Headline indicators of sustainable development - a quality of life barometer (Department for Environment Food and Rural Affairs 2002) and reported fear of crime is higher among people from minority ethnic groups (Office for National Statistics 2002b). Although we did not ask directly about fear of crime in general, there were several very disturbing examples of racial assaults and harassment from neighbours. Furthermore, participants who had experienced racism were more likely to be dissatisfied with their neighbourhood. Racism may also influence how and where people seek social support; many Black Caribbean people had been brought up in one of the major Christian denominations in the Caribbean but now attended churches with largely Black congregations. Other work has suggested that the experience of racism has a cumulative and negative effect on people's health (Karlsen and Nazroo 2002) and this is something that we shall explore in future outputs.

**Social support**

There have been many approaches to the definition and measurement of social relationships. The term 'social network' is generally used to describe the set of people with whom one maintains contact and has some form of a bond (Bowling 1991). Its size and make-up depends to a great extent upon demographic factors such as marriage, fertility, and mortality as well as the migration behaviour of the individual and of others in the network (Scott and Wenger 1995). 'Social support' can be defined as the interactive
process through which assistance is obtained from one's network (Bowling 1991). The types of support described most often are:

- emotional (affection from others, sharing feelings or a general sense of belonging);
- instrumental (tangible or material assistance, such as financial help);
- informational (knowledge or advice provided by others).

(Newsom et al. 1997, p49)

Within these, a distinction is often made between a person's subjective assessment of what is provided (perceived support) and the support that is actually provided (received support).

In some cases, it was possible to relate certain aspects of social support to the structure of participants' social networks. For example, instrumental help in the form of shopping or transport is typically provided by family or friends living locally (Wenger 1992). However, as the next sections will show, other types of support often cut across structural factors and it was striking how many participants actively shaped the form of their relationships with others. In this context, while inequalities in health or income have the potential to influence the type and amount of social support between different ethnic groups, the place of individual agency must not be underestimated.

**Living alone and living with others**

Recent years have seen increasing policy and media interest in the proportion of adults living on their own and the impact that this has upon social relationships and access to material and caring resources. Here, stereotyped views about household structures among people from minority ethnic groups may create an assumption that they have better access to social support than white people (Ahmad 2000; Social Services Inspectorate 1998). In fact, results from the study supported the viewpoint that there is a trend towards increasing convergence in household living arrangements between different ethnic groups and that certain minority groups may be more, not less likely, to live on their own.

The strongest contrasts were to be found among Asian participants. Taken as a whole Asians tended to live in larger households. However, multigenerational living patterns were stronger among Asian Bangladeshi and Pakistani participants. Asian Indians showed greater similarities with their white counterparts in that they were more likely to live with just their spouse or with their spouse and children under the age of 18.

Although our data on household structure was possibly influenced by recruiting people attending day centres or living in sheltered accommodation where one person households are more common, it was noticeable that more than half of Black Caribbean and Chinese participants lived in single person households. This is in keeping with other work that has pointed out that the prevalence of older people living on their own varies between different minority ethnic groups and is sometimes higher than in the white population (Lowdell et al. 2000).

The main way in which household living arrangements impacted upon social support was that people living as a couple were more likely to report having two or more close relationships, reflecting the importance of spouses as confidants (Brown et al. 1986). However, the availability of people within the household should not be seen as invariably synonymous with access to social support. An Asian Indian man explained
that he had a poor relationship with his wife. In his opinion, whereas she received support from her mother and her family, he had no equivalent resource of his own.

Yeah, I mean loneliness. I mean there is a cloud… I’m not a sociologist so [I can’t explain the difference between being lonely and being alone] and you don’t really know how to cope but you have to cope, so there it is.

By contrast, even when they lacked material resources or were in poor health, it was noticeable how many people living on their own were keen to reach out to others. A widow with one child living in another part of London sought her main contacts through the local Asian community centre. As a follower of the spiritual leader Bhagavan Sri Sathya Sai Baba, she also travelled to her nearest Sai Centre each week by public transport. A white woman’s poor mobility restricted her from leaving the house independently. Her solution was to pay a neighbour to help her with housework and to drive her to the shops and church. She also kept open house for her friends and described herself as an ‘agony aunt’. In this way, she saw herself as providing more support than she received.

*Relationships with children*

Overall, there were low levels of childlessness, with 93 per cent having at least one living child. White people had fewer children and grandchildren. They were also less likely to have a child living within a twenty mile radius.

A noticeable difference between participants was that white people tended to have lower expectations about the frequency and type of support that they received from their children. They felt that their children would provide support in a crisis (Harper 1987) but that they themselves would prefer to avoid such a necessity. One white man explained:

*I wouldn’t want to [move nearer children] ’cos I wouldn’t want to put myself as a load onto one of them. I know, I know, they would accept it. They would do it but, er, they’ve also got their lives and their families to look after.*

A high proportion of Black Caribbean women in this age group have been employed in the health and social care sector. For these women, support from services rather than their family was often seen as not only more acceptable but also their right.

