UNIVERSITY OF
Southampton

New understandings of old age and the lifecourse

The 43rd British Society of Gerontology conference

1 – 3 September 2014

Sponsors

The British Society of Gerontology would like to thank our kind sponsors for their generous support of the annual conference.

Contents

Welcome by the Conference Chairs

President's Welcome to the Annual Conference

Dear Delegates

As President of the British Society of Gerontology, I would like to welcome you to our annual conference which is being held this year at the University of Southampton with its theme of *New Understandings of Old Age and the Lifecourse*. This is our 43rd conference and it is great to see how it continues to grow and flourish.

I would also like to thank the organising team who have been primarily drawn from the Centre for Research on Ageing for all their hard work. As I said last year, having been on the organising committees for three annual conferences, I know just how much time and effort goes into making such an event happen. This is going to be a great conference in terms of both its academic and social programmes.

Kind regards

Professor Robin Means
President, British Society of Gerontology

Welcome Message from Director of the Centre for Research on Ageing

It is my pleasure to warmly welcome you to the 43rd Annual Conference of the British Society of Gerontology, hosted by the Centre for Research on Ageing at the University of Southampton.

We are delighted to welcome three distinguished keynote speakers over the course of the conference:

– Professor Pearl Dykstra, Erasmus University Rotterdam, The Netherlands

– Mr Toby Porter, Chief Executive of Help Age International

– Professor James Nicoll, University of Southampton

In addition, the academic programme of the conference brings together a wide range of individual paper and poster presentations, as well as symposia, covering eight distinct areas which are reflected by different colours in the programme.

I would like to thank the conference sponsors and exhibitors for contributing to making this conference happen, and in particular to my colleagues in the Organising Committee for their dedicated and hard work over the last two years. We all hope that you enjoy the conference, and that it gives you the opportunity to learn from colleagues about their cutting-edge research on ageing, and to socialise and network with old and new members of the BSG community drawn from academia, policy and practice.

Professor Maria Evandrou
Director, Centre for Research on Ageing

Committee

BSG2014 Conference Organising Committee

Isabella Aboderin

Associate Professor of Gerontology, Centre for Research on Ageing

Jennifer Baird

Lecturer in Gerontology, Centre for Research on Ageing

Rachel Bennett

Lecturer in Gerontology, Centre for Research on Ageing

Maria Evandrou

Professor of Gerontology, Director of the Centre for Research on Ageing

Chair of the Organising Committee

Aravinda Guntupalli

Lecturer in Gerontology, Centre for Research on Ageing

Gloria Langat

Lecturer in Gerontology, Centre for Research on Ageing

Rebekah Luff

Senior Research Fellow, ESRC National Centre for Research Methods

Yvonne Richardson

Research Programme Manager, EPSRC Care Life Cycle Project

Elisabeth Schröder-Butterfill

Lecturer in Gerontology, Centre for Research on Ageing

Athina Vlachantoni

Associate Professor of Gerontology, Centre for Research on Ageing

Chair of the Scientific Committee

Alison Wadey

PhD Student in Gerontology, Centre for Research on Ageing

Kathryn Wicks

PhD Student in Gerontology, Centre for Research on Ageing

Rosalind Willis

Lecturer in Gerontology, Centre for Research on Ageing

Vice-Chair of the Organising Committee

The Centre for Research on Ageing

The Centre for Research on Ageing (CRA) is an internationally renowned, multidisciplinary research centre, which examines key issues in ageing and the life course, informing policy and debate at the local, national and global level. We bring together academics and postgraduate students to examine some of the most important issues facing us in the 21st century.

Members of the CRA are involved in research projects funded from a variety of sources, including the Economic and Social Research Council, The British Academy, The Wellcome Trust, the National Institute for Health Research, the UK's Department for International Development, and the Engineering and Physical Sciences Research Council. Our research spans across a wide range of topics including: resilience among older people in Nairobi slums in Kenya; satisfaction with social care services among ethnic minorities in the UK; family dynamics and the impact of childlessness in Indonesia; the drivers and consequences of population ageing in the British and European context; pension protection among ethnic minorities in the UK; the impact of economic migration on older people 'left behind' in China and South Africa; the demand for and supply of social care in the UK in the context of an ageing population; the measurement of active ageing in the European context; changing living arrangements of older people in India; and fuel and food poverty among older people in the UK.

The CRA has been involved in training the future generation of gerontologists by providing postgraduate programmes in ageing and research methods since 2007. The face-to-face MSc and PhD programmes commenced in 2007, followed by the UK's first MSc Gerontology by Distance Learning in 2008 and more recently the MSc Global Ageing and Policy by Distance Learning. The CRA has secured 15 Scholarships from the Commonwealth Scholarships Commission for the third year running, enabling the training of academics, policymakers, doctors, occupational therapists, dentists, managers and social workers across sub-Saharan African countries, south-east Asia and beyond. An innovative, high-quality programme, with consistently positive feedback from students and alumni, has contributed to the CRA teaching team being recognised with a Southampton Vice-Chancellor's Award in 2012, and several individual staff awards.

For more information on the research and teaching programmes at the Centre for Research on Ageing, please visit: **www.southampton.ac.uk/ageing**

BSG 2014 Conference Timetable

Monday 1 September 2014		
Time	**Activity**	**Location**
07:00 - 09:00 Shuttle Bus between Glen Eyre Halls and Highfield Interchange		
07:30 - 09:00	Breakfast (for delegates in halls on Sunday night)	B40 (Garden Court)
08:00 - 18:00	Registration	B38 Staff Social Centre (SCC)
09:30 - 12:30	Emerging Researchers in Ageing Event	B67 (Nightingale) 67/1003
12:00 - 13:00	Lunch	B40 Garden Court *or* B85 foyer for ERA event
13:15 - 14:00	Open conference & Award	B32 (EEE Building) 32/1015
14:00 - 15:00	Keynote 1: Pearl Dykstra	B32 (EEE Building) 32/1015
15:00 - 16:00	Poster viewing & coffee	B38/40 (SSC/Garden Court)
** Book launch and refreshment break sponsored by Policy Press **		
16:00 - 17:30	Parallel Session 1	Seminar Rooms
17:30 - 18.30	Check into accommodation	-
17:30 - 18:30 Shuttle Bus between Highfield Interchange and Glen Eyre Halls		
18:30 - 19:15	Wine reception	B38/40 (SCC/Garden Court)
19:15 - 21:00	Dinner	B40 (Garden Court)
21:00 - 23:00 Shuttle Bus between Highfield Interchange and Glen Eyre Halls		
18:00 - 23:00	Cash Bar	B38/40 (SCC/Garden Court)
Tuesday 2 September 2014		
07:00 - 09:00 Shuttle Bus between Glen Eyre Halls and Highfield Interchange		
07:30 - 09:00	Breakfast (and registration until 18:00)	B38/40 (SCC/Garden Court)
09:00 - 10:20	Parallel Session 2	Seminar Rooms
10:20 - 10:50	Poster viewing & coffee	B38/40 (SCC/Garden Court)
10:50 - 11:50	Parallel Session 3	Seminar Rooms
11:50 - 12:00	Comfort break	-
12:00 - 13:00	BSG Annual General Meeting	B32 (EEE Building) 32/1015
13:00 - 14:00	Lunch	B40 (Garden Court) *or* B85 foyer for AGM event
14:00 - 15:20	Parallel Session 4	Seminar Rooms
15:20 - 15:50	Poster viewing & coffee	B38/40 (SCC/Garden Court)
15:50 - 16:50	Keynote 2: Toby Porter	B32 (EEE Building) 32/1015
16:50 - 17:00	Comfort break	-
17:00 - 18:20	Parallel Session 5	Seminar Rooms
18:20 - 19:30	Free time	-
18:30 - 19:30 Shuttle Bus between Highfield Interchange and Glen Eyre Halls		
19:30 - 21:30	Gala Dinner	B40 (Garden Court)
22:00 - 00:00 Shuttle Bus between Highfield Interchange and Glen Eyre Halls		
19:00-23:00	Cash Bar	B38/40 (SCC/Garden Court)
Wednesday 3 September 2014		
07:00 - 09:00 Shuttle Bus between Glen Eyre Halls and Highfield Interchange		
07:30 - 09:00	Breakfast (and registration/check-out until 13:00)	B38/40 (SCC/Garden Court)
09:00 - 10:20	Parallel Session 6	Seminar Rooms
10:20 - 10:50	Coffee	B38/40 (SCC/Garden Court)
10:50 - 11:50	Parallel Session 7	Seminar Rooms
11:50 - 12:00	Comfort break	-
12:00 - 12:45	Keynote 3: James Nicoll	B32 (EEE Building) 32/1015
12:45 - 13:00	Close of Conference	B32 (EEE Building) 32/1015
13:00 - 14:00	Packed lunch to go	B38/40 (SCC/Garden Court)

43rd BSG Annual General Meeting Agenda

12noon, Tuesday 2 September, 2014
University of Southampton, Building 32 (EEE), Lecture theatre 32/1015

1	Minutes of the meeting held Thursday 12th September, 2013, Oxford University
2	Matters arising
3	**President's Report (Prof Robin Means)** 3.1 BSG Strategy 2015-2020 (Prof Sheila Peace)
4	**Secretary's Report (Dr Sue Venn)**
5	**Treasurer's Report (Dr Veronika Williams)** 5.1 Motion: This AGM approves the 2013/14 accounts 5.2 Motion: This AGM approves the re-appointment of Dixie Associates Ltd as the Society's auditor and accountant for the financial year 2014-2015 Accounts

6	**Reports from Strategy/Task Groups**
	
	6.1 Social Media and Communications (Rachel Hazelwood)
	
	    6.1.1 – Ageing Images (Dr Debora Price)
	
	6.2 Publications (Dr Mary Pat Sullivan)
	
	    6.2.1 – Ageing & Society (Professor Christina Victor)
	
	6.3 Conference Liaison & Events (Dr Louise McCabe)
	
	6.4 ERA (Naomi Woodspring)
	
	6.5 International Relations (Dr Alisoun Milne)

7	**Election results**

8	**Presentations and Awards**
	
	8.1 BSG Outstanding Achievement Award
	
	8.2 Outgoing Officers:
	
	    Professor Robin Means (President)
	    Dr Sue Venn (Hon. Secretary)
	    Dr Veronika Williams (Treasurer)
	
	8.3 Incoming Officers:
	
	    Professor Sheila Peace (President)
	    Dr Mary Pat Sullivan (Hon. Secretary)
	    Dr Rosalind Willis (Treasurer)
	
	8.4 The following are standing down from the committee:
	
	    Professor Mim Bernard (Past President)
	    Dr Kate Bennett (Past Treasurer)
	    Dr Sarah Hillcoat-Nalletamby
	
	8.5 Dr Cassie Phoenix and Dr Mo Ray have resigned from the committee

9	Any Other Business
10	Next meeting: This will be held during the Society's annual conference at Newcastle/Northumbria Universities, July 1 – 3 2015.

Lunch for the BSG Annual General Meeting will be served in the foyer of Building 85 (Life Sciences). **Please would all delegates attending the AGM kindly join this lunch rather than the lunch in Garden Court for reasons of room capacity.** The same menu will be served. Thank you.

British Society of Gerontology

Charity number: 264385

The BSG Averil Osborn Fund 20th Anniversary

Marking the 20th Anniversary

This year marks the twentieth anniversary of the establishment of the BSG Averil Osborn Memorial Fund. The Fund was set up in 1994 to support innovative research and dissemination projects which directly involve older people, and to spread understanding and good practice. We are delighted to be celebrating the 20th anniversary of the commencement of the fund during the 43rd BSG Annual Conference at the University of Southampton. Since the fund's establishment a staggering 30 projects have been awarded which have all been undertaken by or with older people.

Averil was a social gerontologist known as a life-long advocate for older people. All Averil's work was founded on a genuine respect and admiration for the older people with whom she came into contact. For Averil, older people were not just passive subjects, whether of care services, planning or research, but active participants eminently able and willing to determine their own destinies. She was one of the first gerontologists to champion an active role for older people in all stages of the research process, from determining the research questions, through research design, data collection, analysis and dissemination. She understood that this is ultimately a question of power: who decides what matters; who sets the agenda; who asks the questions; and who decides what things mean. Averil saw participation as a fundamental right. It is for this reason that the Averil Osborn Fund places such a strong emphasis on the direct involvement of older people in the research it funds.

Every year we invite applications for proposals for original studies that involve older people at all stages of the research (design, execution, interpretation, dissemination) and the Awards Panel aims to make awards in the range of £500-£3000 each year.

Please do take a minute during the conference to visit an exhibition of previously funded projects, which will be located next to the BSG stand (Staff Social Centre / Garden Court), and whilst you are there please also take the opportunity to make a donation so that we can secure the future of this valuable fund. The fund relies solely on the generosity of donations and any amount is gratefully received. There are several ways you can donate, and further information is given on the BSG website at **www.britishgerontology.org** .

Finally, I would like to take this opportunity to thank the current Awards Panel, Bob Peacock, Clive Newton (Chair), Susan Tester and Kate Davidson, all the previous panel members and Rachel Hazelwood and Robin Means of the BSG for all their hard work in running and supporting the fund.

For further information, please contact Sue Venn, Centre for Research on Ageing and Gender, University of Surrey, Guildford GU2 7XH, 01483 689292, s.venn@surrey.ac.uk .

British Society of Gerontology

43rd Annual Conference

1 – 3 September 2014

Academic Programme

Conference Themes

◼	Ageing and the Lifecourse
◼	Ageing, Arts and the Media
◼	Economics of Ageing
◼	Health and Social Care
◼	Intergenerational Exchange
◼	International Perspectives
◼	New Ageing Populations
◼	Research Methods
◼	Social Policy in Ageing Societies

Stream	Ageing and the Lifecourse	Ageing and the Lifecourse	Ageing and the Lifecourse	Ageing and the Lifecourse	Health and Social Care
Chair	Peter Lloyd-Sherlock	Alison Wadey	Ruth Bartlett	Avan Aihie Sayer	Liesbeth De Donder
Location	Building 85 Room 2207	Building 85 Room 2209	Building 85 Room 2213	Building 67 Room 1003	Building 67 Room 1007
Session	Symposium "Harnessing the power of secondary data analysis: insights from the "Ageing Cluster" of ESRC's Secondary Data Analysis Initiative"	Oral Presentations	Oral Presentations	Symposium "New understandings of muscle strength across the lifecourse"	Symposium "Comprehensive frailty and urbanisation: the case of Brussels"
	"A review of ageing research in the SDAI programme" *Peter Lloyd-Sherlock* "Drinking in later life, health and life course transitions" *Marina Mendonca C. Holdsworth, M. Frisher, N. Shelton, H. Pikhart, C. de Oliveira* "The health of grandparents and caring for their grandchildren: the role of early and mid-life conditions" *Karen Glaser* "Cross-sectional study of sleep quality and amnestic and non-amnestic cognitive function in an ageing population: the English Longitudinal Study of Ageing (ELSA)" *Michelle Miller* "Caregiving role transitions and subjective well-being in later life: The English Longitudinal Study of Ageing (ELSA)" *Snorri Rafnsson A. Shankar, A. Steptoe*	"Does empowerment for older workers to choose work or retirement depend on wealth accumulated during the lifecourse?" *Paul McGill* "Off the beaten track? Post-retirement employment in Germany and the UK from a life course perspective" *Anna Hokema* "Retaining Australia's older workforce in aged care" *Suzanne Hodgkin M. Moore* "Gender differences in the characteristics of the older health and social care labour force" *Alison Wadey*	"Situated Creativity, Everyday Interdependency" *Joanna Cross* "Can Understanding Carers' Social Networks Shape Service Design and Delivery?" *Jane Say* "Marriage and physical functioning among older people in England" *Natasha Wood M. Stafford, A. McMunn, E. Webb*	"Grip strength across the lifecourse: normative data from twelve British studies" *Richard Dodds H.E. Syddall, R. Cooper, M. Benzeval, I.J. Deary, E.M. Dennison, G. Der, C.R. Gale, H.M. Inskip, C. Jagger, T.B. Kirkwood, D.A. Lawlor, S.M. Robinson, J.M. Starr, A. Steptoe, K. Tilling, D. Kuh, C. Cooper, A.A. Sayer* "Social inequalities in musculoskeletal ageing among community dwelling older men and women in the United Kingdom" *Holly E. Syddall M. Evandrou, C. Cooper, A.A. Sayer* "Grip strength as a risk factor for hospital admission among Hertfordshire Cohort Study participants" *Shirley Simmonds H. E. Syddall, L. Westbury, M. Evandrou, C. Cooper, A.A. Sayer* "Inequalities in health behaviours and lifestyle in older age: what can we do to promote better physical function?" *Sian Robinson C. Cooper, A.A. Sayer*	"Evaluating frailty on four domains: the Comprehensive Frailty Assessment Instrument" *Nico De Witte* "Access to care and support: impact of socioeconomic status and ethnicity" *Emily Verté L. De Donder, N. De Witte, E. Dierckx, A. Smetcoren, D. Verté* "Challenges within the home situation: coping strategies of frail older people in Brussels" *An-Sofie Smetcoren L. De Donder, S. Van Regenmortel, N. De Witte, T. Buffel, E. Verté, T. Kardol, S. Dury, D. Verté* "Towards a frailty balance – development of a prevention framework" *Liesbeth De Donder E. Dierckx, N. De Witte, A. Smetcoren, E. Verté*

Monday 1 September 2014 | Paper/Symposium Session 1 | 16:00-17:30

Research Methods	Ageing and the Lifecourse	Social Policy in Ageing Societies	Health and Social Care	Health and Social Care	Ageing, Arts and the Media
Rebekah Luff	Christina Victor	Athina Vlachantoni	Rosalind Willis	Mo Ray	Miriam Bernard
Building 67 Room E1001	Building 67 Room 1027	Building 67 Room 1015	Building 67 Room 1013	Building 67 Room 1011	Building 67 Room 1009
Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations
"Analysing Markov Modelling for forecasting public health intervention impact: insight into how age is presented in modelling" *Penny Marno S. Gray, R. Means, N. Dailami* "Using Palliative Care in Nursing Homes" *Nicholas Castle* "New Understandings of Age and the Lifecourse from Scotland" *David Bell A. Rutherford, R. Wright, S. Murray* "Linked Administrative Data in the English Longitudinal Study of Ageing: Tackling the problem of missing data at end-of-life" *Rebekah Luff*	"Explaining the social exclusion of the oldest old" *Wesley Key* "Disadvantage and advantage among older people in rural communities: a multi-level and life-course perspective" *Bethan Winter V. Burholt* "Differences in predictors of loneliness and social isolation experienced by rural-dwelling older adults: The Grey and Pleasant Land study (GaPL)" *Jolanthe De Koning A. Stathi, S. Richards, G. Parkhurst, I. Shergold* "Age encounters: intergenerational perspectives on age and ageing" *Briony Dow S. Biggs, M. Joosten, H. Kimberley*	"Finishing a working career in France: the combined effects of retirement reforms, employer context and individual trajectories" *Sylvie Renaut J. Ogg, S. Aouici, S. Benallah* "At the heart or at the margins of Active Ageing? Exploring the institutional determinants of women's retirement preferences in an ageing Europe" *Marge Unt D. Hofäcker, A. Zaidi* "The impact of changes to the State Pension age on people in routine occupations and their thoughts and feelings on linking it to average life expectancy" *Camilla Williamson*	"Shared lives: the potential of family-based care and support for older adults" *Lisa Callaghan S. Rider, N. Brookes* "Rethinking ageing: the place of siblings in the health and social care of older people" *Beth Edwards H. Lucey* "Carers' experiences of stress, conflict and coping when caring for an older relative: Results of a national survey" *Attracta Lafferty G. Fealy, C. Downes, J. Drennan* "Determinants of anxiety and depression in British South Asian and white British caregivers" *Sahdia Parveen C.A. Robinson, V. Morrison*	"The implications of telehealth for the knowledge and competences of service users and care providers" *Malcolm Fisk* "Health-related technology use by older adults in rural and small town communities in Alberta, Canada" *Margaret Edwards B. Perry, C. Anderson* "The role of a health and wellbeing intervention in supported senior living environments on autobiographical specificity and its correlates: first transitions in a longitudinal study" *Carol Holland A. Boukouvalas, S. Wallis, D. Clarkesmith, L. Liddell, A. Kay*	"Being otherwise: re-framing the ageing 'Feminine', insights from aesthetic practice" *Sukey Parnell* "A blueprint for ageing: confirmation and contradictions of lifecourse Prescriptions" *Bridie Moore* "Ageing, drama and creativity: a critical review" *Michelle Rickett M. Bernard* "Ages and stages: the cultural value of older people's experiences of theatre making" *Miriam Bernard J. Rezzano*

Stream	International Perspectives	Health and Social Care	Social Policy in Ageing Societies	Health and Social Care	Ageing and the Lifecourse
Chair	Vanessa Burholt	Judith Phillips	Robin Means	Aravinda Guntupalli	Mary-Pat Sullivan
Location	Building 85 Room 2207	Building 85 Room 2209	Building 85 Room 2213	Building 67 Room 1003	Building 67 Room 1007
Session	Symposium "Intergenerational, intragenerational and family ties of ethnic minority elders: Implications for caring, formal service use and cultural identity"	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations
	"Who cares and why? Inter and intra-generational caring among minority communities in England and Wales" *Christina Victor V. Burholt, C. Dobbs, A. Ahmet* "Decisions to use social care services among South Asian groups" *Rosalind Willis P. Khambhaita, P. Pathak, M. Evandrou* "Transnational grandparental relationships of middle-aged and older people from six minority ethnic groups living in England and Wales" *Vanessa Burholt C. Victor, C. Dobbs* "Constructions of home, place and belonging among older migrants living in inner-city neighbourhoods" *Tine Buffel*	"Conducting care home research with older people from minority ethnic groups: the benefits, challenges and reflections" *Jan Smith* "Being a care home nurse in the UK: practicing in the juxtaposition of care and business" *Juliana Thompson* "The exploration of mutual caring relationships" *Angharad Parr* "Care home managers – shadow and substance" *Katharine Orellana J. Manthorpe, J. Moriarty*	"Putting Life in Years (PLINY) randomised controlled trial of telephone friendship groups" *Gail Mountain D. Hind, R. Gossage-Worrall* "Personalisation in social care provision – what do older people 'want'? Findings from a recent study on the views of older people and their carers about personal budgets and direct payments" *Nicole Steils K. Ritters, J. Woolham, G. Daly* "Do Direct Payments improve outcomes for older people who have a personal budget? Differences in outcome between people aged 75+ who have a managed personal budget or a direct payment" *John Woolham G. Daly, K. Ritters, N. Steils*	"Care for older people in Scotland: data from the 'Social care, Housing and Health Data Linking Project'" *David Bell A. Rutherford, R. Wright, S. Murray* "Client self-assessed in community aged care: outcomes of a follow-up study Involving older people and case managers" *Goetz Ottmann M. Mohebbu, A. Millicer* "Promoting health and well-being for older people: professionals' perspectives" *Melanie Handley C. Goodman, K. Kharicha, S. Iliffe, J. Manthorpe, M. Cattan, S. Morris, K. Walters* "The 'Valuing Active Life in Dementia' (VALID) research study: lessons learnt from the development phase of the research" *Becky Field G. Mountain, L. Di Bona, J. Wenborn*	"Towards a consensus definition of healthy ageing" *Evelyn Barron I. Lara, M. White, J. Mathers* "The myth of old age" *Anna Schneider Jeroen Spijker J. MacInnes* "From positive ageing to positive living; a changing perspective from the Beth Johnson Foundation" *Lynn Wealleans* "Exercise 50+: what does this mean?" *Sue Stuart*

International Perspectives	Ageing and the Lifecourse	Ageing and the Lifecourse	Ageing, Arts and the Media	Health and Social Care	Health and Social Care
Gloria Langat	Elisabeth Schröder-Butterfill	Barbara Sharp	Miriam Bernard	Rebekah Luff	Charles Musselwhite
Building 67 Room E1001	Building 67 Room 1027	Building 67 Room 1015	Building 67 Room 1013	Building 67 Room 1011	Building 67 Room 1009
Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations
"How age, body composition and physical activity impact on functional fitness in community-dwelling ageing people in Taiwan" *Hsuen-Ying Peng L. Wen, C. Duh, P. Shih* "Clinical geriatric care in the Netherlands: a regional comparison" *Annemarie de Vos J.D.H. van Wijngaarden, T.J.E.M. Bakker, J.P. Mackenbach, A.P. Nieboer* "National trends in hospice care among U.S. racial/ethnic minorities" *Jeff Laguna*	"Older people's perceptions about alternative forms of housing in Brussels" *An-Sofie Smetcoren L. De Donder, T. Buffel, S. Dury, E. Verté, N. De Witte, T. Kardol, S. Van Regenmortel, D. Verté* "Becoming 'at home' in residential accommodation. Insights from a material culture perspective" *Melanie Lovatt* "Living in a care home for older adults: the family members' experience" *Elizabeth Welch S. Rider, A. Towers, N. Smith* "The impact of the transition to a care home on residents' sense of identity: a longitudinal qualitative case study approach" *Katie Paddock*	"Psychological adjustment to accidental falls" *Natalia Adamczewska* "A new journey to health - health information seeking behaviours across the generations" *Sally-Marie Bamford* "Ageing well with chronic pain in rural environments – preliminary findings from an exploratory mixed methods study" *Tom Kingstone B. Bartlam, C. Chew-Graham* "An exploration of stress experienced by people with dementia: an Interpretative Phenomenological Analysis" *Barbara Sharp*	"Stereotypes and misconceptions: myths of gendered old age in Donna Leon's fiction" *Emma Domínguez-Rué* "Mark making" *Hannah Zeilig J. Killick* "Poetic modes of inquiry with women who are old" *Patsy Clarke*	"Using technology for physical activity and social connection: lessons learned from the development of a real-time virtual exercise class" *Frances Batchelor E. Cyarto, D. O'Connor, J. Southam, B. Dow* "Benefits and impact of active lives groups for older people living in the community" *Amelia Bell R. Gandy, P. Barraclough, V. Frost, B. Roe* "Age Collective – museums as natural partners for adult social care and good neighbours within healthy communities" *Laura Phillips T. Gunesekera*	"Planning for old age: meeting the needs of adults with Autism post parental care" *Valerie D'Astous K. Glaser, K. Lowton* "Onset and recovery from visual impairment: an analysis of the consequences of visual deterioration and improvement using the English Longitudinal Study of Ageing" *Katey Matthews J. Nazroo* "The importance of motion for the motionless. The significance of a room with a view for older people with limited mobility" *Charles Musselwhite*