*I have already told the children, I says, ’Look, I’ve worked in homes and I wouldn’t want to stop you. You have a life to live’…And the thing is I know they would all rally round, you see, to take care [but] we are looking forward for help from the social service because I work long enough, you see, so why shouldn’t I get?*

By contrast, Asian participants often described a more intensive, system of reciprocal help. Thus, daughters or daughters-in-law usually provided practical help in the form of cooking, shopping or cleaning. In return, their parents looked after their grandchildren, thus enabling them to remain in paid employment. Although a minority of participants from minority ethnic groups expressed unhappiness about what they saw as a reduction in the support that adult children gave their parents, the majority were of the opinion that, while it may have been customary for older people in their country of birth to be supported by their children, this was not always possible in Britain. Indeed, there were successful examples of Asian people choosing to live in sheltered housing where they had established networks that included the warden and other residents at the same time as continuing to be in close contact with their families.
The importance of friendships

Irrespective of ethnic group, almost all participants included friends and neighbours within their social network. Although those without relatives living nearby tended to attach greater importance to their local friendship network, the overwhelming majority of participants emphasised the extent of the emotional support that they and their friends provided to each other.

While white people tended to have lived in their neighbourhood longest, almost all participants had lived in their locality for over 20 years and so had well-established sets of local friends. However, migration history also emerged as a pivotal factor (Brockmann 2002). An Asian man highlighted the strength of the friendships established at the time that he had come to live in Britain.

All these people were friends from our youth, you see and now the children [are] grown up and [it's come to pass that we are all old people] so we have to look after ourselves [i.e. each other].

Balancing distant and local relationships

Although many participants, including white people, had family and friends who lived elsewhere, contact was still maintained through personal visits, the telephone and, for some, e-mail. Although much has been written about the 'myth of return', only a handful of participants expressed any intention or desire to return permanently to where they were born. Instead, while they visited their country of birth for holidays or family occasions, they saw their lives as firmly embedded in their locality, in the communities in which they had lived for many years.

Religion and involvement in local community organisations

Other projects in the Growing Older Programme have identified the comparative lack of attention that British gerontology has paid to the role of religion (Ashfar et al. 2002; Coleman et al. 2002). In our sample, 90 per cent of participants reported they had a religion and three-quarters described it as being important to them. Across all ethnic groups, women were more likely to describe religion as being important and to attend religious meetings more regularly. This was especially true of Black Caribbean women, of whom 80 per cent attended services weekly.

Religion appeared to perform a twofold role. First, attendance at meetings provided a venue for making contact with people on a regular basis and offering an environment for community activity. Second, it was seen as imparting meaning and purpose to life. This will be discussed more fully in the next section.

Other types of involvement in community organisations included social activities, such as bowls, or local politics. These provided further examples of the way in which participants played active roles in shaping their social networks. A Black African man explained:

Here, because many of my peers are not around, there is not social sort of activities. That is the reason I do a lot of voluntary work, for the government, for the local council.

Existing research has highlighted how people from minority ethnic groups are less likely to use health and social care services and are less aware of what help is available (Ahmad 2000; Ahmad and Atkin 1996; Butt and Mirza 1996; Katbamna et al. 1998). In our sample, while instrumental and emotional support was most often provided by
families and friends, the vital role played by voluntary organisations in providing information and advice was especially striking. At one level, Black Caribbean, Chinese, and Asian community centres provided essentially social opportunities for people to share meals and the company of people from a similar background. At another, they were the link whereby people were helped to access health and social care services. This was especially important for Chinese participants, none of whom knew English and almost all of whom were reliant upon community centre staff to translate and interpret for them.

Thus, while on the one hand, people using community organisations tended to have smaller social networks, on the other, they were more aware of how to access statutory services. This highlights the complexities in making overall judgements about inequalities in social support without any further differentiation between its different constituents.

Quality of life

Few of the more commonly used standardised measures have been validated for use with people from minority ethnic groups and concern has been expressed about the way in which existing quality of life research has neglected their experiences (Brockmann 2002).

Some of the issues raised by participants were consistent with existing research. For example, health (Ashfar et al. 2002; Bowling et al. 2002) was an important component affecting how they felt about their lives. As mentioned in the section on sample characteristics, overall levels of self-reported disability and limiting longstanding illnesses were high and initial analyses suggest that scores on the different sub-scales of the SF-36® are lower than those reported for age-matched population norms (Jenkinson et al. 1996; Ware et al. 2000). It was noticeable that people from classes 1.1 and 1.2 of the National Statistics Socio-economic Classification (NS-SEC) (Office for National Statistics 2002a) appeared to be in better health, suggesting that socio-economic status may sometimes be a better predictor of health than ethnicity. However, the social class distribution of Britain's minority ethnic population is not the same as that of the white population (for example, Asian Indians are over represented in managerial and professional occupations) (Whitmarsh and Harris 1996). This is just one aspect of the complexities of separating out socio-economic and ethnicity effects (Karlsen and Nazroo 2002) and emphasises the need for more complex analyses.

Other 'traditional' topics that were raised included good social support, having an adequate income, crime and transport. Here, participants from minority ethnic groups living in cities were at an advantage to white rural participants without cars because the former had access to better public transport or had children living nearby who could give them lifts.