Stream	Health and Social Care	Economics of Ageing	Health and Social Care	Ageing and the Lifecourse	Ageing and the Lifecourse
Chair	Jan Dewing	Maria Evandrou	Jill Manthorpe	Jan Baars	Suzanne Moffatt
Location	Building 85 Room 2207	Building 85 Room 2209	Building 85 Room 2213	Building 67 Room 1003	Building 67 Room 1007
Session	Symposium "A dementia care innovation hub: building research and development themes"	Oral Presentations	Oral Presentations	Symposium "Changing constructions of the life course: perspectives from Critical Gerontology"	Oral Presentations
	"People's experience of dementia diagnosis and assessment" *Jan Smith* *J. Dewing, S. Dijk* "The essence and lived experience of person-centred dementia care: a Phenomenological Inquiry with health care professionals in the Channel Islands" *Sian Wareing-Jones* "Aspire to Inspire: Findings from a evaluation of a 3 year Practice Development Programme in Aged Care NSW Australia" *Jan Dewing*	"Financial dimensions of wellbeing in older age" *David Hayes* "The living standards of older people in the UK: development of the UK Living Standards Index (UK-LSI) and findings from the Poverty and Social Exclusion Survey 2012 (PSE2012)" *Demi Patsios* *P. Hillyard* "Ethnicity and occupational pension membership in the UK" *Athina Vlachantoni* *Z. Feng, M. Evandrou, J. Falkingham*	"Quality measurement, indicators and assurance in care homes for older people. Can a care home quality indicator be developed, based on the Adult Social Care Outcomes Toolkit (ASCOT), and for what purpose?" *Jacquetta Holder* *A. Towers, N. Smith, E. Welch, T. Crowther, G. Collins* "Serious case reviews: the potential for detailed analysis of care failings" *Jill Manthorpe* *S. Martineau* "Challenges of undertaking research in care homes" *Kirsten Moore* *F. Batchelor, R. Purchase, B. Dow, L. Suryn*	"The life course: changing temporal contexts" *Jan Baars* "Later life transitions: challenging the constructions of 'Growing Old'" *Amanda Grenier* "Beyond the life course: re-building social institutions for an ageing society" *Chris Phillipson*	"Towards the development of the IDEAL Tool (Individual Decision on Environment and Accommodation in Later-life)" *Christos Pliakos* "Social networks and residential mobility in later life: the effects of moving on social network supportive capacity amongst older people in the UK" *Marcus Green*

Social Policy in Ageing Societies	Intergenerational Exchange	Ageing and the Lifecourse	Health and Social Care	Ageing, Arts and the Media	Ageing, Arts and the Media
Liesbeth De Donder	Andrew King	Naomi Woodspring	Judith Phillips	Michelle Heward	Lorna Easterbrook
Building 67 Room E1001	Building 67 Room 1027	Building 67 Room 1015	Building 67 Room 1013	Building 67 Room 1011	Building 67 Room 1009
Symposium "To be socially included or excluded? Social participation in later life"	Symposium "Lesbian, Gay, Bisexual and Trans (LGBT) intergenerational exchange"	Oral Presentations	Oral Presentations	Oral Presentations	Symposium and Video
"Situational barriers to educational participation in late life: A Chinese perspective" *Renfeng Wang L. De Donder, C. Zhu, S. Dury, S. Van Regenmortel, D. Brosens, K. Lombaerts* "Social exclusion in later life systematically reviewed: towards a conceptual model" *Sofie Van Regenmortel L. De Donder, A. Smetcoren, D. Brosens, S. Dury, R. Wang, N. De Witte, E. Verté, D. Verté* "Participation in correctional programmes: Do older prisoners engage themselves?" *Dorien Brosens L. De Donder, S. Dury, S.Van Regenmortel, R. Wang, D. Verté* "Combining social activities: a necessity to be socially included?" *Sarah Dury N. De Witte, D. Brosens, A. Smetcoren, A. R. Wang, E. Verté, L. De Donder, S. Van Regenmortel, D. Verté*	"LGBT intergenerational projects in the voluntary sector" *Antony Smith* "What do we think about when we think about intergenerationality and LGBT people? Some possibilities, complications and theorisations" *Andrew King*	"The hierarchy of invisibility in older people" *Anthea Tinker N. Gilani, A. Howells, Z. Kureeman, I. Luthra, O. Oshunniyi, O. Richardson* "'Journeys through the Fourth Age': longitudinal case studies of becoming frailer" *Peter G. Coleman* "No age on the inside: the prevalence and precursors of subjective agelessness" *Sengul Kupeli-Holt A.P. Gregg* "Ageing embodiment and time" *Naomi Woodspring*	"Older people's experiences of falling outdoors: challenging the person-environment fit" *Judith Phillips C. Ballinger, R. Newton, S. Nyman* "WAIT to cross: age-friendly pedestrian crossings – rhetoric or reality?" *Marcus Ormerod R. Newton, C. Musselwhite* "Developing the community hub model of housing with care" *Simon Evans T. Atkinson, T. Baumker, A. Cameron, R. Darton, A. Netten, J. Porteus, R. Smith, S. Vallelly* "An environment of choice? Everyday life in a UK purpose-built retirement village" *Jennifer Liddle M. Bernard, J. Sim*	"And the Doctor said... Creatively researching healthcare in North Staffordshire" *Jackie Reynolds* "Meaningful creative activity in care settings: changing the culture day by day" *Ann Leahy J. Dunne, L. Harper* 'Relational urban practice: creative interventions into urban practice and debate' *Sophie Handler* "Exploring the use of video within social media as a method to raise awareness and challenge gaps in perceptions and understanding of dementia" *Michelle Heward J. Palfreman-Kay, A. Innes, S. Hambidge*	"Moving stories, still films" *Lorna Easterbrook*

Stream	Ageing and the Lifecourse	Social Policy in Ageing Societies	Intergenerational Exchange	Health and Social Care	Health and Social Care
Chair	Kathryn Wicks	Anthea Tinker	Aravinda Guntupalli	Catherine MacLeod	Sarah Galvani
Location	Building 85 Room 2207	Building 85 Room 2209	Building 85 Room 2213	Building 67 Room 1003	Building 67 Room 1007
Session	Oral Presentations	Oral Presentations	Oral Presentations	Symposium "Well-being in later life: insights from the Cognitive Function and Ageing Study Wales (CFAS-Wales)"	Symposium "Under the radar? Alcohol use and older people"
	"Families and photography: an everyday lens on End-of-Life" *Lorna Warren J. Ellis* "Technology, tourism and ageing: model hotel suite for silver hair market in Hong Kong" *Daniel K.H. Kwok S. L. Yang* "Dress and age: what about men?" *Julia Twigg* "Investigation of older consumers' overall shopping experience in the UK" *Yuanyuan Yin A. Ranchhod, M. Evandrou*	"Older renters: housing and economic security in later life" *Sally Keeling* "An 'annoyance' and an 'evil': Social policy and senile dementia in late nineteenth-century London" *Emily Andrews* "Revolutionising long term care: lessons from abroad" *Anthea Tinker J. Ginn, E. Ribe* "Pensioner poverty and social exclusion in GB and NI: What difference did a decade make?" *Demi Patsios*	"The full cost of my love is just no charge": normative orientations in intergenerational relations within different familialism regimes" *Bella Marckmann* "Different aspects of generational exchange: work at the interface of everyday community life and debates in the public sphere" *John Miles* "Is the phenomenon of care reversal and self care happening in India? An exploratory analysis of care reversal patterns using the National Family Health Surveys" *Aravinda Guntupalli S. Pallikadavath* "Knowledge Generation about Caregiving in the UK: A Critical Review of Research Paradigms" *Alisoun Milne*	"Transitions in loneliness and social isolation" *Deborah Morgan V. Burholt* "Mild cognitive impairment, mood and subjective memory complaints" *Jennifer Yates L. Clare, R.T. Woods* "Older Person's External Residential Assessment Tool (OPERAT)" *Matthew Roberts V. Burholt*	"New understandings of drug and alcohol misuse in old age: analysis of existing datasets and interviews with older people" *Sarah Wadd* "Cause or consequence: alcohol and sight loss among older people" *Sarah Galvani W. Livingston* "Characterising alcohol-related elder abuse in policy and practice" *Mary-Pat Sullivan M. Gilhooly, C. Victor, K. Gilhooly, S. Wadd, N. Ellender* "The response of the social care workforce to older drinkers" *Cherilyn Dance*

International Perspectives	Social Policy in Ageing Societies	New Ageing Populations	Health and Social Care	Health and Social Care	Health and Social Care
Isabella Aboderin	Anthony Chiva	Elisabeth Schröder-Butterfill	Alison Wadey	Priya Khambhaita	Rosalind Willis
Building 67 Room E1001	Building 67 Room 1027	Building 67 Room 1015	Building 67 Room 1013	Building 67 Room 1011	Building 67 Room 1009
Oral Presentations	Symposium "Researching longer working"	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations
"Resilience in the face of post-election violence in Kenya: the mediating role of social networks on wellbeing among older people in the Korogocho informal settlement, Nairobi" *Rachel Bennett G. Chepngeno-Langat, M. Evandrou, J. Falkingham* "'Home is where the hurt is': understanding a major stressor for older men in Nairobi's slums" *Isabella Aboderin H. Akinyi Owii* "Modernisation and the traditional notion of older people's care: value conflict in Hindu South Asia" *Lok P. Bhattarai* "Configuration of social networks and family relationships in decision making of widowers and widows in Chile" *Paulina Osorio-Parraguez P. Jorquera, C.M. Meersohn-Schmidt*	"Organisational support for extending working life: the influence of line managers" *Eleanor Davies* "Older workers and skills shortages in Hong Kong and the UK: the case of eldercare services" *Matt Flynn A. Chiva, U.C. Na Ayudhya* "What are the enablers and hindrances to being in work past age 65?" *Karen Hanley* "Extending working lives: how are employees responding to the external drivers to extend working life?" *Tracy Scurry M. Flynn, A. Chiva*	"Childlessness and social integration in old age" *Daniela Klaus S. Schnettler* "That's what I'm missing": the experiences of older involuntarily childless men" *Robin Hadley* "Perpetual parents and 'looking after mum': similarities and diversities across different experiences of caring" *Jo Moriarty J. Manthorpe, M. Cornes*	"The challenges of fall related risk in acute mental health settings for older people: A question of balance?" *Angela Dickinson D. Humphrey, V. Narayanan, C. Victor, C. Simpson, C. Griffiths* "Older persons (75+) with multi-morbidity and their experiences of case management" *Markus Gustafsson D. Bohman, A.Willman, J. Kristensson, G. Holst* "Self-reported walking speed: a useful marker of physical performance among community dwelling older people" *Leo Westbury H. E. Syddall, C. Cooper, A.A. Sayer* "A discrete-time multilevel analysis of the effect of social support on the survival of elderly people in China" *Zhixin Feng*	"Older people and the euthanasia and assisted suicide debate in the UK: a Foucauldian exploration of their discourses" *Carolien Lamers R. Williams* "Implementing End of Life Care training in care homes: an evaluation of a pilot study in the East of England" *Andrea Mayrhofer C. Goodman, M. Handley, N. Smeeton, S. Amador, S. Davies* "The acceptability and feasibility of a staff feedback intervention aimed at improving residents' social care-related quality of life: results of a pilot study" *Ann-Marie Towers N. Smith, S. Rider, E. Welch*	"The application of case study research method in dementia care" *Margaret Brown* "Dementia – exploring the need for an 'Adaptive Model of Ageing'" *Sarah Housden* "Health and social care pathways for people with subjective cognitive impairment: a multi-disciplinary perspective" *Amy Jenkins* "Working with migrant communities: achieving cultural competency in dementia care" *Karan Jutlla*

Stream	Health and Social Care	Ageing and the Lifecourse	Ageing and the Lifecourse	Ageing, Arts and the Media	International Perspectives
Chair	Aravinda Guntupalli	Gloria Langat	Maria Evandrou	Helen Manchester	Elisabeth Schröder-Butterfill
Location	Building 85 Room 2207	Building 85 Room 2213	Building 67 Room 1003	Building 32 Room 1015	Building 67 Room E1001
Session	Oral Presentations	Oral Presentations	Age UK Symposium "Research impact – where next?"	Symposium "Tangible memories: community in care"	Oral Presentations
	"Self-directed community aged care for CALD, ATSI, and rural communities in Australia: reporting on the outcomes of an asset-based community development approach" *Goetz Ottmann A. Millicer, B. Blakey* "Developing an 'Evaluation Framework' to assess the impact of delivering integrated health and social care to older people in Wales" *Susan Carnes Chichlowska V. Burholt* "Lifestyle Matters: for the promotion of health and well-being in later life" *Gail Mountain K. Sprange, K. Shortland, G. Windle*	"Educational trajectories across the lifecourse and wellbeing outcomes at age 50" *Richard Wiggins A. Jenkins* "Discussion groups with older people: an interface of inclusive and participatory ageing?" *Kathleen Lane* "Overcoming ageing stereotypes in a Chinese cultural context: opportunities for enhancing educational participation in later life" *Renfeng Wang L. De Donder, C. Zhu, S. Dury, D. Brosens, S. Van Regenmortel, K. Lombaerts*	"Impact and pathways – the Research Councils' perspective" *Adrian Alsop* "Where next for research impact? An academic perspective" *Robin Means* "Elder Abuse research - impact over or only just begun?" *Jill Manthorpe*	"De-cluttering and objects of loss: toward an ethnography of "Un-gathering" in later life" *Seana Kozar H. Manchester* "Co-designing novel technologies for tangible memories" *Kirsten Cater P. Bennett* "The practice, challenges and opportunities of co-designing and utilising tangible and other digital technologies with older people in care home settings" *Tim Lloyd-Yeates H. Hinder, Stand + Stare*	"British-born second generation return migrants to India: caring responsibilities in a transnational context" *Priya Khambhaita R. M. Willis* "Ageing identities as control of resources in situational networks" *Cynthia Meersohn-Schmidt* "The purpose and meaning of work in later life: a critical look at evidence from Indonesia" *Elisabeth Schröder-Butterfill*

Tuesday 2 September 2014 | Paper/Symposium Session 5 | 17:00-18:20

Social Policy in Ageing Societies	Ageing and the Lifecourse	Health and Social Care	Health and Social Care	Ageing and the Lifecourse
Chris Phillipson & Thomas Scharf	Chris Gilleard	Josie Tetley	Louise McCabe	Rachel Bennett
Building 67 Room 1027	Building 67 Room 1015	Building 67 Room 1013	Building 67 Room 1011	Building 67 Room 1009
Symposium "New directions in Environmental Gerontology: home, neighbourhood and policy contexts"	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations
"Toward a multi-dimensional model of at-oneness: constructing home over the life course" *Thomas Scharf K. Walsh, G. Rowles* "Developing age-friendly neighbourhoods: an ethnographic perspective" *Tine Buffel C. Phillipson* "Approaching social participation of older adults in Portland (USA) and Amsterdam (NL)" *Susanne Dobner* "Cohousing and the Third Age: the architect's role in collective development in response to the individualization of the city" *Mark Hammond* "Lifetime Homes; Lifetime Neighbourhoods: where are we now?" *Sheila Peace*	"A model to demonstrate and examine the variety of senior citizens and their transform needs to the city service providers" *Rinat Noon* "New understandings of 'biographical disruption': the case of pioneer adults growing older with a childhood liver transplant" *Karen Lowton C. Hiley, P. Higgs* "Care and the moral identity of the Fourth Age" *Chris Gilleard P. Higgs* "Social death and the moral identity of the Fourth Age" *Paul Higgs C. Gilleard*	"Sexual health, stigma and social care: a critical review" *Paul Nash A. Tales* "Sexuality and health among older adults in England: interdependence and bidirectional effects in cohabiting couples" *David Lee J. Nazroo, N. Pendleton* "Let's talk about sex – what do older men and women say about their sexual relations and sexual activities – a qualitative analysis of ELSA Wave 6 data" *Josie Tetley J. Nazroo, D. Lee*	"The views of people with dementia and their formal carers in regard to an innovative model of dementia extra care housing" *Chris Poyner A. Innes* "Validation of a dementia screening protocol in Xhosa speaking older adults and associations with depression" *Celeste de Jager M.I. Combrinck, I. Joska* "Dementia in the workplace: the potential for continued employment post diagnosis" *Louise Ritchie P. Banks, M. Danson, D. Tolson*	"Why do older men and women choose to use Facebook? Social enhancement and social compensation in the relationship between offline and online social networks" *Heather Booth P. Rioseco* "Social network characteristics and subjective wellbeing over six years: The English Longitudinal Study of Ageing" *Snorri Rafnsson A. Shankar, A. Steptoe* "Older adults gaming: what do we know?" *Hannah Marston M. Kroll, D. Fink, S. Eichberg*

Stream	New Ageing Populations	Health and Social Care	Health and Social Care	Social Policy in Ageing Societies	Ageing and the Lifecourse
Chair	Paul Willis	Athina Vlachantoni	Ruth Bartlett	Gemma Carney & Paula Devine	Peter G. Coleman
Location	Building 85 Room 2207	Building 85 Room 2209	Building 85 Room 2213	Building 67 Room 1003	Building 67 Room 1007
Session	Symposium "New LGBT (Lesbian, Gay, Bisexual and Trans) ageing populations"	Oral Presentations	Oral Presentations	Symposium "Ageing and social isolation in divided societies: social, political and cultural intersections in Britain and Ireland"	Oral Presentations
	"The Last Outing – exploring end of life experiences and care needs in the lives of older lesbian, gay, bisexual or trans (LGBT) people" *Anne Patterson K. Almack* "Imagined futures: old lesbians looking ahead" *Jane Traies* "What contribution can queer theoretical debates make to our understanding of sexuality and ageing?" *Paul Willis*	"Care convoys: formation and dynamics" *Alison Bowes A. Rutherford* "A qualitative study to explore changes in personal relationships and health for spousal caregivers in later life" *Cheryl Craigs M. Twiddy, R. West* "Characteristics of and Living Arrangements Amongst Informal Carers in England and Wales at the 2011 and 2001 Censuses: Stability, Change and Transition" *Athina Vlachantoni J. Robards, M. Evandrou, J. Falkingham*	"Walk in my shoes; a simulated learning approach for dementia care" *Margaret Brown P. Banks, A. Waugh* "A thirst for information: supporting family carers of people with dementia" *Jeanne Katz C. Holland* "Designing a data warehouse for Dementia Care MappingTM (DCMTM) for monitoring and improving quality of dementia care" *Shehla Khalid C. Surr, D. Neagu* "The impact of dementia on relationships, friendships and community involvement: stories from Cumbria" *Louise McCabe F. Kelly, C. Greasley-Adams, J. Robertson*	"Understanding resilience in divided societies" *Gemma Carney* "Well served? Services for socially-isolated older men in Belfast, Northern Ireland" *Paula Devine J. Carter-Anand, L. Montgomery* "The abuse of older people: to legislate or not to legislate?" *Janet Carter-Anand L. Montgomery, B. Taylor* "Intersecting ageism: age relationships and the legacy of the conflict in Northern Ireland" *Lynn Johnston*	"Profiling museum volunteers: continuity and change in negotiating the retirement transition" *Noreen Orr* "Learning for living with finitude: spirituality and self knowledge in old age" *Malcolm Johnson* "Spiritual learning in later life – key issues in early doctoral studies" *Joanna Walker*

Ageing, Arts and the Media	Ageing and the Lifecourse	Health and Social Care	Ageing and the Lifecourse
Gill Windle	Debora Price	Alison Wadey	Madelin Gomez-Leon
Building 67 Room E1001	Building 67 Room 1027	Building 67 Room 1015	Building 67 Room 1013
Symposium "Inter-disciplinary methodologies for understanding the impact of creative activities"	Symposium "The long marriage in later life: critical perspectives"	Oral Presentations	Oral Presentations
"Developing a visual arts intervention" *Gill Windle* "Understanding the impact of creative activities on older adults using qualitative methods" *Andrew Newman A. Goulding* "Can a visual arts programme increase quality of life and well-being in care home residents with dementia? Results of an exploratory study" *Katherine Algar* "The Senses in Performance: utilising audience response to identify therapeutic affect in Immersive Theatre', methods and findings" *Teri Howson*	"Maintaining Otherness: The Study of long-term marriage and partnerships among straight and gay couples" *Ingrid A. Connidis* "Long-term late life marriage in assisted living: understanding couples' daily lives and experiences" *Candace L. Kemp* "Long marriages among community-dwelling couples" *Debra A. Street* "Taking the long view: money management in later life" *Dinah Bisdee D. Price*	"What do occupational therapists do? The design and implementation of a new schedule to measure time-use in OT services" *Jane Hughes D. Challis, M. Wilberforce* "Social work students' perceptions of old age: a multi method study from a UK University" *Victoria Ridgway J. Bywater* "Person-centred care in older people's community services: a review of meaning and measurement" *Mark Wilberforce*	"Well-being of older people with chronic diseases in India" *Aravinda Guntupalli P. Khambhaita, B. Margetts* "Late life changes in physical and mental health: a study of 12432 women over 17 years" *Julie Byles* "Developing a peer support intervention with older war veterans to meet their unmet social support needs" *Karen Burnell A. Needs, N. Murdoch, K. Gordon, M. Gummerson*

Stream	International Perspectives	Health and Social Care	Health and Social Care	Social Policy in Ageing Societies	Health and Social Care
Chair	Rachel Bennett	Sue Venn	Rosalind Willis	Vanessa Burholt	Athina Vlachantoni
Location	Building 85 Room 2207	Building 85 Room 2209	Building 85 Room 2213	Building 67 Room 1003	Building 67 Room E1001
Session	Oral Presentations	Oral Presentations	Oral Presentations	Symposium "Understanding loneliness: making research fit for practice"	Oral Presentations
	"The role of the elderly among HIV orphans in rural South Africa" *Gabriela Mejia-Pailles V. Hosegood* "Relational decision-making in the care context: a comparative perspective on England and Japan" *Yoshimi Wada* "An exploratory descriptive study of the health needs of older people as carers in urban communities of Kafue District in Zambia" *Sebastian Chikuta*	"Vulnerability and risk: older people and foodborne illness in the home setting – findings from the Kitchen Life study" *Angela Dickinson W. Wills* "Exploring change in everyday food related practices through the transition to retirement" *Sue Venn K. Burningham, I. Christie, T. Jackson, B. Gatersleben* "Food and care homes: exploring the challenge of Introducing a 'Food for Life' approach" *Robin Means H. Pitt*	"Are care home staff sensitive to cultural, religious and language needs for diverse care home residents? Observational findings from the Cultural Care Home Observation Toolkit (CCHOT)" *Jan Smith* "Variations in the understanding of dementia and awareness of available services in minority ethnic groups" *Sahdia Parveen J.R. Oyebode, C. Peltier, S. Aziz* "Differences in satisfaction with social care among South Asian and White British service users and carers" *Rosalind Willis P. Khambhaita, P. Pathak, M. Evandrou*	"Why don't older people talk about loneliness?" *Christina Victor* "Comparing the loneliness experience of older people in urban and rural areas - a data linkage study" *Martin Malcolm* "Age UK Knowledge Exchange project" *Jolanthe De Koning*	"Improving the social inclusivity of the University of the Third Age (U3A)" *Rebecca Patterson S. Moffatt, M. Smith, J. Scott, C. Mcloughlin, J. Bell, N. Bell* "Car-ownership, voluntary participation and the subjective health of older people who live alone in Rural Northern Ireland" *Stefanie Doebler* "Social networks and loneliness in older adults" *Shonagh Ferguson* "Does social support have an influence on health care utilisation among the older adults? Evidence from Mexico" *Aarón Salinas-Rodríguez K. Moreno-Tamayo, B. Manrique-Espinoza, M. Enríquez-Rosas*

Ageing and the Lifecourse	Ageing and the Lifecourse	Health and Social Care	Ageing and the Lifecourse
Barbara Sharp	Peter G. Coleman	Sheila Peace	Rita Newton
Building 67 Room 1027	Building 67 Room 1015	Building 67 Room 1013	Building 67 Room 1009
Symposium "People with dementia: 'taking control of our own lives'"	Oral Presentations	Oral Presentations	Symposium "Age-friendly Walk-shop"
"Staying informed, involved and connected?" *Susan Burn* *Scottish Dementia Working Group* "Stress experienced by people with dementia: 'it's our lives and we are going to get it under control ourselves'" *Barbara Sharp* "People with dementia: equal partners in decision making in the acute hospital setting" *Sandra Shields* *C. Steel*	"Long-term outcomes for older Australian women with a history of stroke" *Julie Byles* *L. Francis, I. Hubbard, M. Tavener, C.L. Chojenta* "Ageism in case finding for depression and anxiety in osteoarthritis in primary care: a mixed methods study" *Bernadette Bartlam* *M. Lewis, D.J. Green, J. Kigozi, C.A. Chew-Graham, C. Mitchell, B. Nicholl, G. Peat, J. Richardson, Z. Lingard, K. Clarkson, C. Mallen* "Trajectories of depressive symptoms in old age: integrating age-, pathology-, and mortality-related processes" *Helena Chui* *D. Gerstorf, C.A. Hoppmann, M.A. Luszcz*	"Future technologies and dementia: where's the dignity?" *Caroline Holland* "Methods for working on new technologies with older people" *Helen Petrie* *B. Gallagher* "Exploring the potential of touch-screen computer technology and the potential to facilitate enjoyable activities with people with dementia: A visual ethnography" *Sarah K. Smith* *G.A. Mountain, B. Hawkins, B. Gannon*	"Walk-shop: warning - when I am old I shall wear purple walking boots" *Rita Newton* *Marcus Ormerod* *Judith Phillips* *Charles Musselwhite*

Poster sessions

Monday 1 September 2014 | Poster Presentations Session 1| 15:00-16:00

Stream	Social Policy in Ageing Societies	Ageing and the Lifecourse
Location	Building 38/40 (Staff Social Centre/Garden Court)	Building 38/40 (Staff Social Centre/Garden Court)
	"A study of the situation and issues of the family caregivers of underpopulated region in Japan – through focus group interviews and structured interview" *Kyeung Sung Hwang*	"The protective role of leisure activities in the disablement process: a 14-Year longitudinal study" *Shiau-Fang Chao, P. Lu*
	"Quality of learning, quality of life" *Alan Potter*	"Validation the stress process model for predicting long-term mental health outcomes among disabled Chinese elderly: a cohort study" *Shiau-Fang Chao*
	"Living longer, working longer: implications for health, well-being and policy" *Nesta Caiger*	"The meaning and quality of life for the elderly" *Arie Eizenhamer* *I. Weiss, I.B. Mucha*
	"Fuel food and income poverty among older people in England: evidence and policy implications" *Athina Vlachantoni*	"Retirement transitions in the Newcastle Thousand Families Study birth cohort" *Josephine Wildman, S. Moffatt, M. Pearce*
	"Choosing between fuel or food in later life: examining poverty along older people in the UK" *Aravinda Guntupalli*	"Sibling relationships in old age" *Helen Ogden, M. Ray, M. Bernard*
		"A sense of dignity in later life: a qualitative study on the views of older women migrants from minoritised backgrounds" *Roiyah Saltus*
		"Attitudes of older people towards informal support within the Waterside area of Hampshire" *Joyce Sewell*
		"An Introduction to the Scottish Longitudinal Study (SLS)" *Susan Carsley, L.Williamson*
		"Life courses 1971 to 2011: the ONS Longitudinal Study" *Julian Buxton, N. Rogers, J. Warren*

New Ageing Populations	Health and Social Care
Building 38/40 (Staff Social Centre/Garden Court)	Building 38/40 (Staff Social Centre/Garden Court)
"Going solo: investigating the trajectories of non-partnered women without children in later life" *Trish Hafford-Letchfield, H. Khan, N. Lambert*	"Modelling long-term care for older people in China" *Yajie Nie*
"An interdisciplinary approach to support age-friendly and inclusive workplace design in the National Health Service" *Isaiah Durosaiye, K. Hadjri, C. Liyanage*	"WeDO2: a European project for the wellbeing and dignity of older people" *Sofie Van Regenmortel, L. De Donder, D. Verté*
"Exploring emotional readiness of new ageing population as informal caregivers" *Eucharia Igbafe*	"The Northern Ireland Longitudinal Study" *Stefanie Doebler, I. Shuttleworth*
	"Older People Taking Control OPTiC" *Rebecca Sheehy, A. Dinnall*
	"Lifestyle matters for depression: a feasibility study for older people" *Gill Windle, S. Watts, K. Sprange, S. Cook, G. Mountain*
	"What is the current state of care for older people with dementia in general hospitals?" *Saskia Dijk, J. Dewing*
	"Going outdoors: falls, ageing and resilience (Go Far)" *Rita Newton*
	"VISAL : Visually Impaired Seniors Active Learning Project" *Rebecca Sheehy, J. Barrand, A. Suttie*
	"Perceptions of care home staff on the effect of the care home environment for individuals living with dementia" *Sally Boyden*
	"Negotiating social care support for older people: a study of the perspectives of older people, their families and policy stakeholders" *Kathryn Wicks*

Invitation to Exhibitions Reflecting Ageing and Older People

Moving Stories, Still Films (Lorna Easterbrook)

Tuesday 2 September 2014,
Session 3: 10:50-11:50,
Building 67 (Nightingale), Room 1009

This special symposium session features three short narrative films that share different aspects of older people's lives. Instead of using moving images – such as video – the films use a combination of digitally recorded interviews and still photographs that, by encouraging viewers to both focus and imagine, can leave a lasting impression. How the films are made, and the challenges and opportunities the approach offers, will be discussed.

Just Treat Yourself showcases Penny Kocher, a retired health and social policy consultant, who admits she didn't sort her pension out sufficiently to have enough money for High Street fashion shopping - let alone anything in the designer bracket. So, she buys clothes and shoes in charity shops and blogs at **http://frugalfashionshopper.wordpress.com** As well as clothes and fashion, Penny's blog takes a critical look at her own ageing alongside critiquing the lack of older models in the fashion media; whether older women should be bound by rules; and ageist maxims such as 'Mutton dressed as lamb'. Penny will also be at the session to answer questions about her film, older women's appearance and image, and blogging as an older woman.

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Reimagining Life With Dementia (Ruth Bartlett)

Staff Social Centre / Garden Court (Buildings 38/40), throughout the conference

The banners were part of a project called *No Limits – Reimagining Life with Dementia* led by Dr Ruth Bartlett and involving people with dementia. Inspired by original research on dementia activism conducted by Ruth and published in Ageing and Society, we created and exhibited art pieces to explore the strength of people with dementia, challenge negative stereotypes, and raise issues concerned with citizenship, solidarity, discrimination, and friendship. See website **www.nolimitsdementia.com** for further details.

Multi Faces

This banner is based very closely on Edward's picture showing his many faces as one person. Because

Edward is an accomplished artist in his own right, we asked him to participate further in the design process and so he very kindly made a few versions of his original images made during the residency, which he sent to Shaeron by post. The banner is based on one of these designs.

Keynote Speakers

Professor Dr Pearl Dykstra

Full Professor Empirical Sociology, Department of Sociology, Erasmus University Rotterdam, Netherlands

Keynote speech 1: Monday 1 September, 14:00-15:00, Building 32 (EEE), Lecture Theatre (32/1015)

"Generational interdependence in families: New understandings gained from focusing on linked lives and lives in context"

Pearl Dykstra is Professor of Empirical Sociology at Erasmus University Rotterdam and Vice President of the Royal Netherlands Academy of Arts and Sciences. Pearl is an internationally regarded specialist on intergenerational solidarity, ageing societies, family change, ageing and the life course, and loneliness. Pearl gained her PhD from the VU University in Amsterdam, and has previously worked at Utrecht University and the Netherlands Interdisciplinary Demographic Institute (NIDI) in The Hague. Her world class research has received funding for the Netherlands Kinship Panel Study (NKPS), the EU 7th framework program MULTILINKS, and a TOP subsidy from the Netherlands Organization for Research for work on "Sustaining employability". She is a consortium member of the Generations and Gender Programme (GGP), Member of the Dutch Social Sciences Council and a Fellow of the Gerontological Society of America (2010). In 2012, Pearl received the prestigious European Research Council Advanced Grant for the research project "Families in context", which focuses on the ways in which policy, economic, and cultural contexts structure intergenerational and gendered dependencies in families.

Toby Porter

Chief Executive Officer, HelpAge International

Keynote speech 2: Tuesday 2 September, 15:50-16:50, Building 32 (EEE), Lecture Theatre (32/1015)

"Population Ageing & Longer Lives – Global triumph, global challenge"

Toby Porter is the Chief Executive of HelpAge International, an international organisation which facilitates older people claim their rights, challenge discrimination and overcome poverty, such that they can lead dignified, secure, active and healthy lives. Toby has dedicated his career to humanitarian and development assistance. In terms of his background, Toby graduated from Oxford University in Modern Languages and later specialised in the study of Forced Migration. Toby began his career as an emergency relief specialist working first with Merlin and then Oxfam, in Eastern Europe, in Rwanda during the 1994 genocide, South Sudan, and in Central and South America. Since then, Toby has worked for USAID, for Save the Children UK as Director of Emergencies and as Director of Programme Partnerships, and for Save the Children India as Director of Programmes.

In October 2013, Toby became CEO of HelpAge International, a global network of organisations working to help older women and men claim their rights, challenge discrimination and overcome poverty. In his time to date, Toby has visited HelpAge International's work in Ethiopia, Kenya, Tanzania, the Philippines, Haiti and Myanmar, and spoken at the UN in New York. Toby's time with HelpAge has coincided with relief and recovery efforts in the Philippines, as the population recovers from the effects of Typhoon Haiyan. This disaster again highlighted the vulnerability of older people in emergencies, but also the massive contribution they make to recovery efforts within families and communities.

In January 2014, Toby represented HelpAge International at the World Economic Forum meeting in Davos; in April, he was a panellist at the Global Philanthropy Forum in San Francisco and, in June, a panellist at the International Federation of Ageing's conference in Hyderabad. In June, Toby accepted an invitation to join the World Economic Forum's Global Agenda Council on Ageing for 2014-16. The focus of the Global Agenda Council on Ageing in the upcoming term will be to: *Capitalize on the economic opportunities presented by an ageing population by encouraging business and governments to adopt age-friendly practices*.

Professor James Nicoll

Professor of Neuropathology, University of Southampton

Keynote speech 3: Wednesday 3 September, 12:00-12:45, Building 32 (EEE), Lecture Theatre (32/1015)

"Immunisation for Alzheimer's Disease"

Professor James Nicoll has been a Professor of Neuropathology and Honorary Consultant Neuropathologist since 2001. His world class research closely links diagnostic neuropathology and neuroscience research. Professor Nicoll and his colleagues were the first in the world to describe and characterise the effects on the brain of immunisation against AÐ, being used as potential therapy in Alzheimer's disease. In terms of his background, Professor Nicoll trained in Medicine at the University of Bristol, and in Pathology in Oxford and Cardiff, before returning to Bristol to undertake specialist training in Neuropathology. He completed his MD in Bristol investigating the role of herpes simplex virus in neurological disease using molecular tools. He then held a clinical academic post in Neuropathology at the Institute of Neurological Sciences/University of Glasgow, investigating the parallels between the response of the brain to acute injury. Since 2001, Professor Nicoll shares responsibility for providing the clinical diagnostic neuropathology service to the Wessex Region (a population of approximately 3 million), is involved in associated undergraduate and postgraduate teaching and training, and has published widely on his world class research.

The 'Old Thumper' Dixie Five

Entertainment

The 'Old Thumper' Dixie Five

Monday 1 September, wine reception,
18:30 - 19:15,
Building 38/40 (Staff Social Centre / Garden Court)

The Old Thumper Dixie Five uses trumpet, trombone, clarinet, banjo and brass bass to become the ideal "Walkabout" acoustic Jazz Band playing a variety of Dixieland standards and spirituals at venues as diverse as garden parties, funerals, race courses, and shopping malls.

The Chris Walker Swingtet

Tuesday 2 September, gala dinner,
19:30 - 21:00,
Building 40 (Garden Court)

This 5 piece band comprising clarinet/sax, guitar, piano, bass and drums - the well proven classic small group swing band line up - was formed in 1987, since when it has played for cruise liners, top hotels, jazz clubs and festivals in addition to numerous private functions from wedding parties, dinner dances and anniversaries of every kind.

![age UK - Love later life]

Age UK is proud to be a leading Sponsor of the 43rd annual conference of the British Society of Gerontology. We wish everyone an interesting Conference and an enjoyable stay in Southampton.

Age UK is the UK's largest charity dedicated to helping everyone make the most of later life.

Our vision is of a world where everyone can love later life.

We stand up and speak for all those who have reached later life. We protect the long-term interests of future generations. We achieve our aims through services, campaigns, products, training and research. We work at national and local level to inspire and enable older people.

Research is at the heart of all we do. We are an authority on ageing and older people's issues. We achieve this by generating and using world-class, high impact research to improve later life.

What works for older people?

Age UK is a major provider of services for older people. So, like many researchers, policy makers and practitioners, we're interested in what research tells us about what services work. To be in the debate, don't miss the latest title in our *Improving Later Life* book series.

Published in 2014 for professional audiences, *'Services for older people – what works?'* brings together examples from leading researchers in this area and highlights key themes on effective service design and delivery that emerge. Collect your **free** copy at our stand.

Foreword: The Lord Filkin CBE.
Introduction: Sandie Keene, Past President, Association of Directors of Adult Social Services.

Please join us at our Special Starred Symposium

Tuesday 2 September	What do you need to know?
17.00 **Research impact – where next?** Enjoyed REF 2014? On tenterhooks for the assessment outcomes this December? Whatever the outcomes, research impact will remain a hot topic. So come and join us in looking ahead beyond 2014. Our Symposium will take a strategic look at where next for research impact, with speakers on national strategy and impact case examples from the social sciences. Come and get the big picture. We look forward to seeing you there. **Professor James Goodwin** Head of Research Age UK	Visit our online Knowledge Hub. It's packed with evidence, reports and other resources on ageing and older people's issues. **www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics**

Exhibitors

Exhibition stands can be found in the Staff Social Centre / Garden Court (B38/B40). Exhibitions will be in place for the duration of the conference. All refreshment breaks will take place in Garden Court, so delegates can visit the exhibition stands while having tea/coffee or during a lunch break.

Exhibitors include:

– Age UK

– Averil Osborn Fund 20th Anniversary Exhibition

– British Society of Gerontology

– Cambridge University Press

– EPSRC Care Life Cycle Project, University of Southampton

– ESRC Centre for Population Change, University of Southampton

– Centre for Policy on Ageing

– Centre for Research on Ageing, University of Southampton

– Emerald Insight

– MICRA

– Office for National Statistics

– Policy Press

– Thomas Pocklington Trust

Conference and Venue Information

Conference registration and general enquiries

The conference registration and general enquiry desk will be situated in Garden Court (Western Lounge, Building 38) where members of the BSG 2014 Organising Committee will be available to handle any queries you may have throughout the event. The desk will be open at the following times:-

Monday 1 September | 08:00 - 18:00

Tuesday 2 September | 08:00 - 18:00

Wednesday 3 September | 08:00 - 13:00

There will also be a notice board in the Hartley Suite that will provide useful information on programme changes, stream co-ordinators, shuttle bus service, general notices and messages for delegates.

Accommodation

Conference accommodation is based in Glen Eyre Halls which are located in Glen Eyre Road in the Bassett area. Delegates staying at Glen Eyre Halls will have access to permit parking at the halls, but spaces are limited. It takes about 10 minutes to walk from the Halls to the main Highfield Campus where the conference is being held. There is a regular Unilink bus service between the Halls and the Highfield Interchange (Route U2). A BSG Conference shuttle bus will also operate between the Halls and Highfield Campus at key times to assist delegates travelling back and forth to their accommodation – details of times are provided below.

Check in at Glen Eyre halls is normally from 15:00 on day of arrival, but early check in on Monday 1st September from 09:00 has been arranged. Keys can be collected from Glen Eyre Reception, which is open 24 hours. Check out from Glen Eyre halls should be before 09:30 on the day of departure. Keys can be dropped off at Glen Eyre Reception or at the reception desk in Building 38 (Staff Social Centre).

Glen Eyre Hall, Glen Eyre Road, Bassett
Southampton SO16 3UF

Luggage store

Luggage can be stored in the John Roberts room, Staff Social Centre (Building 38). This room is located near the conference registration desk. The room will be attended at key times during the conference (e.g. Monday before check-in, and Wednesday after check-out), and locked when not attended (e.g. at night). Luggage is left at your own risk.

Cloakroom

Coat rails can be found in Staff Social Centre/Garden Court (Buildings 38/40). Coats are left at your own risk.

Parking

Delegates staying in Glen Eyre halls can park for free at in the Glen Eyre car park. Permits are required, and these can be obtained in advance from conference organisers. Spaces are limited at Glen Eyre, so permits for Avenue Campus can be obtained if necessary.

There is a Pay & Display car park on Highfield Campus, situated between Building 1 and 16. However this car park does fill quickly during the morning. Please note that Southampton University operate a strict parking policy and delegates will be fined if parking in one of the permit only car parks.

There are many designated disabled parking spaces on Highfield campus, any of which can be used by a driver with a blue badge. If you have mobility issues, please contact the Accessibility Officer (G.C.Langat@soton.ac.uk) with your requirements.

Highfield campus is well served by the Uni-link bus service (U1A and U1C), which stops at both Southampton Central and Southampton Airport Parkway railway stations. This bus costs £2 for a single journey, or £3.50 for an all-day ticket. Additional routes can be seen on the Uni-*link* map on page 46.

Conference shuttle bus service

A special BSG conference shuttle bus service will operate at the following times and will pick up from the Highfield Interchange (main bus stop beside the Nuffield Theatre, Building 6).

Monday 1 September

07:00 – 09:00
Operating from Glen Eyre Halls to Highfield Interchange

17:30 – 18:30
Operating between Glen Eyre Halls and Highfield Interchange

21.00 – 23:00
Operating from Highfield Interchange to Glen Eyre Halls

Tuesday 2 September

07:00 – 09:00
Operating from Glen Eyre Halls to Highfield Interchange

18:30 – 19:30
Operating between Glen Eyre Halls and Highfield Interchange

22:00 – 00:00
Operating from Highfield Interchange to Glen Eyre Halls

Wednesday 3 September

07:00 – 09:00
Operating from Glen Eyre Halls to Highfield Interchange

Taxis

If you would like to book a taxi, please find below the telephone numbers of two local taxi firms for your convenience. The cost of a taxi from Highfield Campus to the coach or train station in the centre of Southampton is approximately £8.

– West Quay Cars: 023 8099 9999

– Radio Taxis: 023 8066 6666

Toilet facilities

Toilets are located in all buildings used by the conference. The exact locations can be seen on the floor plans on pages 42-45.

Accessibility

The University of Southampton is committed to ensuring the facilities and services in and around the campuses are accessible for everyone. All the buildings used for meetings and social events during the conference are located in very close proximity to each other and with accessible paths and walkways between the buildings.

– Only the ground level floors will be used for the conference.

– Car parking spaces are available for people with disability (see information on parking above).

– Accessible toilets are located in all the buildings used for the conference.

Building 32 (**EEE**) is accessible via three entrances all of which have automatic sliding doors. There are ramps or slopes to access the building located in all the entrance points (see page 43). The lecture theatre where the keynote speeches will take place has designated seating area for wheelchair users located at the front of the theatre.

Building 67 (**Nightingale**) has one main entrance facing University Road which comprises two revolving doors and one automatic door which opens towards you and is activated by pressing an access pad. The building has a ramp or slope for access.

Building 85 (**Life Sciences**) has two main entrances and one is located opposite Building 32. All the main doors to the building are sliding doors which open automatically. There are ramps or slopes to access both doors.

Building 38 and 40 (**Staff Social Centre / Garden Court**) have four entrances and as mentioned above, the two buildings are interconnected. One entrance is via a long staircase. Three of the entrances have ramps with no railings and two entrances have a second set of doors. None of the doors open automatically.

Please contact the Accessibility Officer (G.C.Langat@soton.ac.uk) or any of the conference organising team for any additional support or information.

Internet access

Delegates who requested a wifi password during online registration for the conference can collect this from the registration desk in Staff Social Centre (Western Lounge). Delegates from a UK University linked to the Eduroam network can log in to Eduroam on campus using their usual username and password. Smart devices such as iPads which have previously

logged in to Eduroam at your home University will do so automatically at Southampton. Please ask at the registration desk if you need assistance with wifi or Eduroam.

If you need to upload your conference presentation, or if you need help connecting to the internet while on the Highfield campus, please contact our IT supporter Neil on this number: 0772 485 1958. Alternatively, you can find Neil by asking at the Registration Desk in Building 38 (Staff Social Centre).

At Glen Eyre halls connect your laptop to the ethernet cable in the back of the telephone (this should be connected to the PC port).

Security
The University of Southampton Security Service operates 24 hours a day, and is available to help delegates with any security related issue.

Emergency Telephone Number

– Internal phone dial: 3311

– External phone dial: 023 8059 3311

Enquiries Telephone Number

– Internal phone dial: 22811

– External phone dial: 023 8059 2811

– Email: unicc@soton.ac.uk

First aid
A list of local first aiders can be found in the corridor of every building. If no local first aider available, please contact security on the numbers above.

Ambulance
If an ambulance is required, dial 91-999 from an internal phone, or 999 from an external phone. You will be kept on the line and asked for further information about the casualty. Please ask an assistant to contact security by dialling 3311 from an internal phone or 023 8059 3311 from an external phone so that they may assist in routing emergency services to your location.

Fire
If you discover a fire please raise the alarm by pushing one of the red call points and ensure that security are made aware by dialling 3311 from an internal phone or 023 8059 3311 from an external phone. If you hear an alarm please leave the building using the nearest fire exit and head immediately to the fire assembly point.

Telephones
Please may we ask that all mobile phones are switched to silent during each session.

Public Pay Phones
Public telephone boxes are located :-

– Between Building 2 and Building 4

– Between Building 6 (Nuffield Theatre) and University Road

– In front of Building 7

In Glen Eyre halls, telephones are provided in each bedroom and will be connected to a data socket and a power outlet. Please leave all cables supplied with the phone in your room (there will be a charge for missing cables). It is free to call extensions within the Halls, the University network and other bedrooms. Simply dial the extension number and press 'send'. For external calls you will need to connect to the internet where you can purchase calls.

Conference sessions

The opening and closing ceremonies, the keynote speeches, and the BSG Annual General Meeting will take place in the Lecture Theatre of Building 32. All oral presentations will take place in Buildings 85 (Life Sciences) and 67 (Nightingale). The room number of presentations always begins with a building number, which will be 85, 67 or 32. All poster presentations, social events, catering, and exhibitions will take place in buildings 38 and 40 (Staff Social Centre / Garden Court), which are connected buildings. The floor plans of all conference buildings, containing the location and numbers of the conference rooms, can be seen on pages 42-45.

Conference themes

Conference themes	Theme coordinator
Posters across all themes	Dr Rachel Bennett
Ageing and the Lifecourse	Professor Maria Evandrou
Ageing, Arts and the Media	Dr Athina Vlachantoni
Economics of Ageing	Dr Aravinda Guntupalli
Health and Social Care	Dr Rebekah Luff
Intergenerational Exchange	Dr Jennifer Baird
International Perspectives	Dr Gloria Langat
New Ageing Populations	Alison Wadey
Research Methods	Dr Rebekah Luff
Social Policy in Ageing Societies	Dr Athina Vlachantoni

Instructions for oral presentations and symposia paper presentations

Please check the programme well in advance for the date, time and venue of your session, as the details may have changed since the provisional programme was made. The organisers will provide all necessary equipment (computer, projector, laser pointer, microphone etc.). If you have not emailed your PowerPoint presentation in advance, please speak to our technical support officer at the Registration Desk. The duration of each presentation will be approximately 15 minutes and 5 minutes for questions, unless the Chair of your session/ symposium informs you otherwise.

Instructions for poster sessions

Posters should be size A0 and of portrait orientation. Session 1 is Monday 1 September between 15:00 - 16:00 and Session 2 is Tuesday 2 September 10:20-10:50 & 15:20-15:50. Please check the programme well in advance for your session number and venue. You are required to be present throughout your session to discuss your research. The boards will be labelled with your surname and a poster number. A University representative will be available at the registration desk to direct you to the venue and to your poster board. Sticky tabs will be provided. Posters must be mounted on the day of your session before the start of session and must be dismounted by the end of the day of your session. Please note that the organisers cannot take responsibility for returning any posters left behind.

Instructions for chairs

The Chairs of sessions are responsible for introducing each speaker; ensuring that time-keeping is followed (15 mins for presentation, 5 mins for questions); and facilitating the questions and answers at the end of each paper. Please arrive at your allocated room a few minutes before the start of the session. All PowerPoint/PDF presentations will be saved on the computer of each room under relevant folders for the Session Number/Room Number, and log-in information will be available next to each computer. Where a presenter fails to show up, Chairs are welcome to make adjustments to the time allocated to the remaining papers.

Conference badge

The conference badge allows you access to conference sessions, meals and receptions. Please remember to wear your badge **at all times** throughout the conference for security reasons. The following colours identify the different types of delegates.

Exhibitors

Organising committee
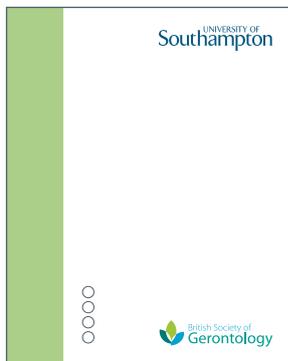
Day delegates

Residential delegates
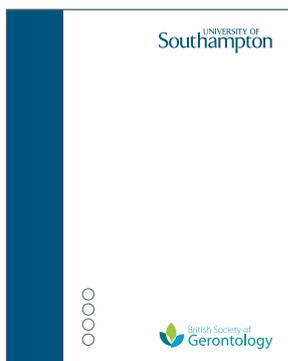
Part day/ part residential delegates

The conference badges also indicate the dietary choices and requirements for each delegate. The following colours are used to denote dietary needs

- Gluten free diet
- Lactose/dairy free diet
- Pescetarian diet
- Vegetarian diet
- Vegan diet
- Allergies

Gala Dinner: A card has been inserted into your badge holder which you should place on the table during the gala dinner on Tuesday to enable catering staff to identify your dietary needs. **Please remember to wear and bring along your badge for the Gala dinner.**

At the end of the conference, please consider dropping your name badge at designated recycling points or at the registration desk. Recycling your badge is environmentally friendly!

Meals and refreshments locations and times

Refreshments and meals will be served in Garden Court (Building 40).

Drinking water will be available throughout the conference in the foyers of the three buildings where the scientific programme is taking place (Buildings 32 EEE, 67 Nightingale, and 85 Life Sciences). Water for speakers will also be available in each seminar room and lecture theatre.

Monday
– Breakfast on Monday will be served in Garden Court from 07:30 to 09:00 for delegates who stayed in Glen Eyre halls on Sunday night

– Morning coffee/tea will be served in Garden Court from 10:30 to 11:30

– Lunch will be served in Garden Court from 12:00 to 13:00

  – Except for delegates attending the ERA Pre Conference Event, whose lunch will be served in Building 85 (Life Sciences) from 12:30 to 13:15. The same menu will be served.

– The afternoon refreshment break and book launch sponsored by Policy Press will be in Garden Court from 15:00 to 16:00

– Wine reception in Garden Court from 18:30 to 19:15

Dinner on Monday will be served in Garden Court from 19:15 to 21:00; cash bar available until 23:00

Tuesday
– Breakfast on Tuesday will be served in Garden court from 07:30 to 09:00

– Morning coffee/tea will be served in Garden Court from 10:20 to 10:50

– Lunch will be served in Garden Court from 13:00 to 14:00

  – Except for delegates attending the BSG Annual General Meeting, whose lunch will be served in Building 85 (Life Sciences) from 13:00 to 14:00. The same menu will be served.