There has been a clear trend in quality of life research to investigate the importance of personal definitions and subjective experiences (Bond 1999). On the one hand, these may be influenced by cohort effects in that people of a similar age share some common experiences (Bowling et al. 2002). On the other, increasing diversity among the older population and the influence of postmodern culture upon the development of individual identities (Gilleard and Higgs 2000) are likely to result in increased variation.

Participants' answers suggested that ethnicity may play a role in influencing both collective and personal responses to perceptions of quality of life. First, the impact of migration may mediate individual components of quality of life, such as social support (Brockmann 2002). Secondly, there may be more direct effects in that, for instance,
different external events will influence collective experiences. The most vivid example of this was that of a Chinese woman who had lived through the Cultural Revolution. This provided her reference point for a time that was bad in her life.

Thirdly, differing religious and cultural practices appeared to affect the way in which participants were prepared to comment negatively on their current quality of life. This was especially noticeable among some Muslims who emphasised that there was a divine purpose behind what happened.

Different religious and cultural practices may also impact on the way in which people perceive their lives within the context of ageing. A Hindu man emphasized the cyclical nature of life (Ram-Prasad 1995):

*Well, I'm a young man, then an old man, and I've got grandchildren and what else [should] I expect to see?...It's time for you to quit the world and be prepared. [Pause]. Everything that happened to my father will happen to me....You have got to realise there is somewhere you have to lie down to rest. Death is the one inevitability.*

Another project in the Growing Older Programme has drawn attention to the existence of negative attitudes towards old age among older people and its consequent implications for self esteem (Baldock and Hadlow 2002). Chinese or Asian participants were more likely to report that growing older had positive aspects, such as becoming wiser or more tolerant:

*In terms of money 'choi' [Chinese word meaning both money and wisdom] I can't earn much or provide much but in terms of wisdom 'choi', I can help my children with this and this makes me happy.*

Here, the strongest contrasts were with white women who often expressed negative ideas about ageing, either in terms of how they felt about themselves or how others reacted to them.

In conclusion, the results from this exploratory study looking at quality of life and social support suggested that there were both similarities and differences between people from different ethnic groups. Across all ethnic groups, participants emphasised reciprocities in their relationships and the pleasure they found in the company of others. In other areas, such as household living arrangements or income, a picture of increasing diversity often cut across ethnicity. However, the clearest inequality that emerged between participants in terms of ethnicity was in the experience of racism. The potential for racism to affect different domains of quality of life such as reduced income in retirement through lack of promotion prospects or the negative impact of living in an area where racial crime and harassment exist are possibly long term and cumulative. At the same time, participants from minority ethnic groups also appeared to have advantages in terms of their capacity for adaptability or holding more positive attitudes towards growing older. These suggest further ways in which new insights into quality of life and social support can be explored in the future.

**ACTIVITIES**

We have benefitted from the opportunity to share ideas at meetings with other projects in the Growing Older programme, particularly from a sub-group of projects looking at issues of ethnicity.
In 2001 a paper was given at the European Sociological Association meeting in Helsinki and a presentation was made to the professional studies course on Ageing, Health and Community Care at the University of Southampton. A paper was presented at the Centre for Research on Ageing and Gender symposium at the University of Surrey in 2002.

Links have been made with the Department of Health and Age Concern England to run workshops to discuss the study findings.

OUTPUTS

Excluding outputs on the Regard database, we have also contributed to the Growing Older Newsletters. Papers drawing together cross-national comparisons of the position of older people from minority ethnic groups have been published in the *Journal of European Social Policy* (Brockmann and Fisher, 2001) and *European Societies* (Brockmann, 2002).

IMPACTS

We intend to use existing links with the voluntary sector and Department of Health policy makers to develop opportunities for using the study findings as a way of helping to inform future policy.

FUTURE RESEARCH PRIORITIES

Our study suggests that further work exploring quality of life across different ethnic groups may help to establish whether it is a concept that has a core of components that are common to all older people, regardless of ethnic background, and whether there are certain domains that are culturally specific.

The results also highlight the need for more work exploring the experience of racism within the context of ageing. People are often reluctant to admit to being a victim of racism, with consequent effects on officially recorded data. This means that information from research that is independently undertaken assumes greater importance.

The differences between participants recruited via the Family Resources Survey and those recruited through service settings raise interesting questions about the role of the voluntary sector as a 'gateway' into statutory services, such as housing and health. The degree to which some people made active choices to attend community centres or move into sheltered accommodation should not be underestimated.

Almost all participants became very engaged in commenting upon the interview topics and the Growing Older programme. We hope to undertake work in the future that will explore people's preferences in terms of subject matter, interview format, and type of interviewer. This is aimed at improving the extent to which ageing research becomes more user centred.

While any of the above topics are capable of being undertaken by a single research team, our difficulties in sample recruitment demonstrate the intractability of the issue of recruiting representative samples of older people from minority ethnic groups, particularly if they are to be derived from more than one geographical location. The infrastructure needed to achieve studies that produce generalisable data is likely to require initiatives that cut across Research Councils and will require major funding.
REFERENCES