– Afternoon coffee/tea will be served in Garden Court from 15:20 to 15:50

– The Gala Dinner in Garden Court will take place from 19:30 to 21:30; cash bar available until 23:00

Wednesday
– Breakfast on Wednesday will be served in Garden Court from 07:30 to 09:00

– Morning coffee/tea will be served in Garden Court from 10:20 to 10:50

– On Wednesday a packed lunch to go will be available in Garden Court from 13:00 to 14:00

Thursday
– Breakfast on Thursday will be served in The Piazza (Building 42) from 08:00 to 09:00 for delegates who stayed in Glen Eyre halls on Wednesday night

Maps

Chilworth A27

The University of Southampton Science Park

M3 WINCHESTER, LONDON

M3

M27 WEST
JUNCTION 4
M27
JUNCTION 14
JUNCTION 4
JUNCTION 5

A335
University Sports Grounds, Wide Lane
Pavilion
SOUTHAMPTON AIRPORT PARKWAY
AIRPORT
M27 EAST

SPORTS CENTRE

A33
Bencraft Court
Glen Eyre Halls
Beechmount House
Bassett House
Brunei House, Chancellors' Courts, Richard Newitt, New & Old Terrace
Chamberlain, South Hill & Hartley Grove
City Gateway
Swaythling Station
Montefiore House 1,2,3,4
Wessex Lane Halls
A27
Connaught Hall

Aldermoor Health Centre

Princess Anne Hospital

Boldrewood Campus
Gower Flats
Hampton Park Site
University Watersports Centre
Highfield Campus

COXFORD ROAD

Southampton General Hospital

Highfield Hall
Shaftesbury Avenue Flats
Avenue Campus
Portswood
COBDEN BRIDGE

SOUTHAMPTON COMMON

St Denys Station

A35

RIVER ITCHEN

St Margaret's House

A3024

Gateley Hall

Romero Hall

A3057

Royal South Hants Hospital

NORTHAM BRIDGE

MILLBROOK ROAD
A33
Liberty Point

SOUTHAMPTON CENTRAL
Mayflower Plaza
A33
City Centre

ITCHEN TOLL BRIDGE
PORTSMOUTH
A3025

N
Town Quay
Dock Gate 4

RIVER TEST

June 2014©Cartographic Services University of Southampton

National Oceanography Centre Southampton

CAMPUS INFORMATION

University buildings

Halls of residence

TRANSPORT INFORMATION

Airport

Ferry terminal

Railway station

Coach Station

Map of Highfield Campus

To Glen Eyre Halls

This route takes about 10 minutes to walk. BSG Conference shuttle buses will run between Highfield campus (Uni-*link* interchange bus stop) and Glen Eyre halls at key points during the conference. See page 34 for bus times.

BURGESS ROAD

SOUTHAMPTON COMMON

SALISBURY ROAD

CHAMBERLAIN ROAD

HAWTHORN ROAD

N

May 2012©Cartographic Unit
University of Southampton

● Building 38 (Staff Social Centre) - Western Lounge *Registration*

● Building 38 (Staff Social Centre) - John Roberts Room *Luggage storage*

● Building 40 (Garden Court) *Refreshments*

● Buildings 38/40 (Staff Social Centre/Garden Court) *Exhibitions*

● Building 40 (Garden Court) *Breakfast/Lunch/Evening meals*

● Buildings 38/40 (Staff Social Centre/Garden Court) *Poster Presentations*

● Building 40 (Garden Court) *Gala dinner*

BURGESS ROAD

TO M3/M27 →

Legend:
- P Car park (pay and display)
- P Car park (Pre-booked)
- P Car park (Disabled)
- B Uni-*link* bus interchange

UNIVERSITY ROAD

BROADLANDS ROAD

HARTLEY AVENUE

1
16
45
67
B
32
20
85
8
17
15a
15b
13
21
19
5
9
7
10
12
36
22
14
25
28
26
34
30
29
27
57
31
18
37
35
45
41
41
31
28
26
33

Building 32 (EEE) - Lecture Theatre (room 1015)
Conference opening session & keynote speeches

Building 32 (EEE) - Lecture Theatre (room 1015)
BSG Annual General Meeting

Buildings 67 (Nightingale), 85 (Life Sciences), 32 (EEE)
Oral presentations

Building 38/40 (Staff Social Centre/Garden Court)
Networking

Building 67 (Nightingale), Lecture room A (1003)
ERA pre-conference event

Building 67 (Nightingale), room 2019 (Tuesday only)
'Ageing Bites' filming

Floor Plan of Buildings 38 and 40 (Staff Social Centre / Garden Court)

Building 38
(Staff Social Centre)

Building 40
(Garden Court)

Main Entrance 1
(level access)

Main Entrance 2
(level access)

Luggage storage
(John Roberts room)

BSG Conference
Registration Desk

Rear Entrance (steps)

Northern Lounge

WC downstairs

Western Lounge

Courtyard

Terrace Restaurant

Courtyard

John Arlott Bar

Blue Room

Disabled WC

Storage Room

Bar

Hartley Suite

Refreshments

WC downstairs

Refreshments / Lunch

Entrance Lobby

Refreshments / Lunch

Dinner Service

Storage

Band Tues

Disabled WC

Catering Service Tables

Tables for meals

Exhibition Stands   Posters

Plan is not to scale - for layout purposes only

Floor plan of Building 32 (EEE)

Entrance from
University Road →

↓
To Garden Court

Corridor to Building 85
(Life Sciences) →

Entrance from
University Road →

Ground floor of Building 32

Rooms for Scientific Programme:

● Lecture theatre (32/1015)

● Foyer (water)

Floor plan of Building 68 (Nightingale)

Entrance from
University Road ←

Pedestrian crossing
to Building 32 (EEE) →

To Garden Court
↓
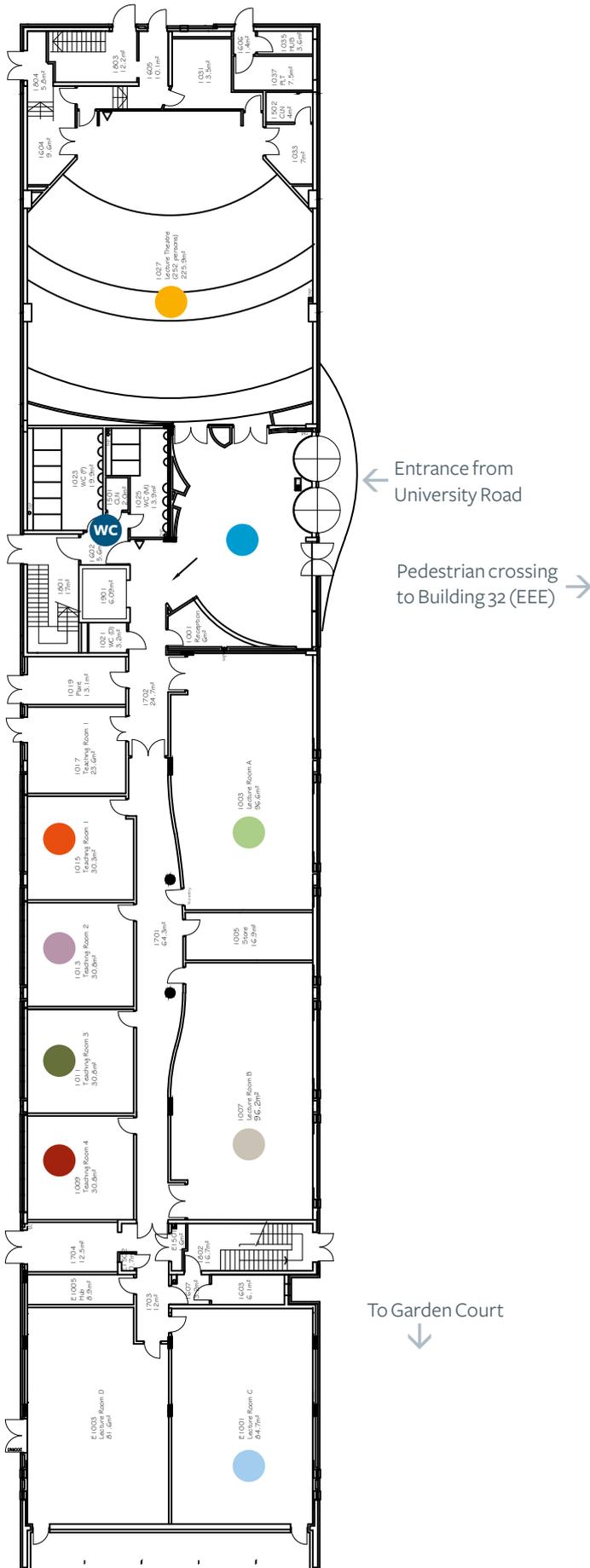
Ground floor of Building 67

Rooms for Scientific Programme:

- 🟠 Lecture theatre (67/1027)
- 🟢 Lecture room A (67/1003)
- ⚪ Lecture room B (67/1007)
- 🔵 Lecture room C (67/E1001)
- 🔴 Teaching room 1 (67/1015)
- 🟣 Teaching room 2 (67/1013)
- � Teaching room 3 (67/1011)
- 🔴 Teaching room 4 (67/1009)
- 🔵 Foyer (water)

Floor plan of Building 85 (Life Sciences)

Entrance from Plaza ↓

↑ To Garden Court

Corridor to Building 32 (EEE) – level access →

WC

Ground floor of Building 85

Rooms for Scientific Programme:

🟠 Seminar room 2207

🟢 Seminar room 2209

🟣 Seminar room 2211

🔴 Seminar room 2213

🔵 Foyer (water, seating, lunch for ERA event, lunch for BSG AGM)
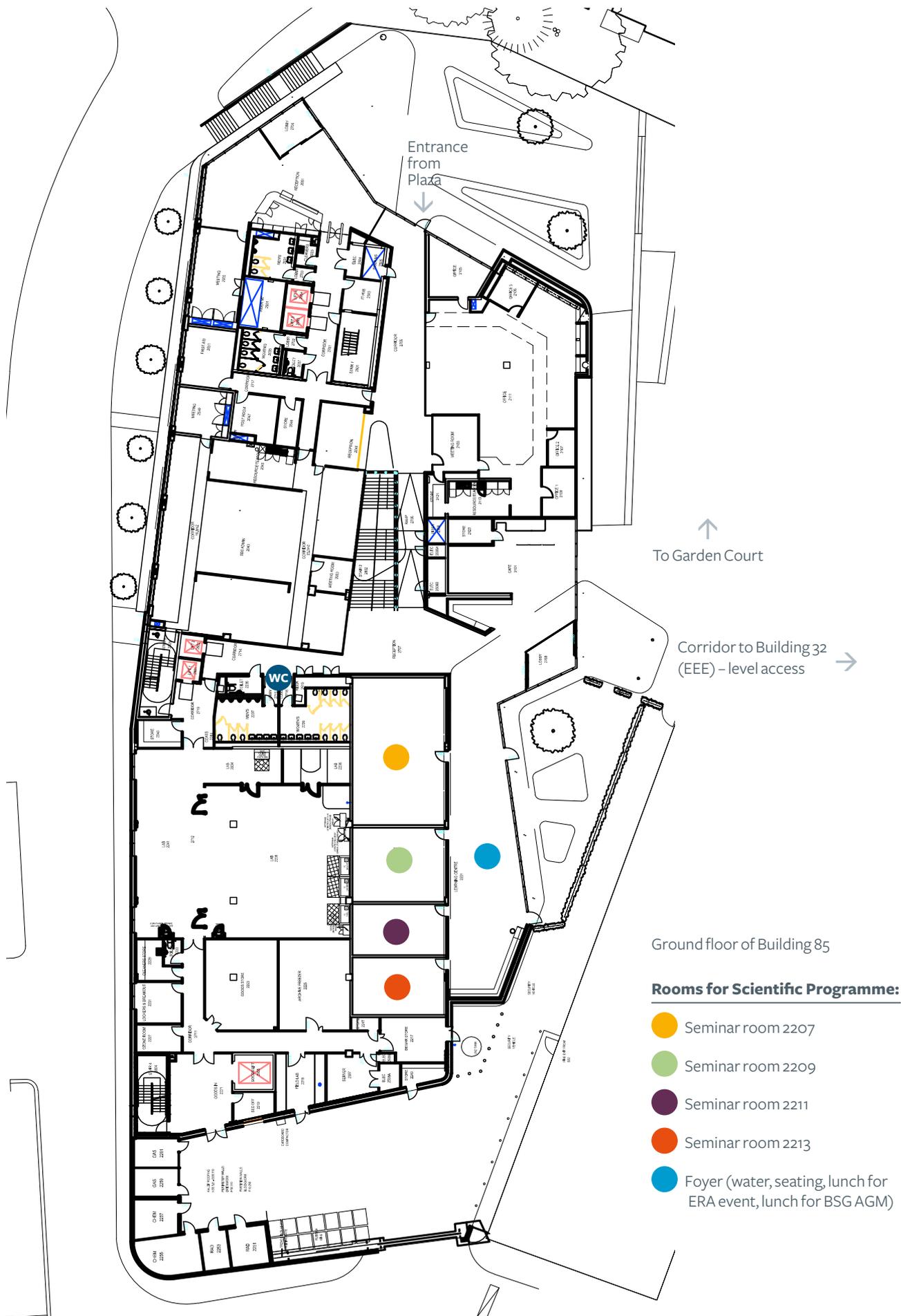
all Unilink services are in the

Southampton zone

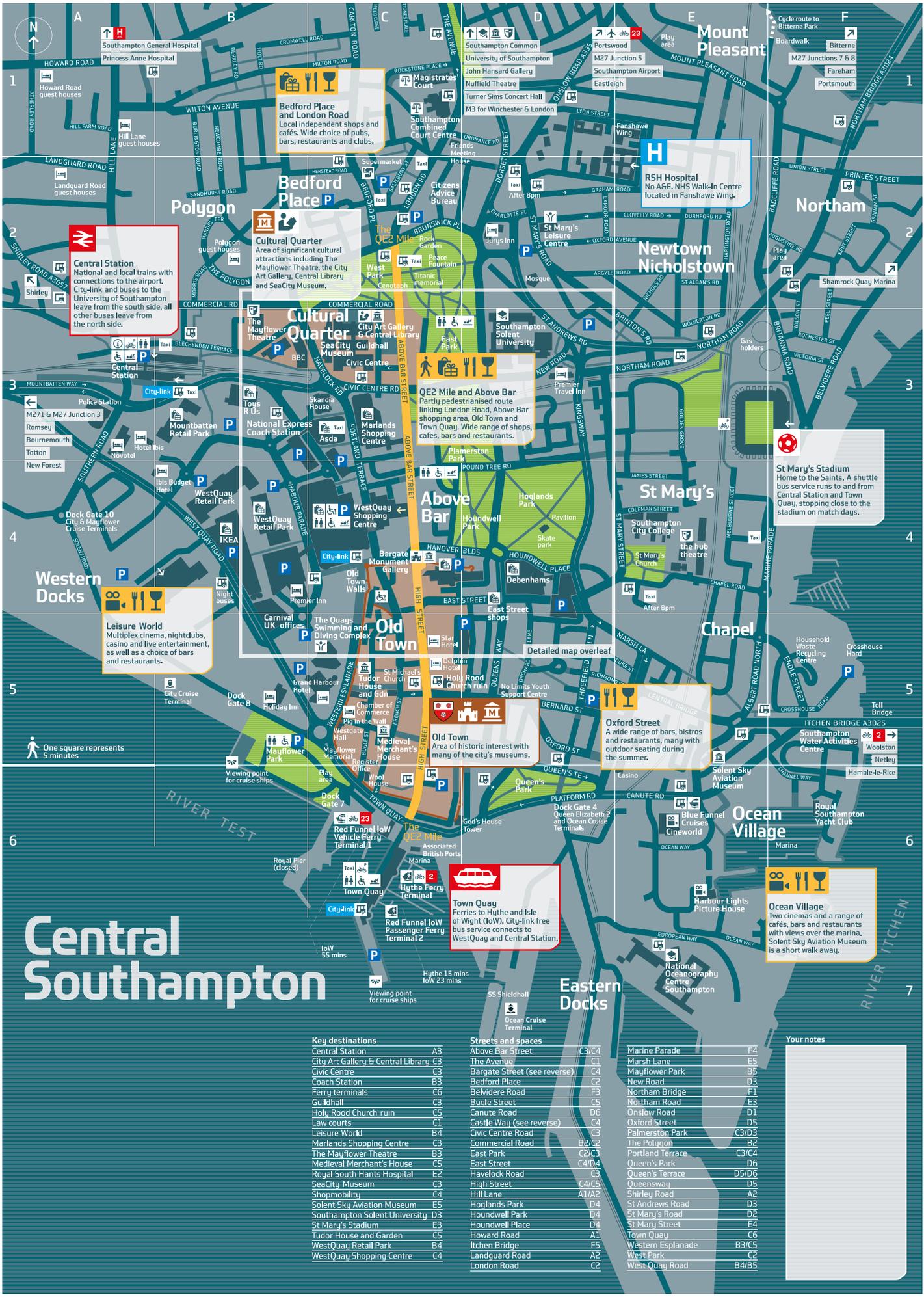to travel further afield in all zones including using Bluestar buses, check the zone map at **bluestarbus.co.uk**

to Eastleigh - occasional journeys

Wide Lane Sports Ground — U1 U1N

Southampton Airport Parkway station
trains from London the Midlands & the North

Bassett Heath Avenue

Bassett Avenue

Bassett Green Road

M27

Crematorium
Bencraft Court

U2

Bassett Green

Leaside Way

Bassett Green Road

Swaythling

Lane

Wide Lane

Glen Eyre Rd

Glen Eyre Halls

Glen Eyre Road

Violet Rd

Honeysuckle Road

Lobelia Rd

Stoneham

City Gateway Halls

Wessex Lane

Swaythling station — U1 U1N U6

Wessex Lane Halls
Connaught
Montefiore

U6 U9

Southampton General Hospital

Lordswood Road

Coxford Road

Redhill

Winchester Road

Boldrewood Campus

Burgess Road

Highfield Campus interchange
U1 U1N U2 U6 U9

Burgess Road

Langhorn Road

Portswood Road

University Boat Hard

Dale Valley Road

Winchester Road

Burgess Road

Highfield Lane

University Rd

Welbeck Ave

Shaftesbury Ave

Manor Farm Rd

Meggeson Avenue

Woodmill Lane

Copsewood Rd

Oaktree Rd

Cornwall Rd

Litchfield Road

Wakefild Road

Townhill Way

Warren Avenue

Dale Rd

Hill Lane

Luccombe Rd

Shanklin Rd

Bellemoor Rd

The Avenue

Highfield Rd

Highfield Hall

Avenue Campus

St Catherine's Rd

Dimand Road

Midanbury Lane

Cobden Avenue

Neva Road

Witts Hill

Mousehole Lane

Townhill Park
U9

Southampton Common

Taunton's College

Whinn Road

Westwood Road

St Denys Rd

St Denys station

Portswood

Bitterne

Shirley

Wilton Road

St James's Road

St Margaret's House
U1 U2

Alma Road

Avenue Road

Lodge Road

The Avenue

Portswood Road

Bevois Valley Rd

Archers Road Halls
Gateley
Romero

Archers Rd

Howard Rd

Hill Lane

Carlton Rd

London Rd

Bedford Place

Onslow Rd

Liberty Point

Royal South Hants Hospital

U1N U6

Mayflower Halls
U2

Southampton Central station
trains from Bournemouth & the South Coast
U1

Western Esplanade

West Quay shopping centre
IKEA

Above Bar St

East Park Terrace

Palmerston Rd

Southampton FC

city centre U1 U1N U6

Portland Terrace

West Quay Rd

High St

East St

Ocean Village

Leisure World
U1N

Town Quay

ferry from Hythe

Red Jet hi-speed ferry from West Cowes

Platform Rd

Dock Gate 4

U1 U6

National Oceanography Centre

uni*link*

Southampton bus network

· bus stops

⌂ halls of residence

● **Highfield Campus** - where you'll find most University of Southampton facilities

© Uni-*link*

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Central Southampton

N

Grid labels
A B C D E F
1 2 3 4 5 6 7

Map labels

Polygon
Bedford Place
Cultural Quarter
Above Bar
Old Town
Western Docks
St Mary's
Mount Pleasant
Northam
Newtown Nicholstown
Chapel
Ocean Village
Eastern Docks

Southampton General Hospital
Princess Anne Hospital
Howard Road guest houses
Hill Lane guest houses
Landguard Road guest houses
Polygon guest houses

HOWARD ROAD
ATHELSTAN ROAD
BERKELEY RD
HOLT RD
HILL FARM ROAD
HILL LANE
WILTON AVENUE
LANDGUARD ROAD
SANDHURST ROAD
BURLINGTON ROAD
NEWCOMBE ROAD
MORRIS ROAD
THE POLYGON
HARTINGTON TER
COMMERCIAL RD
SHIRLEY ROAD A3057
Shirley
SOUTHERN ROAD
MOUNTBATTEN WAY
BLECHYNDEN TERRACE
CROMWELL ROAD
MILTON RD
CARLTON ROAD
MILLBROOK RD
ROCKSTONE PLACE
BEDFORD PL
LONDON RD
SALISBURY ST
HENSTEAD RD
BRUNSWICK PL
COMMERCIAL ROAD
HAVELOCK RD
CIVIC CENTRE RD
ABOVE BAR STREET
PORTLAND TERRACE
HARBOUR PARADE
WEST QUAY ROAD
WESTERN ESPLANADE
HIGH STREET
FRENCH ST
FRENCH ST
TOWN QUAY
THE AVENUE
TICHBOURNE RD
CARLTON PLACE
ORDNANCE RD
DORSET STREET
CHARLOTTE PL
ST MARY'S ROAD
ST MARY STREET
KINGSWAY
NEW ROAD
POUND TREE RD
HANOVER BLDS
EAST STREET
QUEENS WAY
OXFORD ST
QUEEN'S TE
PLATFORM RD
BERNARD ST
BRITON'S RD
ST ANDREWS RD
NORTHAM ROAD
GOLDEN GROVE
JAMES STREET
COLEMAN STREET
MELBOURNE STREET
CHAPEL ROAD
MARINE PARADE
MARSH LA
THREEFIELD LN
RICHMOND ST
DUKE ST
CANUTE RD
OCEAN WAY
CENTRAL BRIDGE
CHANNEL WAY
EUROPEAN WAY
ALBERT ROAD NORTH
ENDLE STREET
CROSSHOUSE RD
ITCHEN BRIDGE A3025
MOUNT PLEASANT ROAD
ONSLOW ROAD A335
LYON STREET
GRAHAM ROAD
CLOVELLY ROAD
DURNFORD RD
OXFORD AVENUE
ARGYLE ROAD
ST ALBAN'S RD
NICHOLS RD
WOLVERTON RD
EXMOOR ROAD
RADCLIFFE ROAD
UNION STREET
PRINCES STREET
AUGUSTINE RD
KENT STREET
TRINITY ST
WILSON ST
ROCHESTER ST
BRITANNIA ROAD
VICTORIA ST
BELVIDERE ROAD
PEEL ST
NORTHAM BRIDGE A3024
RIVER ITCHEN
RIVER TEST

Key destination callouts
Bedford Place and London Road — Local independent shops and cafés. Wide choice of pubs, bars, restaurants and clubs.

Central Station — National and local trains with connections to the airport. City-link and buses to the University of Southampton leave from the south side, all other buses leave from the north side.

Cultural Quarter — Area of significant cultural attractions including The Mayflower Theatre, the City Art Gallery, Central Library and SeaCity Museum.

QE2 Mile and Above Bar — Partly pedestrianised route linking London Road, Above Bar shopping area, Old Town and Town Quay. Wide range of shops, cafes, bars and restaurants.

Leisure World — Multiplex cinema, nightclubs, casino and live entertainment, as well as a choice of bars and restaurants.

RSH Hospital — No A&E. NHS Walk-In Centre located in Fanshawe Wing.

St Mary's Stadium — Home to the Saints. A shuttle bus service runs to and from Central Station and Town Quay, stopping close to the stadium on match days.

Old Town — Area of historic interest with many of the city's museums.

Oxford Street — A wide range of bars, bistros and restaurants, many with outdoor seating during the summer.

Town Quay — Ferries to Hythe and Isle of Wight (IoW). City-link free bus service connects to WestQuay and Central Station.

Ocean Village — Two cinemas and a range of cafés, bars and restaurants with views over the marina. Solent Sky Aviation Museum is a short walk away.

Other labels
Southampton Common
University of Southampton
John Hansard Gallery
Nuffield Theatre
Turner Sims Concert Hall
M3 for Winchester & London
Magistrates' Court
Southampton Combined Court Centre
Friends Meeting House
Supermarket
Taxi
Citizens Advice Bureau
Rock Garden
Peace Fountain
West Park
Titanic memorial
Cenotaph
Jurys Inn
Mosque
St Mary's Leisure Centre
Portswood
M27 Junction 5
Southampton Airport
Eastleigh
Play area
Boardwalk
Cycle route to Bitterne Park
Bitterne
M27 Junctions 7 & 8
Fareham
Portsmouth
M27 Junctions 7 & 8
After 8pm
The Mayflower Theatre
City Art Gallery & Central Library
SeaCity Museum
BBC
Guildhall
Civic Centre
East Park
Southampton Solent University
Premier Travel Inn
Police Station
M271 & M27 Junction 3
Romsey
Bournemouth
Totton
New Forest
Toys R Us
National Express Coach Station
Skandia House
Marlands Shopping Centre
Asda
Mountbatten Retail Park
Hotel Ibis Novotel
Ibis Budget Hotel
WestQuay Retail Park
WestQuay Retail Park
WestQuay Shopping Centre
IKEA
Night buses
Premier Inn
Bargate Monument Gallery
Old Town Walls
Hoglands Park
Pavilion
Skate park
Houndwell Park
Debenhams
Houndwell Place
East Street shops
Southampton City College
St Mary's Church
the hub theatre
After 8pm
Household Waste Recycling Centre
Crosshouse Hard
Toll Bridge
Southampton Water Activities Centre
Woolston
Netley
Hamble-le-Rice
Solent Sky Aviation Museum
Royal Southampton Yacht Club
Ocean Village Marina
Harbour Lights Picture House
National Oceanography Centre Southampton
Blue Funnel Cruises Cineworld
Casino
Dock Gate 4 Queen Elizabeth 2 and Ocean Cruise Terminals
Queen's Park
God's House Tower
Associated British Ports Marina
Red Funnel IoW Passenger Ferry Terminal 2
Red Funnel IoW Vehicle Ferry Terminal 1
The QE2 Mile
Town Quay
Hythe Ferry Terminal
City-link
IoW 55 mins
Hythe 15 mins
IoW 23 mins
Royal Pier (closed)
Viewing point for cruise ships
SS Shieldhall
Ocean Cruise Terminal
City Cruise Terminal
Dock Gate 8
Holiday Inn
Grand Harbour Hotel
Pig in the Wall
Chamber of Commerce
Westgate Hall
Mayflower Memorial
Register Office
Play area
Wool House
Dock Gate 7
Medieval Merchant's House
Tudor House and Gdn
St Michael's Church
Holy Rood Church ruin
No Limits Youth Support Centre
Dolphin Hotel
Star Hotel
Carnival UK offices
The Quays Swimming and Diving Complex
Mayflower Park
Dock Gate 10 City & Mayflower Cruise Terminals
Gas holders
Shamrock Quay Marina
Play area
Hill Lane
Dolphin Hotel
Plamerston Park
Civic Centre
Central Station
Shopmobility
Detailed map overleaf
One square represents 5 minutes

The QE2 Mile
QE2 Mile

Key destinations

Key destinations	
Central Station	A3
City Art Gallery & Central Library	C3
Civic Centre	C3
Coach Station	B3
Ferry terminals	C6
Guildhall	C3
Holy Rood Church ruin	C5
Law courts	C1
Leisure World	B4
Marlands Shopping Centre	C3
The Mayflower Theatre	B3
Medieval Merchant's House	C5
Royal South Hants Hospital	E2
SeaCity Museum	C3
Shopmobility	C4
Solent Sky Aviation Museum	E5
Southampton Solent University	D3
St Mary's Stadium	E3
Tudor House and Garden	C5
WestQuay Retail Park	B4
WestQuay Shopping Centre	C4

Streets and spaces

Streets and spaces	
Above Bar Street	C3/C4
The Avenue	C1
Bargate Street (see reverse)	C4
Bedford Place	C2
Belvidere Road	F3
Bugle Street	C5
Canute Road	D6
Castle Way (see reverse)	C4
Civic Centre Road	C3
Commercial Road	B2/C2
East Park	C2/C3
East Street	C4/D4
Havelock Road	C3
High Street	C4/C5
Hill Lane	A1/A2
Hoglands Park	D4
Houndwell Park	D4
Houndwell Place	D4
Howard Road	A1
Itchen Bridge	F5
Landguard Road	A2
London Road	C2

Marine Parade	F4
Marsh Lane	E5
Mayflower Park	B5
New Road	D3
Northam Bridge	F1
Northam Road	E3
Onslow Road	D1
Oxford Street	D5
Palmerston Park	C3/D3
The Polygon	B2
Portland Terrace	C3/C4
Queen's Park	D6
Queen's Terrace	D5/D6
Queensway	D5
Shirley Road	A2
St Andrews Road	D3
St Mary's Road	D2
St Mary Street	E4
Town Quay	C6
Western Esplanade	B3/C5
West Park	C2
West Quay Road	B4/B5

Your notes

Things to do in and around Southampton

Walking/running in Southampton
Southampton Common is only a hop, skip and jump from Highfield Campus. It covers 1.32km² of woodland, parkland, rough grassland, ponds, wetlands, nature trails, a paddling pool, a children's play area, a model yachting pond, and a fishing lake. It is ideal for running, jogging, or walking.

Jubilee sports centre
BSG delegates are welcome to use the Jubilee Sports Centre on Highfield Campus, with its 25 metre swimming pool. Please ask for the non-member public rate.

Eating & drinking in Southampton
All meals are provided as part of the full residential conference package. However, if you prefer to eat elsewhere, you can buy snacks at the Students Union shop on Highfield Campus, or eat at the Stag's pub opposite the shop, the Bridge Bar inside the Students Union, or the Stile pub at the top of University Road.

A wealth of local pubs and restaurants choices are available within walking distance from the Highfield campus. The closest possibilities are The Stile, Ceno, The Crown Inn and The Grazing Goat. The Cowherds is a nice walk across the common for those who want a bit more exercise.

Portswood Road, within walking distance of Highfield Campus, offers a wide range of pubs, cafes and cosmopolitan restaurants from Indian, Greek, Mexican, Thai, Chinese to British eateries. Our recommendations include:

– Mango (Thai restaurant), 27 Portswood Road

– Kohinoor of Kerala (South Indian restaurant), 2 The Broadway, Portswood Road

– Sprinkles Gelato (Italian ice cream - open until midnight!), Portswood Road

– 7-Bone (American comfort food - as seen on BBC's *The Restaurant Man*), 110 Portswood Road

– Trago Lounge (Tapas and more), 190-192 Portswood Road

The city centre in Southampton boasts a selection of restaurants and bars offering international experiences and cuisines around the following areas: Bedford Place, Below Bar and Old Town, Oxford Street and Leisure World. These are all a bus ride away via the Uni-*link*.

Further afield and accessible by taxi ride, there are some lovely historic pubs to visit. These include :-

– The Pilgrim Inn in Marchwood

– The Jolly Sailor in Burlsedon

– The Old Mill Inn in The New Forest

– The Wykeham Arms in Winchester

Shops on/around campus
On campus the Students Union shop carries a limited range of pastries, sandwiches and salads, as well as the usual range of drinks, confectionery and savoury snacks.

Close to campus, on Burgess Road you can find a small Co-Operative grocery store, a Sainsbury's Local, and a Tesco Express. Turn right at the top of University Road.

There is a pharmacy on University Road, a few doors down from the Jubilee Sports Centre.

In Portswood, you can find larger supermarkets including Sainsbury's and Waitrose. There are also several grocery shops carrying international and halal foods.

Shopping in Southampton city centre
Southampton is the shopping hub on the south coast and one of the UK's top 10 retail destinations. The city centre has two indoor shopping centres, an IKEA store, an impressive retail park, plus boutique shopping for those looking for something a little different. WestQuay shopping centre, located in the heart of Southampton city centre, boasts over 100 stores spread over three shopping levels, including John Lewis and Marks & Spencer. Bedford Place is situated a short walk to the north of Southampton's main city centre and its side streets retain all the atmosphere of a bygone era, in what is probably the last bastion of small independent, up-market

businesses in Southampton's city centre. By day and night, the throng of bars, coffee shops, pubs and restaurants are a hive of activity.

Southampton heritage & culture

Tudor House
Southampton's most important historic building in the old city, Tudor House has been recently restored and the website gives additional information on exploring the old town and doing a Jane Austen trail **www.tudorhouseandgarden.com**

City Art Gallery
City Art Gallery has an internationally renowned collection which has a particularly strong holding of 20th and contemporary British art. The current exhibitions include "From David Bomberg to Paula Rego: The London Group in Southampton" and "Painter Painter: Dan Perfect and Fiona Rae". The collection is located within the Civic Centre on Commercial Road.

Sea City Museum
Opened in April 2012 to commemorate the 100th anniversary of the Titanic, SeaCity Museum tells the story of the people of the city, their fascinating lives and historic connections with Titanic and the sea. The museum is open 10am to 5pm 7 days a week.

Nearby attractions

Winchester
Winchester is the nearest historic cathedral city to Southampton. The cathedral, which has the longest medieval nave in Europe, has been a place of worship for over 900 years. Winchester is also famous for the legendary Round Table of King Arthur. The 'Winchester Round Table' has been housed for over 700 years in The Great Hall - the only remaining part of Winchester Castle and it dates back to the reign of Edward I.

Salisbury
Salisbury is about half an hour away by train, and boasts one of the finest medieval cathedrals in Britain.

The New Forest National Park
The New Forest National Park is to the west of Southampton, and can be accessed by car, rail, bike or bus. The landscape of the New Forest is beautiful, rare and fragile. It is a mosaic of ancient and ornamental woodland, open heather-covered heaths, rivers and valley mires, a coastline of mudflats and saltmarshes, and pretty, historic villages. Lowland heath once covered much of southern England but the New Forest National Park is now the largest area that remains. It is a landscape shaped by man, by history and by the animals that still graze it today. For walks and bike rides, the New Forest is hard to beat. Many people like to spend time walking in the woods or across the beautiful heathland. Cycling is very popular, or you can ride a horse, play golf, visit places of historical interest, enjoy a drink or meal out and watch ships pass by on the coast.

The South Downs National Park
The South Downs National Park is to the east of Southampton, and can be accessed by car, rail, bike or bus. Uniquely combining a biodiverse landscape with bustling towns and villages, the South Downs National Park covers an area of over 1,600 km² and is home to more than 110,400 people. Recognised as an area of outstanding beauty, the South Downs is also home to a multitude of vibrant working communities steeped in history and traditional English culture, from the ancient cathedral city of Winchester in the west to the bustling market town of Lewes in the east.

The Isle of Wight
The Isle of Wight is a short ferry ride away from Southampton via Red Funnel ferries, departing from Town Quay in Southampton. There are lots of things to do on the island, such as visiting the amazing beaches, getting involved in the festival atmosphere with events such as Bestival and Rhythmtree, and taking part in many other family orientated activities. Osborne House, Queen Victoria's family home, is one of the most popular tourist attractions on the Isle of Wight. After first visiting Osborne, England's longest-reigning monarch wrote: 'It is impossible to imagine a prettier spot'. Other places of interest include Brading Roman Villa, Ventnor Botanic Garden, and the Needles Park.

Invitation to Join the BSG!

This is an exciting and dynamic time for the British Society of Gerontology. Established over forty years ago, the society's mission is to improve the lives of older people and promote ageing research, teaching, policy and practice. Joining the BSG means joining a vibrant community of academics, researchers, practitioners, policymakers, students, service users and older people, all with a shared purpose. The society continues to go from strength to strength implementing a strategy that reflects the multidisciplinary purpose of the BSG as well as serving the membership.

Joining the BSG not only means that you are part of this ever-growing and energetic society, it also brings the following benefits:

– access to the society's network of social media channels, including our blog *Ageing Issues*, our YouTube channel *Ageing Bites*, Twitter & LinkedIn

– reduced rates at the Annual Conferences of the British Society of Gerontology

– participation with our online newsletter Generations Review which enables members to communicate with one another and is a dynamic forum in which to discuss current issues about research, education, policy and practice

– automatic enrolment on our mailing list (BSGmail) to enable you to keep up-to-date about conferences, seminars, teaching courses, and research about ageing and ageing studies

– if you are a student, postdoctoral or unwaged member, you are entitled to apply for a conference bursary

– a reduced rate subscription to either: *Ageing and Society* or *Journal of Population Ageing*

– access to all areas of the BSG website, including the Membership Directory and Members Only pages

Current Membership fees:

Waged member	£55.00
Full time student, retired or unwaged	£22.00
Special membership Subscription to *Ageing & Society*	£33.00
Special membership subscription *to Journal of Population Ageing*	£40.00

How to Join – simply visit our website today!

www.britishgerontology.org

British Society of Gerontology

The BSG's Social Media Platforms

If you have any comments, suggestions or questions about how to access or contribute to any of our social media platforms, please contact our Manager Rachel Hazelwood - rhazelwood@britishgerontology.org

Watch our videos!
BSG Ageing Bites is a series of short bite size films each highlighting a different aspect of ageing or ageing issue available on our YouTube channel – **https://www.youtube.com/user/AgeingBites/videos**

Become a Blogger!
"Ageing Issues": **http://ageingissues.wordpress.com**

The BSG blog is an exciting and rapidly growing public platform for promoting discussion of ageing issues. To date the blog has had over 7500 views from over 94 different countries. There are 750 regular followers and this number is growing steadily. The blog is there for all members to use – it is quick and easy way to share your views, research and comment on the articles already posted. Please contact Rachel Hazelwood for the instructions on how to become an author – we are here to support anyone who isn't sure about what to do, so please don't let the fact that you've never blogged before put you off.

Join us on LinkedIn!
http://uk.linkedin.com

For those who are already on we also have a BSG group where members can share ideas and have discussions – so if you have a LinkedIn profile, please do join our group.

Follow us on Twitter!
@britgerontology

For those who 'tweet' you can follow us on @britgerontology. We already have a strong following which is increasing on a daily basis. If you are a member and a Tweeter, please let us know so that we can follow you too. Send an email to Rachel Hazelwood.

Coming soon, our new Flickr site, *Ageing Images*

Rachel Hazelwood
BSG Manager

rhazelwood@britishgerontology.org

British Society of Gerontology

Invitation to join BSG's Emerging Researchers in Ageing

The BSG's Emerging Researchers in Ageing provides students, early career academics, researchers, and practitioners with opportunities for learning, networking, and mentor support. We also welcome academics, researchers, and practitioners who are making a mid-career change to ageing studies. ERA co-chairs develop programs and events informed by the suggestions and stated needs of our members.

Become an ERA member and enjoy these benefits:

– Participate in educational, professional development and social events at no charge

– Network with students and early career professionals

– Develop professional relationships with like-minded students and early career professionals

– Expand international connections and encourage the sharing of ideas and achievements

– Provide opportunities to connect with mid to late career professionals through informal networks and mentoring programs

– Apply for members-only bursaries and Stirling prize offered by the BSG

– Access to discounted BSG Membership and the National Conference registration

– Develop leadership skills and help shape the future of the BSG

Join us and help shape your future and the future of gerontology
For more information: k.wimpenny@coventry.ac.uk (Katherine)
or naomi.woodspring@uwe.ac.uk (Naomi)

ERA Pre-Conference Event 2014

New Understandings

Location: University of Southampton, Highfield Campus, Building 67 (Nightingale), Lecture room A (67/1003)

Dates: Monday 1 September 2014

09:00 – 09:30 Registration

09:30 – 09:40 Welcome, BSG President, Professor Robin Means

09:40 – 10:30 Keynote: Professor Chris Phillipson.

From the publication of his first book, Capitalism and the Construction of Old Age to his latest volume, Ageing, Professor Phillipson has challenged us to examine assumptions and key issues. His work consistently calls for a critical approach to ageing studies. Professor Phillipson joined Sociology at the University of Manchester in November 2012 and took up his role as co-Director of MICRA in January 2013. Prior to joining Manchester he was Professor of Applied Social Studies and Social Gerontology at Keele University where he founded the Centre for Social Gerontology. He continues to hold an honorary position at Keele University. He is a former Deputy-Chair of the ESRC Training and Development Board. In 2008 he was elected a Fellow of the British Gerontological Society and a Fellow of the Gerontological Society of America in 2012. Professor Phillipson received an Outstanding Achievement Award from the British Society of Gerontology in 2011.

10:30 – 10:40 Comfort break

10:40 – 11:25 The Three Minute Thesis.

Can you communicate the what and why of your thesis in an engaging, clear way in three minutes? All event members are invited to register to talk about their thesis (with the inclusion of power point or any other aids of their choosing), for three minutes.

11:30 – 12:25 Brave Choices, Wise Choices and More: Professor Robin Means, Professor Mo Ray, Dr Paul Nash, and Professor Julia Twigg.

This distinguished group of panellists will discuss their career trajectories. They will also look at such topics as maintaining one's values (and one's sense of value) and career choices – the many things that people struggle with inside institutions/universities. This is bound to be a useful and enlightening discussion as panellists talk about developing a career path and broach some of the stumbling blocks along that journey.

12:25 – 12:30 Wind-up

12:30 – 13:15 ERA Networking Lunch (Building 85)

British Society of
Gerontology
Emerging Researchers in Ageing

Symposia

In alphabetical order of chair's surname

Chair: Jan Baars

University of Humanistic Studies, The Netherlands

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[Amanda Grenier, Chris Phillipson]

Changing constructions of the life course: perspectives from critical Gerontology

Life course analysis has established itself as a key area of work within social gerontology. The life course as a set of institutional arrangements was firmly established in the post-war period, driven by the growth of the welfare state, the expansion of compulsory education and the growth of retirement. As a framework for analysing individual and social change, life course perspectives raise a number of problems. Dannefer and Kelly-Moore (2009) highlight the extent to which *personologic* explanations of the life course tend to 'crowd out' sociological ones. A problem here is the absence of a *'critical gerontology of the life course'*, one which might raise questions about whether the language associated with life course analysis is an accurate way of understanding how people experience social institutions. Such language is typically expressed through ideas about age-graded transitions and age norms. Yet this type of approach is itself socially constructed and to a degree compromised by its insulation from the forces which shape daily life – notably those associated with the crises inflicted by economic recession, and natural or man-made catastrophes. This raises the question: *is the idea of the life course still good to think with*? Does it serve a useful purpose in a world where beliefs about orderly transitions through life are collapsing? The objective of this session is, first, to reflect on the idea of the life course in the context of changes associated with globalisation and de-standardisation; second, to consider new ways of analysing life course transitions; third, to review the implications for gerontology of different approaches to life course analysis. Jan Baars considers changing temporal contexts affecting the life course, exploring the tension between the de-standardisation of the life course and moves towards great regulation of social life. Amanda Grenier explores the way transitions in later life are used and understood in academic research. She uses interviews with older people to test out dominant assumptions, highlighting notions of fluidity, linked lives and intersecting transitions. Chris Phillipson examines the challenge for life course analysis given the weakening of the welfare state and changes affecting retirement. He examines the implications of the penetration of the market into systems supporting the life course and the implications of this for transitions in later life. The Symposium addresses the conference sub-themes of Social policy in ageing societies, Ageing and the life course and New ageing populations.

Paper 1

Jan Baars

University of Humanistic Studies, The Netherlands

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The life course: changing temporal contexts

Most studies of aging and the life course still take the nation state as the context of research, focusing on the functioning of 'national subsystems' such as the labor market or health care. However, the sum of the systemic 'parts' is increasingly more complex than the national 'whole'. This has major implications for concepts of age and aging: although age still functions as a marker in (national) bureaucracies, aging processes are constituted by a multitude of systemic formations that try to regulate their specific cohorts. The de-standardization of the life course may imply a decreasing relevance of age, but this is matched by more intense regulation of the times that are spent in specific systemic contexts (cf. Baars 2012). The paper will investigate different ways in which life courses are constituted and re-constituted in interaction with changing systemic contexts.

Paper 2

Amanda Grenier

Department of Health, Aging & Society, McMaster University, Canada

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Late life transitions: challenging the constructions of 'Growing Old'

The concept of transition is widely used in academic scholarship, policy, and practice, to denote continuity and change in late life. Yet, as the contemporary landscape of ageing shifts, the dominant age- and stage-based models used to understand and make sense of ageing and late life may become less relevant. Grounded in a critical perspective to the study of ageing, this paper reviews the standard and normative models of transition. It then draws on a sample of 60 narrative interviews conducted with older people as part of the Late Life Transitions research project (funded by SSHRC) in order to reconsider knowledge and understandings. The lived experiences documented in their stories call into question dominant assumptions about ageing and late life and highlight embedded tensions in current understandings of transitions. Their accounts suggest the need to reconsider transitions and provide directions for alternate paths based on fluidity, intersecting transitions, social location, linked experiences, and constraints, as a means to broaden the debate. Implications for research and practice that are more in line with older people's experiences will be discussed.

Paper 3

Chris Phillipson

School of Social Sciences, University of Manchester

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Beyond the life course: re-building social institutions for an ageing society

Social theory applied to ageing is being challenged through two cross-cutting trends. The first concerns the de-stabilising of key institutions underpinning the life course – in particular those associated with the organisation of the welfare state. The second concerns the penetration of market institutions into the social construction of old age, both through the organisation of services and the value placed upon consumption for the maintenance of identity. These elements have important implications for outcomes associated with the institutionalised life course, both in its capacity to provide 'the rules by which individuals unfold and conduct their lives' and its role in 'providing a coherent and meaningful narrative' to structure the passage of time (Kohli, 2007). Drawing on critical perspectives in gerontology, the paper will consider ways of re-thinking ageing beyond the framework of the institutionalized life course. The paper will examine a variety of changes affecting the life course; second, present these within the context of global economic change; third, offer some thoughts about a different approach given the transformations affecting the life course. The paper will suggest that a modified life course approach is helpful for understanding certain aspects of globalization, notably those associated with the rise of transnational communities. Against this, the pressure of de-industrialization (in the global north) on the one side and rapid industrialization on the other (in the global south) demands new approaches. The discussion concludes by considering ideas associated with the concept of solidarity, identifying different ways in which this perspective might be used to re-build social institutions for an ageing society.

Chair: Vanessa Burholt

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[Christina Victor, Rosalind Willis, Tine Buffel, Christine Dobbs, Akile Ahmet, Priya Pathik Pathak, Maria Evandrou]

Intergenerational, intragenerational and family ties of ethnic minority elders: Implications for caring, formal service use and cultural identity

This symposium examines the relationships of older people's from different ethnic minority groups and how these impact on their daily lives. Papers draw upon data for middle-aged and older people from 3 research projects: (1) *n*=1206 people from six ethnic groups (Black Caribbean, Black African, Indian, Pakistani, Bangladeshi and Chinese) living in England and Wales, (2) *n*=82 South Asian and White British people living in Hampshire, (3) Turkish migrants in Brussels. The importance of family care is well established. However, large national datasets (e.g. Census) do not allow us to examine the provision of family and formal care amongst the key minority communities in the UK. The first paper (*Who cares and why? Inter and intra-generational caring among minority communities in England and Wales,* by Victor et al) examines the provision of family care and makes comparison across

six ethnic groups. Differences are observed between groups in the use of informal care and the reasons why care is provided. Our second paper (*Decisions to use social care services among South Asian and White British groups* by Willis et al) compares the formal service use of older South Asians to that of the White British population. This paper examines the decision making process described by service users and informal carers, including the emotional conflicts experienced by South Asian participants when making a decision to outsource care. Our third paper (*Transnational grandparental relationships of middle-aged and older people from six minority ethnic groups living in England and Wales* by Burholt et al) shifts the focus from the functional and emotional relationship aspects of caregiving to the emotional ties and activities that define the relationships between grandparents and grandchildren living overseas. This paper observes trends in differences between ethnic groups in the configuration of grandparental transnational relationships and discusses the impact on transmission of cultural values and wellbeing. Our final paper (*Constructions of home, place and belonging among older migrants living in inner-city neighbourhoods,* by Buffel) contributes to the understanding of the ways in which older migrants experience and negotiate the notion of 'home', both as a location and a set of relationships that contribute to feelings of belonging and identity. The interconnections between experiences of home in relation to distant and remote places, as well as to proximate and immediate locales suggest that older migrants' transnational ties shape their local sense of belonging and vice versa.

Paper 1

Christina Victor

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[Vanessa Burholt, Christine Dobbs, Akile Ahmet]

Who cares and why? Inter and intra-generational caring among minority communities in England and Wales

Introduction: The importance of family care in enabling older people to live at home for as long as possible is well established in the UK. 2011 census report that 12% of the adult population provide family care but do not allow us to examine the provision of family based care amongst the key minority communities growing old in the UK. Aim: To examine the provision of family care amongst Britain's minority communities and make comparisons across the major groups (Caribbean, African, Indian, Pakistani, Bangladeshi and Chinese) and the reasons why people care. Method: A survey of 1206 adults aged 45+ from our 6 key minority communities and 60 in-depth interviews. The survey included standard questions on caring prevalence and attitudes towards caring. The in-depth interviews explored the reasons why people cared. Results: The prevalence of family based care was similar to the general population for Chinese (10%), Caribbean (12%) and African (10%) participants but very much higher for Indian (22%), Pakistani and Bangladeshi (both 18%) populations and was consistent for older (aged 65+) and mid-life carers (aged 45-64). Reasons for caring included: expectations (duty, obligation), reciprocity and setting an example to their children. Conclusion: The heterogeneity of the ageing minority populations in the UK is demonstrated by these results and indicates that research, policy and practice needs to recognise these differences. Explanations for undertaking caring were rooted in strong cultural norms and family obligations.

Paper 2

Rosalind Willis

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[Priya Khambhaita, Pathik Pathak, Maria Evandrou]

Decisions to use social care services among South Asian groups.

Although rates for using social care services have tended to be quite low among South Asian groups in Britain, service use has recently been growing among this population. This finding could be considered contrary to the 'look after their own' assumption - a stereotype which implies that people from South Asian backgrounds prefer to rely on family support. This presentation draws on a study of South Asian and White British older people using social care services in the Hampshire region, as part of a larger study on user satisfaction. Qualitative interviews were conducted with service users and informal carers from South Asian and White British groups, and service providers from a range of ethnic groups. We explore the decision making process described by South Asian service users and informal carers, trigger factors which prompted them to approach social services, and the emotional conflicts experienced by South Asian participants when making this decision. Identity as 'British Asian' and identity as 'carer' are explored. The presentation provides further evidence that formal social services are not incompatible with British Asian cultural values.

Paper 3

Vanessa Burholt

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[Christina Victor, Christine Dobbs]

Transnational grandparental relationships of middle-aged and older people from six minority ethnic groups living in England and Wales

BACKGROUND: This paper examines the transnational grandparenting activities of middle aged (40-54) and older people (55+) from six ethnic minority groups living in England and Wales (Black Caribbean, Black African, Indian, Pakistani, Bangladeshi and Chinese). Of 1408 transnational relationships with relatives only 88 were between grandparents and grandchildren. METHOD: Frequency and methods of contact (letter writing, telephone calls, ICT, visiting and receiving visitors, sending and receiving gifts, sending and receiving one off gifts of money, sending and receiving regular remittances) were used in exploratory latent profile analysis to identify transnational relationship types for all relative dyads. Transnational relationships were characterised as *Infrequent Digital Communicators; Infrequent Telephone Communicators; Highly Connected Regular Benefactors* and *Occasional Bilateral-Bounteous-Visitors*. Differences between ethnic groups and the gender of the grandparental dyad (e.g. grandmother-granddaughter; grandmother-grandson; grandfather-granddaughter; grandfather-grandson) are explored alongside the impact on the well-being and cultural identity of the grandparent. RESULTS: Trends are observed with regard to differences in grandparental transnational relationship types between ethnic groups. A majority of transnational relationships between Black African grandparents and grandchildren were characterised as *Infrequent Telephone Communicators* (85%); whereas a majority of relationships between Indian grandparents and grandchildren were characterised as *Highly Connected Regular Benefactors*. Pakistani and Bangladeshi grandparents were more likely than grandparents in other ethnic groups to be *Occasional Bilateral-Bounteous-Visitors*. IMPLICATIONS: The implications of the findings for intergenerational transmission of cultural values between grandparents and grandchildren are discussed

Paper 4

Tine Buffel

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Constructions of home, place and belonging among older migrants living in inner-city neighbourhoods

This paper combines two strands of literature that hitherto have been kept largely separate: research in environmental gerontology on the one hand and work dealing with transnational migration on the other. In doing so, it aims to contribute to the understanding of the ways in which older migrants experience and negotiate the notion of 'home', both as a location and a set of relationships that contribute to feelings of belonging and identity. The data for the present research are derived from a qualitative study exploring experiences of social exclusion and inclusion among older people living in inner-city neighbourhoods characterized by intense deprivation. Drawing on 34 semi-structured interviews with older Turkish migrants living in Brussels, the paper addresses experiences of home in relation to distant and remote places, as well as to proximate and immediate locales. The discussion focuses on the interconnections between these, suggesting that such an approach may offer a way forward in terms of understanding how older migrants' transnational ties shape their local sense of belonging and vice versa.

Chair: Vanessa Burholt

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[Christina Victor, Martin Malcom, Jolanthe de Koning]

Understanding loneliness: making research fit for practice

There is a growing body of research that tells us that loneliness is a harmful experience for a growing minority of older adults in Great Britain (Victor and Yang, 2012) and is detrimental to our mental and physical health (Holt-Lunstad et al, 2010 and Green et al, 1992). Despite being first raised as a "distressing feature of old age" by Benjamin Seebohm Rowntree over 60 years ago (Rowntree, 1947), we continue to face significant gaps in our knowledge around what works and often fail to apply the lessons from research and evaluations to existing or new support for older people.

The issue has also risen up political, policy and practical agendas over the past three years. It is imperative that we – researchers and practitioners alike – make sure that frontline services working with older people can ground their work in a robust evidence base.

But as a flurry of new funding programmes and loneliness initiatives begin this year – including the Big Lottery Fund's £70m Ageing Better programme – there is still much to be done to ensure that research is fit for practice.

We will debate what can be learnt from the latest research into loneliness in later life, and whether a knowledge translation framework around the issue of loneliness could be adopted.

Attendees will hear from three speakers, who will present on-going research that has particularly pressing and practical implications for service providers and commissioners working for older people:

– Professor Christina Victor, Brunel University

– Martin Malcolm, Stirling University and Head of Health Intelligence for NHS Western Isles

– Jolanthe de Koning, University of Bath

These presentations will consider what we know about tackling the stigma of loneliness, the differences between loneliness in rural and urban areas and how we can learn from the best evidence and good practice around loneliness.

The session will end with an open panel discussion, with Paul Cann, Chief Executive of Age UK Oxfordshire and Sally Chandler, Programme Manager for Age-Friendly Manchester at Manchester City Council joining the presenters to represent the views of not-for-profit and public sector service providers, and commissioners.

Paper 1

Christina Victor

School of Health Sciences and Social Care, Brunel University

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Why don't older people talk about loneliness?

We have an extensive body of evidence documenting the prevalence of loneliness in later life and identifying the key risk factors. In Britain approximately 10% of those aged 65+ report that they are often/always lonely and this prevalence rate has remained stable over the last 6 decades.

Longitudinal studies indicate that the population classified as lonely represents 3 distinct groups:- the enduringly lonely; those for whom loneliness increases with age and those for whom it decreases over time. Of those who report that they are lonely, longitudinal data suggest that 27% are in the enduringly lonely group with 39% demonstrating decreasing levels of loneliness and 34% increasing levels.

Who do older people talk to about loneliness, what factors, if any, stop them talking about loneliness to their family and what interventions do they think would help combat loneliness? We examine these questions using a telephone survey of 1126 British people aged 55+ undertaken in October 2013, commissioned for the launch of the Silver Line helpline for older people. Overall 15% reported that they were very/quite often lonely, of whom 60% have not discussed their feelings of loneliness with their family. Almost a half of this group (47%) report that this was because they did not want to be a burden to their family. Chats over a meal and/or over the phone were reported as being helpful activities to combat loneliness with volunteering and employment seen as less helpful.

Paper 2

Martin Malcolm

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Comparing the loneliness experience of older people in urban and rural areas - a data linkage study

Introduction: Although geographic variation in the extent of loneliness has been enumerated, reasons for such spatial variation are poorly understood and there is a paucity of research on differences in the predisposing factors for, and health impacts of loneliness between rural and urban areas. A novel data linkage approach to examine these differences will be outlined here together with initial findings from a literature review. Methods: The study involves 3 phases: Firstly a review of current evidence for urban-rural variation in the risk factors for social and emotional loneliness types. Secondly, a comparative study is proposed to test for urban-rural variations in these factors using multivariate regression modelling based on routine data from the latest waves of the ELSA and TILDA survey datasets. A final phase is to undertake a data linkage study to assess both the clinical and public health impacts utilising existing linked ELSA and HES hospital data to create linkage to primary care (GPES) data.

Findings: Preliminary literature reviews have identified evidence of greater influence of risk factors for social types of loneliness in urban settings whilst greater predisposition towards emotional loneliness risk factors in rural settings. There is, though, an overall paucity of research on the influence of geographical differences in loneliness as well as resulting public health implications. This study uses a novel methodological approach to address this gap in the research on loneliness which will provide a substantial evidence base to support the development of contextually sensitive interventions in a growing public health challenge.

Paper 3

Jolanthe de Koning

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Age UK Knowledge Exchange project

Background: The flow of knowledge from its creation to practical use is of growing interest to academics, policy-makers and the voluntary sector. However, knowledge transfer/exchange/management literature has mainly concerned academic and for-profit organisations, with few studies looking at knowledge-creating charitable organisations.

Considering the example of loneliness in older age: there is established academic evidence about its predictors and health consequences (e.g. Holt-Lunstad et al., 2010); the voluntary sector is engaged in research and campaigning (http://www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics/); and there is public interest in loneliness (http://www.campaigntoendloneliness.org). This suggests that there has been knowledge exchange on this topic, however we need a framework within which to understand how this has occurred.

Aim: This study aimed to map knowledge exchange about loneliness in older age between the research team and other departments of the national charity, Age UK, its brand partner charities and the Campaign to End Loneliness.

Methods: Forty-five participants were interviewed across the organisations using the qualitative Grounded Theory method (Corbin and Strauss, 2008). Concepts about the knowledge sharing relationships, barriers and cases of good practice were developed and refined throughout data collection from field notes and interview transcripts. Emerging concepts from early,

unstructured interviews were used to theoretically sample participants and create semi-structured guides for subsequent interviews. Outcomes: Final concepts were used to map knowledge pathways and highlight challenges and examples of good practice. These findings may help Age UK and its brand partners to visualise, evaluate and improve the exchange of academic and practice-based knowledge about loneliness and other topics.

Chair: Gemma Carney and Paula Devine

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Ageing and social isolation in divided societies: social, political and cultural intersections in Britain and Ireland

This symposium investigates how ageing cuts across existing social, political and cultural divisions in Britain and Ireland. Ageing has been recognised as an unprecedented and pervasive population change at the highest international level (United Nations, 2013). Though population ageing may be global, the experience of ageing is subject to local laws and traditions as well as historical and cultural processes. Gerontologists are now faced with a challenging research context; we must continue to provide depth of insight into the experience of ageing and the needs of older people, but we must now scale up our efforts to identify categories which allow for analysis of a globally recognised change. One way to manage this challenge is to begin to develop meaningful categories to compare and contrast how different societies experience ageing. While the socio-political history of Northern Ireland is perhaps the most overt example of ageing in a 'divided society,' societal division is not limited to that region. Community division is common across Britain and Ireland, characterised by a range of structural inequalities including gender, socio-economic status, ethnicity and race. The aim of this symposium is to investigate how the experience of ageing intersects with existing inequalities, compounding the social isolation of older people. The four papers included in the symposium present theoretical, empirical and critical investigations of societal division, arguing for age-friendly policy responses in all cases. While the papers presented here are based on data from Ireland, we hope that this symposium will open a dialogue with gerontologists in England, Scotland, Wales and elsewhere on the potential of analysing the experience of ageing, social isolation and local divisions in other country contexts.

Paper 1

Gemma Carney

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Understanding resilience in divided societies

Why do some people seem to 'age well' while others experience social isolation, income poverty and multiple discriminations in their later years? As ageing becomes a priority for European policy-makers, the question of how to help people stay independent throughout the life course will occupy welfare state analysts. Critical gerontologists have identified factors that contribute to understanding the accumulation of advantage and disadvantage in old age (Estes, 1979; Phillipson, 2013). In particular, the intersection of gender, race and socio-economic status in compounding disadvantage in old age is well established (Craig, 2004; Timonen et al 2013). Meanwhile, life course theorists have identified how historical events and socio-economic inequalities, experienced early in life, can affect life satisfaction and well-being in old age (Deindl, 2012; Elder, 1994). This paper explores the potential of combining these two approaches into a progressive developmental theory of ageing which links key life course concepts, such as human agency and the passage of time, to the study of resilience. The extent to which other social divisions such as socio-economic status, race, gender and disability affect an individual's capacity to build resilience are also explored. The paper draws on key theoretical debates from social gerontology, life course sociology and gender studies, aiming to establish (an embryonic) developmental theory of ageing.

Paper 2

Paula Devine

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[Janet Anand, Lorna Montgomery]

Well served? Services for socially-isolated older men in Belfast, Northern Ireland

In Northern Ireland, as elsewhere, there has been a growing recognition of the needs of older people within a range of public policies and strategies. Within these, the prioritisation of social inclusion for people aged 50 years or over acknowledges that 'social inclusion'

and 'active ageing' have strong links to 'health and well-being'. At the same time, men's health is a growing concern internationally. Social isolation, loneliness and depression are increasingly identified as major issues for men throughout the lifecourse. Men often have less involvement in support and friendship networks than women do. Alongside this, service provision has been criticised for being 'feminised', for example, women comprising the majority of staff and membership, and activities geared more towards women. This paper outlines a recent review of services for socially-isolated older men aged 50 years or over living in Belfast. The introduction explores concepts such as social isolation and what these mean for men. Key findings from an audit of the extent and impact of current service provision aimed at this group are highlighted, followed by case studies of individual service members. The paper concludes with an assessment of how these services are meeting current levels of need, and ways in which they may be developed to meet future requirements. Gender, and masculinities in particular, is a pivotal lens through which this research is viewed. Whilst located in Belfast, many of these key messages are relevant throughout the United Kingdom and Ireland, and beyond.

Paper 3

Janet Carter Anand

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[Lorna Montgomery, Brian Taylor]

The abuse of older people: to legislate or not to legislate?

Elder abuse legislation, policy and practice varies significantly across national borders (Penhale et. al, 2008; WHO, 2002) reflecting local cultural, social and economic differences. The current national and international trend appears to be towards legislation for the protection of older people although this approach is subject to critique. The argument for adopting legislation focuses on the need for specialist laws to protect older people, similar to the legal protection accorded to children. Alternatively the argument against legislation highlights the negative and potentially traumatic impact of criminalising low levels of abuse for the older person and their family. In Northern Ireland, the introduction of a policy framework for safeguarding vulnerable adults in 2006, an ageing demographic profile and an increase in the number of reported cases of adult abuse have contributed to public debate around the benefits of adopting a legalistic approach

to adult protection. A team of social work and legal academics were commissioned to review factors facilitating or acting as barriers to adult protection legislation in Northern Ireland. The study involved a community scoping exercise to identify current issues not addressed by the existing policy based framework and an international literature review of possible legal options and remedies for the gaps identified. This presentation summarises the key findings from the review and critiques the usefulness of legislation in defining elder abuse, determining thresholds for intervention, calculating the proportionality of intervention, promoting greater awareness of the issue and promoting the rights of older people. The review offers researchers, practitioners and social policy makers further insights into the complexity of adult safeguarding and critiques the potential need and value of a legislative base.

Paper 4

Lynn Johnston

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Intersecting ageism: age relationships and the legacy of the conflict in Northern Ireland.

This paper presents empirical evidence from a PhD research project (award in process).Using a mixed method case study approach, the research sought to identify the social drivers of local neighbourhood age relationships. One residue of the Northern Ireland conflict is the continuation of paramilitary control inside some public housing estates. In this case study neighbourhood, structural processes of social exclusion encourage a static population and create a place where outsiders are viewed with scepticism. In such a place, informal and internalised community policing solutions by the local paramilitary group sometimes appear attractive. This research develops an understanding of these social features as intersecting ageism. The physical brutality of paramilitary punishment is partly enabled through the aforementioned preference of residents for local, private and internal 'solutions' to 'problems'. 'Problems' are frequently framed in ageist social constructions of young people as unruly and ill-disciplined and old people as fearful and vulnerable. Constructions of older people as being in need of protection from younger provide a legitimacy cloak for the paramilitary which helps to justify their methods of community control. Intergenerational suspicion and

mistrust is perpetuated by the presentation of their community policing function as a necessary protection for older people.The identification of the intersection of paramilitary control and ageism suggests that policy responses to building peace in Northern Ireland could usefully place ageism more centrally in the discussion.

This research also signposts wider potential to develop our understandings of how ageism connects with experiences of social exclusion and gang culture elsewhere.

Chair: Anthony Chiva

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Researching longer working

These symposia are timely because of the changing policies and demographics in the UK and Europe concerning older workers. Governments are seeking to extend later life working, having removed (UK) the default retirement age, and are delaying pension ages (DWP 2012). Alongside this there are financial challenges to individuals concerning the cost of living, costs of housing, lower pension incomes and return on investments. The value of pensions is decreasing as employers and individuals are 'forced' to move from defined benefit schemes to defined contribution schemes.

These phenomena have set some significant challenges for individuals, employers and human resource policies.

Objectives

–   To identify a range of perspectives and methodologies that can be applied to review the issue of later life working.

–   To bring together a range of research to inform the understanding of issues concerning later life working.

–   To identify specific patterns and possible comparisons for later life working within companies and organisations.

This symposium brings together a number of different papers to inform the debate about later life working and factors impacting on workplaces, employers and employees (Vickerstaff et al. 2008; Smeaton et al. 2010; Crow, 2013). The Papers within the symposium employ

a range of different perspectives and methodologies. The Papers will also cover a range of different sectors and groups to explore factors impacting on later life working.

Paper 1

Eleanor Davies

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Organisational support for extending working life: the influence of line managers

The political economic goal of encouraging older workers to remain in the workforce longer poses challenges to individuals, employers and human resource (HR) polices. Organisations are responding by removing overt barriers to extended working life and implementing policies to actively retain older workers. Micro-human resource management research suggests that the way employees perceive HR policies is influenced by the way policies are implemented by supervisors and line managers. Understanding the influence of line managers in retirement intentions is necessary, practically, to design appropriate interventions for employers and, theoretically, to advance knowledge of the interaction between work and retirement intention. This paper will examine the relationship between perceived supervisor support (PSS), perceived organisational support (POS) and retirement intentions. The turnover literature indicates that PSS is a predictor of turnover intentions and, post default retirement age, retirement can be positioned as a specialised facet in a broader social construction of employee turnover. Retirement intentions may include decisions about retirement timing (early, on time, late) and the form of retirement (full retirement, partial retirement).

Since line manager involvement in retirement intention is a relatively unexplored field, this paper will undertake the following:

– Outline the context of later working life (linking to other papers in the symposium)

– Explore similarities and differences between intention to quit and intention to retire in the post DRA context.

– Present a conceptual framework, drawing on social exchange theory and leader-member exchange (LMX) theory to explore the relationship been POS and PSS and older workers' retirement intentions.

– Consider the practical implications for the focus on line managers.

Paper 2

Matt Flynn

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[Anthony Chiva, Uracha Chatrakul Na Ayudhya]

Older workers and skills shortages in Hong Kong and the UK: the case of eldercare services

Ageing populations are impacting businesses both in Europe and Asia. However, very little research has been carried out cross-comparing age management approaches from an East-West context. Studies which have been carried out (e.g. Chiu et al., 2001) suggest that Western organisations may emphasise HR policies promoting age equality, while Eastern ones focus on care and deference for elders. Older workers also have different views on work, with the former attaching identity to work, while the latter equating extended working life with losing face. This paper will explore the cultural implications of extended working life using two case studies in the care sector in Hong Kong and the South East of the UK. The case studies were selected as both economies are facing limited migration, skills shortages and ageing populations. As Hong Kong represents a hybrid institutional system, comparisons can also be drawn on regulatory structures.

The data is drawn from case studies which involve interviews with stakeholders, managers and older workers themselves. In Hong Kong, interviews with the owner, HR manager, and 3 line managers were undertaken, as well as three focus group discussions with employees 50+. In the UK, interviews with five HR managers, two stakeholders and two focus group discussion with employees 50+ were carried out

The paper will undertake the following:

– Identify age management challenges in the two regions as shaped by labour supply, government policy and rising pension ages

– Discuss differences in management approaches to using older workers as a resource to meet labour demands

– Discuss differences of older workers' views on extended working life.

Paper 3

Karen Hanley

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What are the enablers and hindrances to being in work past age 65?

The paper will identify research for a PhD focused on two international case studies in Denmark and the UK. Conference sub-themes used are: economics of ageing, ageing and the lifecourse and international perspectives. The aim is: To explore how the decisions about later life working are influenced by the working life course and to investigate the enablers and hindrances to older workers staying in work after age 65. The underpinning theory for this research is the Life Course approach based on the work of Glen Elder (Elder Jr. et al. 2006); and Karl Mayer (Mayer 2009). Five principles are highlighted:-

– *Life Span development* - the long term view of people's lives, and linked lives

– *Linked lives* – interconnectedness

– *Time and place* – how lives are shaped by the social and historical context

– *Timing* - life transitions, events and subsequent consequences

– *Agency* – individuals recognised as being active agents in their choices about their lives

This research reviews a number of factors: Income in later life, pensions (State and employers), benefits, flexicurity (Klammer 2004), and sustainable working lives.

The methodology will include:

– Biographical Research – life story

– Life Line

– Semi-structured Interviews using 'Clean language'

Possible Conclusions

There are still hindrances affecting the employment of older workers. The impact of pensions systems on older workers encouraging/discouraging staying in work.

Paper 4

Tracy Scurry

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[Matt Flynn, Anthony Chiva]

Extending working lives: How are employees responding to the external drivers to extend working life?

Aim: This paper aims to contribute to discussions which look at *the impact of the removal of the statutory retirement age on employees.* Methods: The research adopts a quantitative approach to research the attitudes, understandings and preparedness of employees for extended working life. The survey will be adapted from an existing survey that Flynn has utilized in a previous ESRC funded project. We used an online survey instrument to gather data. Where online methods were not appropriate we distributed a paper based survey. These results were subsequently entered into the online system.

Sample and Findings: Recruiting the employees to the project was a challenging and time consuming process. Drawing on existing relationships, the Northern TUC acted as an intermediary organisation and distributed a link to the questionnaires to its members. We received 200 completed surveys from this. We also obtained access to a local manufacturing organisation with 190 employees and secured a 45% response rate (86 completed surveys). This provided us with a total sample of 286. Results: Preliminary findings suggest that employees are relying on: the age of retirement within the company, rarely receive training (in the manufacturing sector), can be on modest incomes, and generally are not prepared for retirement. These have significant implications for organisations and policy makers. Footnote: This was part of a wider research project funded by the N8 Industry Innovation Forum. N8 brings together key Universities in the North of England to develop innovative research and create further funding and business opportunities. This project involves Liverpool, Newcastle, and York Universities, as well as some other organisations, such as Age Inclusive based at Newcastle University.

Chair: Liesbeth De Donder

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To be socially included or excluded? Social participation in later life

This symposium explores empirical aspects of social participation in later life, using a social inclusion/ exclusion viewpoint. Research shows that social participation in old age is associated with positive outcomes such as higher levels of quality of life, greater well-being, a sense of purpose, etc. Accordingly, from a societal standpoint it is crucial to identify the factors that might lead to greater social participation within later life. In this perspective, most research has been dealing with socio-demographic characteristics predicting who participates and who does not participate within social activities. Mostly older adults with more individual resources, such as higher levels of income and education, appear to be associated with greater social participation. By contrast, very few studies have investigated the possible role of resources and thresholds the social and physical environment comprises. For instance, opportunity structures such as amenities, public transport, etc., have been lacking in current research. In order to add to understandings of social participation in late life, the symposiums aim is to identify such factors that impede or promote social participation in later life.

Moreover, the symposium includes scholars to present different aspects of social participation in later life in order to answer the identified gaps. Their work ranges from a theoretical perspective on the shortcomings of measuring social exclusion and participation in older age and future challenges within research. A Chinese perspective reveals the barriers that impede older adults from getting involved into educational activities. A Belgian perspective is discussed on whether age is a determining factor for participation in correctional programmes (e.g. sport activities, education, vocational training, socio-cultural training courses, mental health care) in a prison. Finally, a person's social networks perspective is illustrated, gaining insight into the factors that lead to greater participation within these age groups.

Paper 1

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[Liesbeth De Donder , Chang Zhu, Sarah Dury, Sofie Van Regenmortel, Dorien Brosens Koen Lombaerts]

Situational barriers to educational participation in late life: a Chinese perspective

Although the benefits of elderly learning are widely acknowledged, many older individuals remain not involved. External factors influence the educational participation to some extent. Therefore, it is important to take situational barriers for older adults into consideration in order to allow attractive and sustainable learning experiences. Using a mixed-method approach consisting of two consecutive phases, the study aims to identify situational barriers factors which influence older people's educational participation. In the first phase, data for the study were obtained through five focus group interviews with in total 42 older individuals of the Xi'an region of China. Among these focus groups, three groups (n=21) included people who already attended the courses in universities of the third age, two groups (n=21) included people who did not attend the courses in U3As. In the second quantitative phase, a structured questionnaire with participating and non-participating older adults was developed to measure the influential features of situational factors. Results suggest that the most frequently mentioned situational barrier is the cost of education, including the tuition fees as well as the cost of books or apparatus; second is the transportation obstacle; and then time is also a challenge for older adults as most of them have family responsibilities. Meanwhile, the high cost of child care somewhat results in less opportunities for older adults to participate in educational activities.

The research concludes by discussing policy and practical issues about seniors' educational participation in order to enhance older adults' well-being.

Paper 2

Sofie Van Regenmortel

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[Liesbeth De Donder, An-Sofie Smetcoren, Dorien Brosens, Sarah Dury, Renfeng Wang, Nico De Witte, Emily Verté, Dominique Verté]

Social exclusion in later life systematically reviewed: towards a conceptual model

Social exclusion research has mainly been focussing on people with mental health problems, younger and mid-life adults. Conversely, little research has been performed concerning social exclusion and older adults. This paper gives a review of research on social exclusion in later life and identifies how participation is addressed in this research. A systematic literature review was performed. Relevant studies were identified through searches of databases (e.g. Web of Science & Sociological Abstracts) and bibliographies. Because of the heterogeneous nature of the methods of the included studies, a narrative synthesis was used to review the findings. The review reveals four main outcomes. First, social exclusion in later life comprises various dimensions (e.g. material goods and social relationships), and as social exclusion differs throughout the life course some particular domains have been identified for later life (e.g. access to elderly services, ageism and neighbourhood exclusion). Notwithstanding, research including an age specific measure for social exclusion in later life is scarce. A second outcome is that most research considers participation as a dimension of social exclusion, however participation itself is diversely conceptualized. Third, the review presents drivers of later life social exclusion, in general and for the participation dimension more specific. Finally, the review addresses differences between rural and urban social exclusion. The discussion highlights the main research gaps in social exclusion among older adults and formulates four main paths for future research. Finally, a theoretical framework incorporating individual, life-course and contextual variables to build an age specific social exclusion model is suggested.

Paper 3

Dorien Brosens

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[Liesbeth De Donder, Sarah Dury, Sofie Van Regenmortel, Renfeng Wang, Dominique Verté]

Participation in correctional programmes: do older prisoners engage themselves?

Prisons from all over the world are faced with an increasing population of older people. Although the proportion of older prisoners is increasing, their needs are seldom taken into account in designing correctional programmes (e.g. sport activities, education, vocational training, socio-cultural training courses, mental health care). However, research has shown the importance of participation in these programmes. The purpose of this study is to get insight into the participation situation of older prisoners. Based on a quantitative survey this study investigates the relationship between prisoners' age and participation. Data from 486 prisoners from one prison in the Northern part of Flanders (Belgium) are analysed. In order to answer the research questions bivariate and regression analyses are performed.The regression analysis shows that the older prisoners are, the less likely to participate. The bivariate findings indicate that older prisoners (50+) participated more in none or only one correctional programme compared to younger (18-25 years) and middle-aged prisoners (26-50 years). Older prisoners especially appealed more to mental health care services compared to younger prisoners. Sport activities and vocational training reached mainly younger prisoners. Considering educational courses, older prisoners participated less than the middle-aged prisoners, but more than the youngest. Finally, there was no significant relationship between attending a socio-cultural training course and a prisoner's age. Age is an overall determining factor for participation, but this relation depends on the kind of programme. The article concludes by discussing some practical and policy recommendations to increase the access of older prisoners to these programmes.

Paper 4

Sarah Dury

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[Nico De Witte, An-Sofie Smetcoren Emily Verté , Sofie Van Regenmortel , Dorien Brosens, Renfeng Wang , Liesbeth De Donder , Dominique Verté]

Combining social activities: a necessity to be socially included?

In the last decade, volunteering among older adults has received growing attention among researchers, policymakers, and associations. Volunteer participation has gained popularity for the reason that it includes behaviors that take place in the realm of civil society, hence, strengthen communities as well as the well-being of older adults. However, there still remains a lack of knowledge in ageing research on the extent to which the relation between social ties and volunteer participation may vary. Design and Methods: Using a mixed-method approach consisting of two consecutive phases, this article aims to identify social contextual factors that promote older people's volunteer participation. In the first phase, quantitative data from the Belgian Ageing Studies (N= 67,144 from 141 municipalities) were used to purposively select six municipalities: low, mediocre, and high rates of volunteering. In the second, qualitative phase, focus groups with older people themselves were conducted in each of the six case study areas in order to explain and build on the quantitative results. Results: Research findings indicate that social ties, in particular formal social ties (membership in associations) appeared to be a key element for understanding the social contextual nature of volunteer participation. Besides, social integration also appeared crucial for volunteering. New arrivals emphasized the importance of membership and policy activities. Older adults do not only need to have social ties, but also need to be embedded into their community before being able to participate. Implications: The article concludes by discussing practical and policy issues raised by the research.

Chair: Liesbeth De Donder

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Comprehensive frailty and urbanisation: the case of Brussels

Demographic research has shown that by 2030, two-thirds of the world's population will reside in cities and at least one-quarter of their populations will be aged 60 and over. In the light of these findings, cities will need to be preparing for the impact of a population aging. This also applies the capital of Belgium, Brussels. Currently policymakers' awareness is growing for the challenges that prevail in relation to different groups of older people in the urban environment. In the latest "Prospective Research for Brussels" tender, "frailty" was denominated as one of the 4 main themes. In response to these evolutions, this symposium will focus on frailty in older adults and urban challenges. The symposium ranges from a theoretical perspective on the shortcomings of measuring social exclusion and participation in older age, both quantitative as qualitative research and future challenges within research. First a theoretical framework will be described which moves away from a bio-medical approach towards a comprehensive frailty concept. Second, a quantitative study in Brussels focuses on the relation between socio-economic status, ethnicity and frailty. Third, an extensive qualitative study is used to examine how older people cope with environmental frailty. And finally, the argument is developed that we should focus more on frailty-balance and need a prevention-framework to study frailty.

Paper 1

Nico De Witte

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Evaluating frailty on four domains: the Comprehensive Frailty Assessment Instrument

Detection of frail or vulnerable older people becomes essential in order to provide appropriate support and prevent adverse outcomes. In this contribution we review the main paradigms on detecting frail or vulnerable older people living in the community,

examine the theoretical gaps and develop new research possibilities. The key question is: to what extent the actual concepts of frailty or vulnerability are appropriate to detect frail/vulnerable community dwelling older persons? Although several instruments to detect frailty exist, none uses environmental indicators. This study addresses the development and psychometric properties of the Comprehensive Frailty Assessment Instrument (CFAI). This new self-reporting instrument includes physical, psychological, social and environmental domains. Based on data from the Belgian Ageing Studies, the CFAI showed good fit indices and a high reliability. The underlying structure of the CFAI demonstrates the multidisciplinary nature of frailty. Using the CFAI can stimulate nurses and other community healthcare providers toward a more holistic approach of frailty and can guide them to take appropriate interventions to prevent adverse outcomes such as disabilities or hospitalization.

Paper 2

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[Liesbeth De Donder, Nico De Witte, Eva Dierckx,, An-Sofie Smetcoren, Dominique Verté]

Access to care and support: impact of socioeconomic status and ethnicity

This study examines to what extent socioeconomic status and ethnicity affect the frailty (im)balance of community-dwelling older people in Brussels and in which degree they have access to care and support. Data are derived from the Belgian Ageing Studies, a quantitative design that uses structured questionnaires to obtain information about different facets of quality of life of older adults (N=600). Analyses identified the relation between socioeconomic status, ethnicity on the one hand and frailty (im)balance and access to care and support on the other hand. The findings reveal several socioeconomic and ethnic influences on different components of frailty: (1) physical domain (e.g. (a) older people with a lower socioeconomic status suffer earlier and more frequently from health problems and functional limitations; (b) older migrants experience more health issues then older natives); (2) psychological and social domain (e.g. in terms of elder abuse there is more neglect amidst natives and more financial abuse among the migrant population); (3) environmental domain (e.g. (a) wealthier neighbourhoods in Brussels know a larger supply of

care services; (b) there is a significant difference in adaptation of the housing situation of older migrants and natives: older migrants live much more often in a serious maladjusted home.). Our results stress the need for a community-based approach to balance the state of frailty with respect to the different socioeconomic and ethnic groups within the population of older people in Brussels.

Paper 3

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[Liesbeth De Donder, Nico De Witte, Emily Verté, Sarah Dury, Sofie Van Regenmortel, Tine Buffel, Tinie Kardol, Dominique Verté]

Challenges within the home situation: coping strategies of frail older people in Brussels.

Concepts such as 'place-attachment' and 'aging in place' have received considerable amount of attention in recent years. In particular, it has been stressed that aging is often associated with an intensification of feelings of place. Conversely, research has pointed out that many seniors live in inadequate housing due to increasing care needs. While local policies and elderly themselves generally promote aging in place, little attention has being paid to strategies older people develop to cope with housing inadequacies. Drawing on qualitative research this study explores how frail older people handle events and challenges within their current housing situation. Data is emanating from an extensive qualitative study on aging in place, housing and care in Brussels (Belgium) organized in 2011-2012. The project comprised focus groups with a wide range of participants; third & fourth age (8), vulnerable older people (3) and older migrants (7). Many of the respondents indicated a gap between their actual and their desired situation, due to several restraints (e.g. lack of information, feelings of distrust, little social support, etc.). Subsequently, instead of making the dwelling more adapted to their needs, most respondents adapt themselves to the limitations of their dwelling (e.g. avoid using upper floors). And although most of them recognized the need for planning their future housing, only few changed their words into actions. Hence, the paper calls for research and policy approaches in which older people are being informed and stimulated to anticipate on their future needs so they can remain in control when problems occur.

Paper 4

Liesbeth De Donder

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[Eva Dierckx, Nico De Witte, An-Sofie Smetcoren, Emily Verté]

Towards a frailty balance – development of a prevention framework

This contribution focuses on the need for the development of a prevention framework in order to tackle frailty-imbalance. Using data from quantitative and qualitative studies in Brussel, first the argument will be developed that frailty should be approached from a balance-perspective. To date most of the debate around frailty in older adults has (only) focused on the registration of deficits. However, within the light of active ageing, besides the registration of deficits and dependency, there needs to be a registration of strengths as well which concentrate on autonomy and the present (in)formal care or support. A second argument starts from the observation that frailty-imbalance in older adults is often not detected, nor recognized, nor treated in time, leading to a threatening of their autonomy, participation in society, health and wellbeing and often leading to an admission into a residential care facility. Consequently, pro-active detection and prevention is needed. However, our care and social system often parts from intervention rather than from prevention. Prevention of frailty in older adults would benefit the older person, his environment and be more cost-effective for society. This paper highlights this potential, thereby paying attention to primary, secondary and tertiary prevention.

Chair: Jan Dewing

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A Dementia Care Innovation Hub: building research & development themes

As a consequence of national policy, the amount of R&D activity connected to dementia care is potentially overwhelming. In our case, for a new dementia care innovation hub (DCIH), there was an imperative agreed by our stakeholders to be responsive to both national and regional/local needs. The hub was born out of the ashes of a local dementia care development centre. The local centre was reasonably successful but somewhat isolated, underinvested and bore the consequences of a lack of ownership within the faculty. Following a change of leadership and regional stakeholder consultations in 2012, it was agreed that the centre needed a new identity with a reinvigorated and contemporary remit. Our R&D design and plans needed to align with several plans and strategies. Although much has been achieved across different areas of dementia care research, there is still much to be achieved. The objective of this symposium is to present the summary of the stakeholder consultations with the emergent strategy and to present for discussion, a sample of current research, all of which is located within two interdependent themes: person-centredness and building communities that are friendly for people with dementia. This symposium therefore begins by setting out the strategic aims of the new dementia care innovation hub (DCIH) along with an overview of the R&D priorities and themes. The symposium will then share work from one theme which is a regional priority; the assessment and diagnosis of dementia (paper 1). Then we present two examples of doctoral student research, both of which adopt a phenomenological lens (papers 2 and 3). We will summarise by showing how our activity is contributing to the two interdependent themes of person-centredness and building communities that are friendly for people with dementia.

Paper 1

Jan Smith

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[Jan Dewing, Saskia Dijk]

People's experience of dementia diagnosis and assessment

Background: In the UK, dementia diagnosis and assessment attracts significant debate. Yet, evidence surrounding dementia diagnosis and assessment from the perspectives of people with dementia and their families remains inconsistent. This paper will offer a summary of the findings from a review of empirical UK evidence on dementia diagnosis and assessment with emphasis on the perspectives of people with dementia and their families. Methods: Four electronic databases were searched (OVID Medline, EMBASE, Web of Science, Sociological Abstracts). Additional references were identified through hand searches of

selected journals and reference list of relevant articles and books. The quality of retrieved evidence was not formally assessed, although each study was critically reviewed in terms of methodology, sampling criteria, response rates and appropriateness of analysis. Papers published between 2003-2013 were included. Results: Many of the studies reviewed exhibited methodological shortcomings. Studies of peoples experiences of dementia indicate both negative and positive consequences of diagnostic disclosure for people with dementia and their relatives. Findings suggest the disclosure of the dementia diagnosis continues to occur at one point in time, but needs to be seen as a process. The review also indicates people's responses to a diagnosis are diverse. Further, post diagnostic interventions are often generalised rather than specifically tailored to individual needs. A new finding is the emergence of technology in the diagnostic process. Conclusions: Despite increasing efforts on people's experiences of dementia diagnosis and assessment, there is still limited empirical research focusing on the process of diagnosis and assessment from peoples experiences of dementia and their relatives.

Paper 2

Sian Wareing-Jones

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The essence and lived experience of person-centred dementia care: a phenomenological inquiry with health care professionals in the Channel Islands.

This research seeks to answer the following three questions:

– How do health care professionals experience their Person-Centred dementia care work?

– What is the essence of person-centred dementia care?

– How can an enhanced appreciation of person-centred care make a positive contribution to health care professionals' work in Jersey?

Field-work is taking place in Jersey, Channel Islands, an independent Crown Dependency, neither part of the UK nor the EU, but part of the British Isles, where person-centred care is claimed to be the approach to care in most hospitals, care and nursing homes. The research is taking place at the same time as The States of Jersey (the island's government) have just approved the content a White Paper setting out massive reforms of the island's health and social care, including two new hospitals and new dementia services. The research is rooted in some of the philosophical principles of Phenomenologists Maurice Merleau-Ponty (1908-1961) and Martin Buber (1878-1965) with their particular emphases on embodiment and the non-dualist synthesis of body and mind for embodied being in the world, and relationships for being in the world. This research seeks to discover the lived experiences of health care professionals of the phenomenon of person-centred care, describing it in deep, rich detail and then seeking to establish the essence of this person-centred care, to find what makes it what it is. Hermeneutic phenomenological research discourages the use of defined methods and promotes creativity. It is my intention therefore, that the thesis will include poetry, which will be a creative response to my immersion into the lives and experiences of the research participants. This research will lead to new understanding about health care professionals' experience of person-centred dementia care and what the essence of this really is, beyond the words of mission statements and care philosophies. An enhanced appreciation could help guide the policy makers and service designers in Jersey at this time of significant change and redevelopment.

Paper 3

Jan Dewing

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Aspire to Inspire: Findings from a evaluation of a 3 year Practice Development Programme in Aged Care NSW Australia

The Aspire to Inspire programme took place within Uniting Care Aged Care services across NSW and ACT. It aimed to make person-centred cultures a reality through putting into action the organisations 'Inspired Care' values. This was achieved primarily through an emancipatory practice development methodology and included the implementation of a model of person-centred care. Participatory evaluation research ran parallel to the three year programme and co-

researchers collected process and outcome evidence of the programmes effectiveness at three specific time points and on an ongoing basis. This presentation will share an overview of the programme design and then focus on the evaluation research. In particular, the findings from the research will be presented and discussed. Finally, some of the challenges of doing large scale participatory research and development with large numbers of co researchers will be highlighted.

Chair: Lorna Easterbrook

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Moving stories, still films

This special session features three short narrative films that share different aspects of older people's lives. Instead of using moving images - such as video - the films use a combination of digitally recorded interviews and still photographs that, by encouraging viewers to both focus and imagine, leaves a lasting impression. How the films are made, and the challenges and opportunities the approach offers, will be discussed.

Film 1 – Just Treat Yourself *Just Treat Yourself* showcases **Penny Kocher**, a retired health and social policy consultant, who admits she didn't sort her pension out sufficiently to have enough money for High Street fashion shopping - let alone anything in the designer bracket. So, she buys clothes and shoes in charity shops and blogs at http://frugalfashionshopper. wordpress.com. As well as clothes and fashion, Penny's blog takes a critical look at her own ageing alongside critiquing the lack of older models in the fashion media; whether older women should be bound by rules; and ageist maxims such as 'Mutton dressed as lamb'. Penny will also be at the session to answer questions about her film, older women's appearance and image, and blogging as an older woman.

Film 2 – Pots are People This film features Barbara, who first decided to pursue a career in archaeology in her mid-40s after a 'late third baby' and who - now aged 88 – still working as a ceramics specialist, is looking forward to retiring.

Film 3 – The Art of Talking Through her social enterprise EngAge & Create, artist **Rachel Mortimer** asks older people with dementia what they think about different works of art. Using an iPad to show images of painting and drawings from many styles and eras, these conversations invariably spark other discussions. *The*

Art of Talking shows Rachel and a group of older people in action. Rachel's work frequently surprises hospital and care home practitioners, who admit they believed those taking part had nothing left to say.

Lorna Easterbrook has worked alongside older people in the areas of health, housing and social care for over 20 years. Previously the community care expert at Age Concern England (now Age UK) and the King's Fund, she is an independent consultant (**www.lornaeasterbrookconsultancy.com**). Originally a theatre practitioner, she has an MA in Creative Writing and Personal Development, and in 2013 began using digital technology alongside qualitative interviewing skills and storytelling techniques to share people's stories.

Chair: Maria Evandrou

Age UK Symposium

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Research impact – where next?

Adrian Alsop, Director of Research, Partnerships and International, Economic and Social Research Council, adrian.alsop@esrc.ac.uk

Robin Means, Professor of Health and Social Care, University of the West of England robin.means@uwe.ac.uk

Jill Manthorpe, Professor of Social Work, King's College London, jill.manthorpe@kcl.ac.uk

The enormous undertaking that the REF 2014 represents is nearing its closing stages. The results, to be published on behalf of the UK higher education funding bodies by the REF team on 18 December 2014, are no doubt eagerly awaited by the higher education institutions and other stakeholders. At the same time, the Research Councils continue to develop their emphasis on 'economic and societal impacts that research will achieve' (RCUK, 2014). Research Councils and Universities have introduced research impact awards. The impact of UK research beyond academic impact is firmly on the map and here to stay.

While REF 2014 has been a huge focus of attention nationally in recent years, minds will soon turn towards preparing for the next REF. For this reason, this Symposium will take a strategic look beyond 2014, asking the question, 'Where next for research impact?' The Symposium, to be chaired by Maria Evandrou, Professor of Gerontology and Director of the Centre for Research on Ageing at the University of Southampton, will feature three distinguished speakers who will address the question with particular reference to the social sciences.

The Research Council perspective will be given by Adrian Alsop, ESRC's Director of Research, Partnerships and International, and a member of the RCUK Research and Development Group. He will describe developments in the thinking of the Research Councils in general and the ERSC in particular on research impact and pathways to impact. The academic perspective will be given by Robin Means, President of the BSG and Professor of Health and Social Care at the University of the West of England. He will reflect on how this focus on research impact in the social sciences has emerged and where we might go next after REF 2014. What are we likely to learn from the REF experience for future thinking about research impact in the social sciences as they relate to ageing? What are the main challenges faced by social gerontology if it is to 'punch its weight'. Jill Manthorpe, Professor of Social Work and Director of the Social Care Workforce Research Unit of King's College London, will give perspectives on excellence in social research leading to powerful societal impact. Her presentation will focus on the example of Elder Abuse research, using this as a case study to critically evaluate the long term strategic nature of research impact asking if 'impact is over or has it only just begun?'

Chair: Sarah Galvani

Tilda Goldberg Centre for Social Work and Social Care, University of Bedfordshire

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Under the radar? Alcohol use and older people

Evidence shows that levels of alcohol-related harm among older people are growing at a concerning pace. This is nowhere more evident than in the rates of alcohol-related hospital admissions which are increasing fastest among the older population in England (NHS Information Centre 2012). Evidence also shows that problematic alcohol use is often not recognised by many front line health and social care professionals (Dance and Allnock 2013). This oversight leads to increasing levels of vulnerability to physical and psychological harm and missed opportunities for early intervention. This symposium will highlight the nature and extent of alcohol and other drug use among older people and associate harms of elder abuse and sight loss. With a rapidly ageing population in the UK these concerns cannot be ignored. Appropriate support is needed to address not only the alcohol use but also the co-existing health and social harms related to it. The responses of front line professionals are therefore vital in identifying

and intervening where problematic alcohol use exists. The final research presentation in this symposium addresses this issue, highlighting the experiences and challenges of social care staff working with older people who also use alcohol or other drugs problematically. This symposium will provide an overview of some of the challenges facing older people with alcohol problems and those who support or care for them. It will draw on current research exploring the social function and health-related harms of drinking among particular groups of older people as well as the experiences of front line social care staff. The team of presenters for this symposium represent a range of disciplinary backgrounds including, social work (Galvani, Livingston), health (Wadd and Dance), and gerontology (Sullivan).

Paper 1

Sarah Wadd

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New understandings of drug and alcohol misuse in old age: analysis of existing datasets and interviews with older people

There is a commonly held view that people "mature out" of drug and alcohol misuse as they age. However, a programme of work by the Substance Misuse and Ageing Research Team (SMART) at the University of Bedfordshire has provided evidence which debunks this myth. An analysis of existing data which we have carried out shows that approximately 1.6 million people aged 60 and over in England have an alcohol problem and 130,000 will have misused drugs (illicit or medication) in the last 12 months. In 2012-13 there were 402 injecting drug users aged 60 and over receiving drug treatment. The number of men aged 60 and over in treatment for a drug problem has increased by 214% between 2006 and 2013. Whilst it has been known for some time that some older people develop alcohol problems for the first time in later life, our secondary analysis of national survey data suggests that some people first start using illicit drugs in later life. Interviews which we have carried out with older people with substance misuse problems challenge stereotypes of older people. In this presentation findings from our qualitative and quantitative research will be presented which improve understanding of drug and alcohol misuse in old age. The implications for policy and practice will be discussed.

Paper 2

Sarah Galvani

Tilda Goldberg Centre for Social Work and Social Care, University of Bedfordshire

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[Wulf Livingston]

Cause or consequence: alcohol and sight loss among older people

The nature and extent of alcohol and other drug use by people with sight loss is not known. Anecdotal reports from front-line practitioners and social care strategic leads suggest that alcohol in particular, is a growing issue for older people. Recent research exploring the experiences of social work and social care professionals has confirmed this (Dance and Galvani, forthcoming; Galvani et al. 2011). This exploratory study, funded by the Thomas Pocklington Trust and Alcohol Research UK, was designed to collate and interpret data about the extent and nature of alcohol and other drug use (hereafter 'substance use') among people with sight loss – the majority of whom are older adults. The projects aims were to i) review existing literature and datasets to determine relevant findings about the extent of substance use among people with sight loss, ii) explore what medical evidence there is of an association between substance use and sight loss and iii) explore the meaning and function of substance use in the lives of people with sight loss. Finally, through this existing data and some newly acquired primary data, we explored how professionals in a) substance use and b) sight loss services were working with these overlapping issues and what challenges they faced. The paper will present a brief outline of the findings of the dataset analysis and literature reviews before focussing on the key findings from the qualitative interviews and their implication for practice with older people with sight loss who also use substances.

Paper 3

Mary-Pat Sullivan

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[Mary Gilhooly, Christina Victor, Ken Gilhooly, Sarah Wadd, Nick Ellender]

Characterising alcohol-related elder abuse in policy and practice

Alcohol misuse by an older person or carer is consistently identified as a risk factor for elder abuse and neglect. Current research on elder abuse, however, tells us remarkably little about the nature of this problem, strategies for effective health and social care intervention, or key policy implications. The absence of theoretical development in the field of elder abuse also limits our understanding of different forms of abuse, including those where alcohol is present. This paper presents substantive findings from a mixed methods feasibility study investigating the role of alcohol in elder abuse. We reviewed new referrals to one English local authority Safeguarding Adults Team over a 2-year period (N=1197). Associations between victim and perpetrator characteristics and type of abuse were examined and then assessed for statistical significance and for strength of relationship. In-depth interviews using the critical incident technique were also conducted with a sample of safeguarding and specialty alcohol treatment practitioners and analysed using thematic analysis (N=12). Findings revealed a significant relationship between an older victim's alcohol misuse and financial and physical abuse, and additional sources of vulnerability including issues within the family environment. These findings also capture complex sources of vulnerability when alcohol misuse by the perpetrator is present. Inadequate training for practitioners to identify and work with substance problems and elder abuse was also identified. We conclude with preliminary suggestions for multi-agency interventions, educational initiatives, and implications for additional research to further scope the nature of the problem in the UK.

Paper 4

Cherilyn Dance

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The response of the social care workforce to older drinkers

This paper draws on a secondary analysis of data from a national survey undertaken in England in 2010-11, to consider the issue of problematic alcohol (and other drug use) among older users of social work and social care services. Research evidence suggests that older people are less able to tolerate alcohol than those who are younger (Wadd 2011) and that some older people may be vulnerable to developing a problematic relationship with alcohol (Galvani 2012). Furthermore, there are particular concerns in the UK and elsewhere about the potential for rates of problematic alcohol use to increase among older people. This paper explores these issues from the perspective of practitioners

working with older adults in social work and social care contexts. The findings show that alcohol problems are identified as issues for service users relatively rarely by those working in older persons' teams (present for about 4% of service users on average) and only 10% of practitioners reported encountering issues with alcohol use on a weekly basis. However, practitioners reported difficulties in identifying problematic use, in talking about substance use with their service users and in accessing appropriate services, as well as identifying tensions around lifestyle choice and risk management. They also reported the need for education and training in a number of areas.

**Chair: Andrew King
(Organised by Sue Westwood)**

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Lesbian, gay, bisexual and trans (LGBT) intergenerational exchange

This symposium builds on the success of previous symposia dedicated to lesbian, gay bisexual and trans (LGBT) ageing, held at the 2012 and 2013 BSG annual conferences. Still marginalised in gerontology, these three papers aim to increase the recognition of LGBT ageing in the context of intergenerational exchange. Antony Smith's paper, 'LGBT intergenerational projects in the voluntary sector' explores 'an overwhelming absence of contact between older and younger LGBT people.' Smith considers the possibilities and potential for developing reciprocal intergenerational support within the LGBT community. Sue Westwood's paper is entitled 'Sexual Minorities and Intergenerationality: A feminist perspective.' Drawing upon empirical data from recently conducted research, Westwood addresses intergenerational issues from an equalities perspective. She considers how sexual minority women and men may be differently privileged and disadvantaged in relation to intergenerational resources, recognition and representation, and to what extent this gendered issue is currently represented in LGBT ageing discourse. Andrew King's paper is entitled 'What do we think about when we think about intergenerationality and LGBT people? Some possibilities, complications and theorisations'. King's paper takes a more theoretical approach, in an interesting contrast to the two previous papers, considering issues of social capital and linking this to the development of LGBT intergenerational projects. Together the three papers highlight how

ageing, gender *and* sexuality are key to understanding intergenerational exchange in an ageing context.

Paper 1

Antony Smith

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LGBT intergenerational projects in the voluntary sector

This paper reports on the outcomes and impacts of lesbian, gay, bisexual and transgender (LGBT) intergenerational activity in the voluntary sector. Its starting point is the previously largely anecdotal, but increasingly well-researched, evidence that points to an overwhelming absence of contact between older and younger LGBT people. Informally, such contact features rarely in family contexts, which are the primary source of most people's intergenerational relationships, such as between grandparents and grandchildren. And more formally, there have been few, if any, organised contexts in which older and younger LGBT people have the opportunity, or are encouraged, to meet. The broad health and wellbeing implications are disquieting. For younger LGBT people, with no positive older LGBT role models, the result can be not only a dread of growing older but, with a sense of less to live for, a greater degree of risk-taking. For older LGBT people the result can be both a misunderstanding of younger people and a greater absence of the informal intergenerational support that keeps their heterosexual peers psychologically healthy, semi-independent and living in their own homes. The paper considers the potential for mutual support and reward, in particular to counter the pervasive (mis) understanding that intergenerational activity is solely about the young helping the old. It addresses: the importance of identifying and building on commonalities and shared experience; learning and skills development – in particular encouraging participants to move beyond their comfort zone; tackling ageist assumptions; and the longer term impacts with regard to capturing and preserving our communities' histories.

Paper 2

Andrew King

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What do we think about when we think about intergenerationality and LGBT people? Some possibilities, complications and theorisations

The aim of this paper is to report on and think critically about intergenerationality and lesbian, gay, bisexual and transgender (LGBT) people. The paper is both an outline of an event concerning this topic – as well as a more critical commentary about the possibilities, complications and theorisation of intergenerationality amongst LGBT people it suggests. Recently, there have been a small number of projects that have attempted to bring LGBT people of different ages together (see Paulick 2008; Kneale et al 2011). Such intergenerational engagement is said to be beneficial, especially for younger and older LGBT people who are, for various reasons, more likely to be marginalised within LGBT communities. Moreover, it has been argued that younger LGBT people are still likely to face significant challenges associated with their emerging LGBT identities and their transitions to adulthood. Similarly, older LGBT people face challenges associated with marginalisation, isolation, ageing and indeed ageism in LGBT communities. Hence bringing younger and older LGBT people together, to find commonalities, develop skills, improve understandings and reduce age divisions, is regarded as a positive, if sometimes challenging, practice. In an effort to think through and build on some of this work, colleagues and I ran an ESRC-sponsored seminar in September 2012, entitled 'Intergenerational Issues and LGBT people – Current Initiatives and Future Directions'. In the course of the seminar, participants who comprised academics, practitioners, older LGBT advocates and community members, worked in groups on a series of tasks, including: thinking through the questions 'what is Intergenerationality amongst LGBT people?'; designing possible intergenerational projects and thinking about next steps. I discuss some of this material and explore how notions of 'queer social capital' (Cronin and King, 2012) can help us to understand it.

Chair: Peter Lloyd-Sherlock

School of International Development, University of East Anglia

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Harnessing the power of secondary data analysis: insights from the "Ageing Cluster" of ESRC's Secondary Data Analysis Initiative.

This symposium will provide an overview of the 12 research projects relating to older people currently funded by the ESRC's Secondary Data Analysis Initiative (SDAI). It will then present results from a selection of these projects. Presentations will pay particular attention to the opportunities and the limitations of applying secondary analysis to specific issues, instead of performing original data collection.

Paper 1

Peter Lloyd-Sherlock

School of International Development, University of East Anglia

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A review of ageing research in the SDAI programme

The talk will provide a general overview of the 12 projects relating to ageing funded by the SDAI programme. It will review the different forms of survey data used and identify general issues for secondary data analysis in gerontology. It will also look forward to new projects on ageing funded through the second phase of this programme. The talk will include some selective findings from one of the projects, with reference to fear of crime among older people in low and middle income countries.

Paper 2

Marina Mendonça

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[Clare Holdsworth, Martin Frisher, Nicola Shelton, Hynek Pikhart, Cesar de Oliveira]

Drinking in later life, health and life course transitions

The contribution of alcohol consumption to inequalities in health is paradoxical, particularly among older drinkers for whom there is a significant relationship between drinking and good health, as well as between drinking and wealth. This relationship is challenging for recent public health campaigns that have identified drinking in later life as a cause for concern and called for lower recommended weekly limits for older people. In this paper we present the findings of an ESRC-funded longitudinal study of drinking in later life, using the English Longitudinal Study of Ageing (ELSA), to establish the relationship between drinking in later life, life course transitions, socio-economic characteristics and health. Our findings show that alcohol declines with age, and it declines more steeply among those with high levels of consumption at the beginning of the period of observation. Some groups have a slower rate of decline and this is associated with greater access to resources and better health. Our analysis was stratified by gender as the factors associated with changes in alcohol consumption in later life are different for men and women. The reasons for these gender differences were also explored. Our analysis highlights the importance of a life course approach to drinking research, that to understand drinking in later life it is important to put this into the context of life course experiences and transitions rather to focus on age-specific interventions.

Paper 3

Karen Glaser
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The health of grandparents and caring for their grandchildren: the role of early and mid-life conditions

Grandparents are an important source of childcare. However, concerns have been raised that caring for grandchildren may come at the expense of grandparents' own wellbeing. Our study will examine the cross-sectional and longitudinal associations between various types of grandparental childcare and grandparents' own physical and psychological health. It focuses on the extent to which such associations are affected by cumulative advantage/disadvantage across the life course employing data from the English Longitudinal Study of Ageing (ELSA), and the Survey of Health, Ageing and Retirement in Europe (SHARE). Preliminary findings suggest that poorer general health among grandparents who provide intensive grandchild care, or who coreside with their grandchildren, is not a consequence of care provision per se, but rather of initial health and socio-economic disadvantage.

Paper 4

Michelle Miller

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Cross-sectional study of sleep quality and amnestic and non-amnestic cognitive function in an ageing population: the English Longitudinal Study of Ageing (ELSA)

Background: Sleep disturbances may be associated with changes in global cognition in adult populations. The aim of this study was to investigate whether amnestic (memory) and non-amnestic (non-memory) cognitive function may be differentially affected by differences in sleep duration or sleep quality, in younger and older individuals from an ageing population. Methods: 3,968 male and 4,821 female white participants from the English Longitudinal Study of Ageing (ELSA) were studied during Wave 4. Participants had data available on sleep quality and quantity as well as both amnestic (prospective memory, orientation, and immediate and delayed recall tasks) and non-amnestic function (verbal fluency, speed of processing, visual search efficiency and numeracy). Analysis of variance and multivariate modelling was used to evaluate the relationship between sleep and cognitive function, with adjustment for potential confounders. Results: In younger (50-64 years) and older (65+ years) adults, unadjusted amnestic and non-amnestic cognition varied with sleep quantity and quality. Following multiple adjustments, in younger adults amnestic function was significantly lower in short sleepers compared to optimal sleepers, but non-amnestic function was lowest in long sleepers. Sleep quality, however, did not significantly affect amnestic or non-amnestic cognitive function in the younger

group. By contrast, in older adults there were significant associations with cognition and both sleep quantity and quality. Long sleepers had the lowest amnestic and non-amnestic function, compared to short or optimal sleepers. Interestingly, the highest cognition scores were observed in the older individuals reporting the most sleep disturbance. Linear trends for increasing cognition with increasing sleep disturbance for each sleep quantity category were significant. Conclusions: The pattern of association between sleep quantity and quality and different domains of cognitive function vary between younger and older adults. Prospective studies are required to determine the temporal relationships between sleep and cognition in different age groups.

Paper 5

Snorri Bjorn Rafnsson

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[Aparna Shankar, Andrew Steptoe]

Caregiving role transitions and subjective well-being in later life: the English Longitudinal Study of Ageing (ELSA)

A number of studies have documented poor physical and mental health outcomes in older providers of informal care, for example, to an aged or ill significant other; few population-based longitudinal studies have, however, examined health and wellbeing in relation to transitions into (or out of) an informal caregiving role. This study aims to investigate levels of subjective wellbeing in relation to transitions across two years in caregiving roles among older participants in the ELSA study (n=8780). Specifically, we will use data on caregiving involvement (e.g. whether participants actively provided informal care, the type of caregiving they provided etc.), subjective wellbeing (e.g. quality of life, life satisfaction and depression symptoms) and relevant covariates collected at Waves 2 (2004/5) and 3 (2006/7) of the ELSA study. Our longitudinal multivariable data analysis will examine Wave 2 (used here as baseline) and Wave 3 subjective wellbeing levels across four caregiving categories: individuals who are consistent caregivers at both times; non-caregivers at baseline who become carers at follow-up (entry); caregivers at baseline who give up caregiving at follow-up (exit); and non-caregivers at both times (used here as a reference group).

Chair: Catherine Anne MacLeod

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Well-being in later life: insights from the Cognitive Function and Ageing Study Wales (CFAS-Wales)

CFAS-Wales is a longitudinal cohort study, funded by the ESRC, addressing factors influencing maintenance of function and well-being in later life. 3500 older people have completed the first wave of detailed interviews and assessments. CFAS-Wales involves the Universities of Bangor, Swansea, Liverpool and Cambridge, and runs in parallel with the MRC funded CFAS II project in England. This symposium comprises three papers anchored in the CFAS Wales project. The papers are given by early career researchers and examine differing aspects of the ageing process. First, Deborah Morgan will explore factors that mediate transitions into and out of loneliness and social isolation in later life. In addition, factors influencing stability and change in the form of deteriorating levels of loneliness and social isolation over time will be considered. Second, Jennifer Yates will examine the relationship between subjective memory complaints, mood and mild cognitive impairment, looking at the risks of experiencing anxiety and depression for participants classified as having MCI with subjective memory complaints and those without. Finally, Matthew Roberts will discuss the limitations of current residential environment assessment tools in relation to rural locations, and in evaluating the needs of older people, who may be at an increased risk of physical and cognitive impairment. The development of the Older People's External Residential Assessment Tool (OPERAT), which aims to address these limitations, will be introduced. Together these papers address some of the many issues that can affect people as they age and outline the scope of the CFAS Wales project, the findings of which have implications for future policy and practice.

Paper 1

Deborah Morgan

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[Vanessa Burholt]

Transitions in loneliness and social isolation

It is often assumed that loneliness is a static state, yet studies have shown that loneliness can be a dynamic experience, one which can fluctuate in intensity and also change over time. In contrast very little is known about change and stability in levels of social isolation over time. This PhD study aimed to explore this under researched aspect of loneliness and social isolation through the use of both quantitative and qualitative research methods. This mixed method study used multilevel analysis to identify which groups of older people were most/least likely to demonstrate an improvement or deterioration in levels of loneliness and isolation. While logistic regression models were used to identify the psychosocial risk factors that predicted inclusion in each group. Narrative interviews were used to explore stability and change in levels of loneliness and social isolation from the perspective of older people themselves. This paper will present the findings from this PhD study.

Paper 2

Jennifer Ann Yates

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[Linda Clare, Robert Thomas Woods]

Mild cognitive impairment, mood and subjective memory complaints.

Subjective memory complaints (SMC) are common in older people and form part of the criteria for classifying someone as having MCI – a transitional phase thought to exist between normal and pathological ageing. Research suggests that SMC may not be necessary as a criterion and may exclude people with cognitive impairment from accessing help. Mood may influence the expression of SMC in how people appraise their cognitive abilities and is also related to MCI, as people classified as having MCI were found to be at increased risk of experiencing symptoms of depression or anxiety. This analysis has investigated the relationship between MCI, mood and SMC using data collected from structured interviews with community dwellers aged over 65 years. The interview assessed various aspects of cognitive functioning using the CAMCOG, and mood using the GMS-AGECAT. SMC were assessed using a single item resulting in a dichotomous response. Participants were categorised into one of three groups based on cognitive performance: normal cognitive functioning, participants with MCI including SMC and participants who would otherwise meet criteria for MCI but without SMC (MCIW). The odds of having symptoms of anxiety or depression were increased in participants reporting SMC compared to those who did not report SMC and it is expected that the results of this analysis will build on previous work which shows that only participants with MCI including SMC were at increased risk of symptoms of anxiety and depression compared to those with normal cognitive functioning.

Paper 3

Matthew Roberts

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[Vanessa Burholt]

Older person's external residential assessment tool (OPERAT)

Background: The CFAS Wales survey makes use of the Residential Environmental Assessment Tool (REAT). Use of this measure of the immediate environment outside of the front door has indicated limited application in rural environments. Moreover, there is an insufficient focus upon factors which influence the use of the external environment by older people, who have an elevated risk of physical and cognitive impairments. The Older Person's External Residential Assessment Tool (OPERAT) will address the limitations of REAT to create a more comprehensive measure. Methods: Design of the new tool involved a literature review to determine relevant domains and items for inclusion regarding elements of the external environment. Consultation with an expert panel of older people, including a town planner, a representative of the Royal National Institute of the Blind, and people with dementia was undertaken to ensure that all important factors were considered. Furthermore, questionnaires will be distributed to 5000 members of Wales' 50+ fora to determine the relative weights of items within the new tool. OPERAT will be used in 400 postcodes areas across Wales, and validated against Townsend Index Scores, as well as a validation questionnaire which will be distributed to 12000 households within the 400 selected postcodes. Implications: OPERAT will allow for assessment of the residential environment at the small area level to

determine whether it is suitable for older people. The tool will be useful for research purposes, as well as for service providers and planners.

Chair: Helen Manchester

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Tangible memories: community in care

The Tangible Memories research project is one of six projects nationwide funded by both the AHRC Digital Transformations and Connected Communities themes. The main goal of the project is to help improve the quality of life for residents in care homes by building a sense of community and shared experience through a cooperative exploration of their life history stories focussing on objects. However where the project differs from traditional object orientated reminiscence or life history work is that we are seeking to co-design (with older people) tangible technological interfaces that enable residents in care homes to record and share their object stories with others. The project brings together a team of university researchers across several disciplines including education, folklore, history and computer science, with local artists and Alive!, a community partner with direct experience of delivering arts and life history workshops to elderly care home residents in Bristol. As a 'Connected Communities' funded programme we are committed to working as a team to deliver and disseminate the project findings. In this symposium the whole team will share findings on the processes of remembering and storytelling with objects and on co-designing technologies with older people. The last 'paper' of the symposium will involve our artists and community partners demonstrating and discussing their ground breaking work in care home settings with digital (tangible) technologies and their involvement in this project, including the challenges in working within a multidisciplinary team of researchers and practitioners. Objective: Our papers will explore how digital, (tangible) technologies and a focus on objects can enhance the practice of life history work, particularly as older adults transition to and live in care home settings. In particular we will explore the idea of 'objects as companions in our emotional lives' (Turkle, 2007), their connection with place and memory and the challenges and opportunities in working with older people to co-design cutting edge tangible technologies. Our artists and our community partners will demonstrate some of our technological prototypes and discuss their own work and challenges within the project. The symposium involves all of our team and moves from theorisation of 'objects of loss' through reflection on participatory design processes to demonstration and discussion of cutting edge tangible technologies designed for use in care home settings.

Paper 1

Seana Kozar

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[Helen Manchester]

De-cluttering and objects of loss: toward an ethnography of "un-gathering" in later life

Places have the power to gather objects, stories and experiences to themselves, which in turn makes them memorable for us (Casey 1996; Pink 2009). In the meanings we attach to what is gathered "into place" we re-member ourselves (Kirchenblatt-Gimblett, 1989). Although "having a clear out," is often a periodic, almost ritualised, necessity for most adults living in a consumer society, what does this process mean for people as they transition to and live in care homes? This paper explores residents' decisions to reduce their material lives as they move into and live in care home settings. Often, the move "from home" to "a home or *the* home," requires a significant divesting of things so that residents' belongings will literally fit into their new, smaller surroundings. In addition, other profound losses, the death of a spouse or close friends, the loss of personal independence - or indeed, the loss of choice in what was taken- may seriously affect a person's relationship with his or her possessions and the memories they evoke. However, if: "Nostalgia cannot be sustained without loss" (Stewart, 1993, p. 145), then these decisions may be based on more than a desire to make things easier for families. Rather, they may signify individuals' understandings of the stuff their life's memories are made of, both past and future, through the performance and curation of absence (Meyer, 2012). The paper sheds light on the process of re-invention older people may pass through as they transition to a care home setting and the part that objects (and their loss) play in the ongoing curation of their life stories.

Paper 2

Kirsten Cater

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[Peter Bennett]

Co-designing novel technologies for tangible memories

In this paper we reflect upon our experience of co-designing technologies with care home residents, exploring together the possibilities of how stories can be told around personal possessions. Our approach uses co-design to help frame the issues and possibilities, then using participatory design to develop new technologies in these contexts. Working in multiple care homes across Bristol, we tackle challenges such as designing for widely different scenarios, environments, people and capabilities. The homes include a large block of self-contained flats for residential care, an intimate small care home setting, and a dementia-specialist wing of a large gated retirement village. Our paper draws on existing research on participatory design approaches and methodologies, and reflects on the new knowledge we have gained from our own experiments and trials. The building of long term relationships has been key to our process of co-design, involving direct collaboration with elderly residents, care workers, care home managers, family and friends. Rapid prototypes of new devices were created, with the residents of the care homes working both in situ and in the lab at the University of Bristol. Residents were encouraged to continue this design presence, look into sustained use of the product and in this way fully engage in the long-term development of the Tangible Memories project. This paper concludes by discussing the issues of co-designing within a multi-disciplinary team that includes, computer scientists, educationalists, folklorists, historians, artists and experts in elderly care and engagement.

Paper 3

Tim Lloyd-Yeates

Alive! Activities

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[Heidi Hinder, Stand + Stare]

The practice, challenges and opportunities of co-designing and utilising tangible and other digital technologies with older people in care home settings

Alive! activities aims to improve the quality of life of older people in residential care by giving them access to meaningful activity. They provide interactive workshops designed to stimulate older people on all levels: cognitively, physically, emotionally and spiritually. Alive! has pioneered the use of touch screen devices and the internet to help bring older people's memories to life. In this session, setting our own work into a wider context, Tim Lloyd-Yeates from Alive! will demonstrate and discuss their ground breaking work in care home settings with digital technologies and their involvement in this project, including the challenges in working within a multidisciplinary team of researchers and practitioners. Following this, artists Heidi Hinder(**http://www.watershed.co.uk/pmstudio/collaborator/heidi-hinder**) and Stand + Stare (http://www.standandstare.com/), will introduce their work and the proto-typed tangible technologies the team have co-designed with older people and care home workers. 'In conversation' and using a range of multimedia approaches, they will then share and explore different methods they have trialled in our case study sites, the challenges they have faced, and the process of artistically co-producing new digital interfaces and objects with older people. The discussion will then be opened out to enable us to exchange experiences with attendees at the symposium.

Chair: Rita Newton

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[Marcus Ormerod, Judith Phillips, Charles Musselwhite]

Warning – When I am old I shall wear purple walking boots

'I shall sit down on the pavement when I'm tired
And run my stick along the public railings
And make up for the sobriety of my youth.
But maybe I ought to practice a little now?
So people who know me are not too shocked and surprised. When suddenly I am old, and start to wear purple.' (Jenny Joseph 1961)

http://www.youtube.com/watch?v=8cACbzanitg

Age-friendly Walk-shop

This is a physical walk-shop, so a walk around a local area close to the Conference.

The aim of the Walk-shop is to provide opportunity for participants to reflect on what constitutes a supportive, age-friendly physical environment for older people. We know that the design and maintenance of the physical environment facilitates people's ability to get out and about and in particular, the effective design of the neighbourhood street (Newton et al 2010) can support older people's independence and increase social interaction and community engagement, reducing reliance on care in the home. The *walk*-shop will provide a gentle physical exploration either of the indoor or external environment, depending on weather. *Walk*-shop materials will be provided to prompt analysis of design features and to aid discussion. We will have a small number of engineering instruments with us so that we can measure how age-friendly the environment really is! A refreshment stop will be included. Wearing something purple would be nice! Places are limited so please pre-book at the Conference Reception. The Walk-shop will be facilitated by the SURFACE Inclusive Design Research Centre, The University of Salford, and the Centre for Innovative Ageing, Swansea University.

Chair: Chris Phillipson

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and

Thomas Scharf

Irish Centre for Social Gerontology, National University of Ireland Galway, Ireland

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New directions in environmental gerontology: home, neighbourhood and policy contexts

Environmental perspectives have been especially important in increasing our understanding of the interaction between the physical and social dimensions of ageing (Wahl & Oswald, 2010). A key argument in this body of work is that the meaning of, and attachment to 'home' and 'place' are especially significant for older adults. This reflects: first, the long period of time likely to have been spent in the same locality; second, the greater time spent at home following retirement; and, third, the significance of place and attachment to place in preserving a sense of identity and independence in old age (Rowles, 1981). This discussion has been reinforced by debates around the theme of 'age-friendly' communities, launched by the World Health Organization, this resulting in a range of initiatives across Europe and beyond. This Symposium will draw upon a range of disciplinary perspectives and new empirical data to examine the environmental context of ageing, reviewing theoretical, methodological and policy dimensions. Three objectives have been identified for the session: first, to examine the social construction of home and neighbourhood and its relationship to processes of exclusion/inclusion; second, to review current methodological issues in environmental gerontology; third, to consider policy initiatives in the development of lifetime homes/neighbourhoods. These objectives will be met by reports from original research covering key dimensions within environmental perspectives: at the level of the home, the neighbourhood, and the policy context. Scharf et al. identify life-course influences on the construction of home, drawing on empirical data from a dispersed rural community in South West Ireland. Buffel and Phillipson examine experiences of place and perceptions of community change in two urban communities of Manchester (UK), applying ideas associated with spatial justice and rights to urban citizenship. Dobner reports on a comparative case study of two communities in Portland (USA) and Amsterdam (NL), exploring factors in the built, personal, community and policy environment which influence social participation. Hammond examines the extent to which policies such as co-housing can be used to challenge processes of individualisation in later life. Finally, Peace provides a critical perspective on the policy of lifetime homes/neighbourhoods, linking this to an examination of prospects for the development of age-inclusive design. The Symposium addresses the conference sub-themes of: Social policy in ageing societies; Ageing and the life course; and International perspectives.

Paper 1

Thomas Scharf

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[Kieran Walsh, Graham D. Rowles]

Toward a multi-dimensional model of *At-Oneness:* constructing home over the life course

This paper contributes to the spatio-temporal understanding of home from a life-course perspective. We explore (1) how older adults construct the experience of being at home; (2) the role of personal history in evolving constructions of home over the life

course; and (3) the role of a changing environmental context in shaping and modifying constructions of home as people age. Empirical data derive from in-depth interviews with ten older residents of a dispersed rural community in South West Ireland, and are complemented by field-notes and contextual information. Data analysis, drawing on principles of Constructivist Grounded Theory, suggests that home was manifest in a taken-for-granted and implicit sense of *at-oneness* with the local environmental context. This involved the interwoven dimensions of: place of origin; inherited meaning; relational harmony; rhythm and routine; aesthetic functional landscape; and invested effort. The relative importance of dimensions of at-oneness was derived from individual life-course experiences, within and external to the community. The paper presents a dynamic life-course model of home as a sense of at-oneness. In the context of recent concern with ageing in place, creating age-friendly communities, and culture change in long-term care, we argue that such a model provides a target outcome for all concerned with improving individual wellbeing and enhancing the places where people age.

Paper 2
Tine Buffel

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[Chris Phillipson]

Developing age-friendly neighbourhoods: an ethnographic perspective

Developing environments responsive to the aspirations of older people has become a major concern for social and public policy. The model of 'age-friendly cities' initiated by the World Health Organization reflects attempts to develop supportive urban communities for older citizens. These have been defined as encouraging 'active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age' (WHO, 2007). This paper explores conceptual and empirical aspects of the age-friendly cities debate, with a particular focus on issues of place and space in urban settings. Exploratory findings are reported from an empirical study in two neighborhoods in Manchester, UK, which sought to examine aspects of social exclusion and inclusion among people aged 60 and over. Drawing on a mixed-method approach comprising ethnographic observations, focus groups and interviews, the paper identifies four issues in relation to the neighborhood dimension of social exclusion/inclusion in later life: experiences of community change; feelings of safety; the management of urban space; and strategies of control. The paper concludes by discussing conceptual and policy issues raised by the research, particularly in relation to developing age-friendly communities as means of achieving 'spatial justice' (Soja, 2010) and rights to urban citizenship.

Paper 3
Susanne Dobner

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Approaching social participation of older adults in Portland (USA) and Amsterdam (NL)

The rising number of people growing old(er) in urban environments raises new demands and pressing challenges on urban development. There is a widespread political and policy rhetoric of endorsing 'ageing in place' and creating 'age-friendly' cities and communities on both sides of the Atlantic. One of the prevalent assets mentioned to ensure and foster independence and well-being of older adults is social participation. Yet, concepts of social participation (of older adults) are ill-defined and found to be highly multifaceted. The comparative case study presented here explored social participation of older adults in their local communities in Portland (Oregon, USA) and Amsterdam (NL). Altogether 33 in-depth qualitative interviews with older adults and key informants and experiences from participant observations in both cities, allowed for detailed insights into the perceptions of older adults, making space for their experiences with social participation, as opposed to an imposition of predefined concepts and guidelines. The research further contributes to the urban ageing debate by learning from the international comparative elements, especially in regards to community initiatives and informal support. Portland also participated in the WHO 'Global Age-friendly Cities' project in 2006/7. Key questions addressed within the research are: How do older adults define social participation, and what features in the built, community, personal and policy environments can be identified as hindering or fostering social participation?

Paper 4

Mark Hammond

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Cohousing and the third age: the architect's role in collective development in response to the individualization of the city

Dannefer and Settersten (2010) propose that the individualisation of society will lead to three trends for older people. First, increased level of economic inequality and vulnerability; Second, a "third age" in which institutional constraints are lifted to allow "new forms or greater degree of self-fulfillment"; And third, an "existential risk perspective" created by the inability to conform to previous models. I will explore how these trends are both reinforced and challenged by the emergence of cohousing for older people, and the role architects can play in addressing these factors. Cohousing is a hybrid residential/community development characterized by individual dwellings with shared facilities which are often created through a resident-led, participatory methodology and controlled by the resident themselves (Brenton 2013). For older people, this is often undertaken with a combination of 'third age' aspirations and fear that ongoing neoliberal policy will make existing community and care support unavailable to them in later life. Many cohousing developments are contingent on homeownership to fund them, but I will argue that inequality is not inherent in the cohousing model by identifying examples of how this has been challenged. In addition, I will show how the movement towards a collective development can have a wider impact on the city by resisting the further individualisation of society. Through this examination of the client/citizen, I will propose a shift in the architect's role towards that of 'spatial agents' which responds to a universal set of 'right to the city' (Awan, Schneider, and Till 2011; Lefebvre 1996).

Paper 5

Sheila Peace

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Lifetime Homes; Lifetime Neighbourhoods: where are we now?

During the 2000s there was much discussion concerning the parallel trends of global urbanisation and population ageing and the meaning of Age-friendly Cities and Communities steered through on-going WHO initiatives. However, alongside this global mission, national strategies embraced some or all of these wider aims. The focus of this paper is the United Kingdom (UK) reflecting on what has occurred since the publication of the policy document 'Lifetime Homes, Lifetime Neighbourhoods: National Strategy for Housing in an Ageing Society' (DCLG/DH/DWP, 2008) and considering what has changed, or not changed since that time: nationally and locally; politically and economically. In order to bring national and global policies into comparison attention will focus then on those eleven UK Cities and Communities that are part of the UK Age Friendly City Network supported by the Beth Johnson Foundation. Through desk research consideration will be given to plans and initiatives for both dwellings and neighbourhoods within these locations and where priorities lie in relation to developing what is seen as an age-friendly community. This will enable reflection on what is understood by age-inclusive planning and design, whether or not this embraces all ages, and whether it is being defined in different ways by stakeholders such as planners, architects, designers, and the wider population particularly older people.

Chair: Debora Price

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The long marriage in later life: critical perspectives

Neither family sociologists nor gerontologists have paid much attention to marriage in later life except in the contexts of care and widowhood. In this symposium we ask why this is, and expose the long marriage in late life to a critical sociological gaze. Why, for example, are we comfortable researching women who find freedom and new identities in widowhood, while asking few questions about what this implies about their prior lives? Why do we research the strains of care work in late life without asking, for example, whether older carers can voluntarily leave the relationship? Society views the long-married older couple as 'in it for life', whether the marriage is happy, comfortable, unhappy, uncomfortable, distant, ambivalent, abusive or indeed fits any other descriptive. Somehow, separation in late life seems sadder, less appropriate, more objectionable, even though children, often called on in debates about marriage and the family to justify illiberal approaches, might no longer be dependent in any sense. Normative social pressures to stay together may be overwhelmingly powerful in

late life, while these apply far less to younger couples, especially younger childless couples. These social and cultural pressures will be complicated by structural and relational issues: long embedded lives, families, housing, diminishing financial resources with age, generational habitus and fears of living alone and loneliness. There seem few choices open to older individuals about their marital status or living arrangements, especially once one or both begin to suffer from ill health and/or disability. Social opprobrium would surely harshly attach to a fit, 80 year old wife who decides to leave her 85 year old husband with early stage dementia, regardless of the private – and unknown – circumstances within the marriage. Critical perspectives on marriage or the family have seldom been applied to older couples (outside of the context of care and health status) so that issues of power, negotiation, compromise, freedom and choice within late life coupledom have not so far been part of our gerontological imagination.

In this symposium, we begin this conversation. *Connidis* critically explores our 'paradoxical inattention' to long-term straight marriages in research; *Kemp's* study of couples in assisted living facilities exposes complex issues of power, responsibility, and identity; *Street* examines the quotidian experiences and rationales for such long-enduring relationships from critical perspectives; and *Bisdee and Price* consider how gendered power relations manifest in late life long term marriages through daily money management.

Paper 1

Ingrid Arnet Connidis

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Maintaining otherness: the study of long-term marriage and partnerships among straight and gay couples

In an ironic twist, a review of research on family ties and aging reveals that we rarely study marriage among straight couples over time, spending somewhat more time on enduring ties with aging parents and, to a lesser extent, siblings. Meanwhile, research on family ties among gay and lesbian adults focuses far more on same-sex marriage, partnerships and parenting in the earlier stages of life and very little on ongoing ties with the family of origin. For a time, there was considerable interest in long-term marriages among straight couples, the factors that made them last, and the experience and consequences of being married for a long time. Now,

however, long-term straight marriages have a sense of 'otherness' in a world where they are considered a doubtful prospect (except for one's own marriage when one first begins). Attention has turned to divorce and its aftermath, and alternative relationships including cohabiting, living apart together (LAT) and dating. 'Otherness' also applies to the assumption that the experiences of old couples are somehow irrelevant because they are from different times that no longer apply, and the key focus becomes intergenerational relations and older parents' needs for support. The reverse is true regarding gay and lesbian adults. Here 'otherness' is maintained by studying 'their' same-sex marriages and same-sex parenting experiences while ignoring their continuing place in 'our' families as children and siblings. This paper explores the paradoxical inattention to long-term straight marriages and emphasis on same-sex marriages and considers reasons for redressing this disparity.

Paper 2

Candace L. Kemp

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Long-term late life marriage in assisted living: understanding couples' daily lives and experiences

Scholarly work on long term marriage has yet to capture the essence of older couples' lived experiences or to fully address the heterogeneity and complexity of relationships, especially when social, financial, and health changes threaten long-established patterns of daily life. Engaging a critical lens, this paper builds on previous grounded theory research and uses qualitative data from three studies set in assisted living communities in the United States. It investigates couples' daily lives, seeking to understand the factors shaping their experiences and offers a conceptual model explaining relationships. The assisted living environment renders visible the need to study marriages holistically without isolating them from the multiplicity of relationships and contexts in which they are embedded. This population's frailty highlights the shifting and dynamic nature of later life couple's relationships and day-to-day situations, particularly related to health decline, which requires negotiation within the dyad and beyond, laying bare issues of power, responsibility, and identity, as well as the influence of gender- and intergenerational-relations. Couples' individual and shared experiences are shaped further by their relationship history, interpretations

of the past and present, anticipation of the future, internal and external expectations, health conditions and synchronicity, and social and material needs and resources. These marriages offer opportunities for intimacy, companionship, continuity, care and support, but also potentially constrain freedom, choice, and independence and can produce vulnerability and ambivalence. Although derived from couples in assisted living, findings have implications that apply more broadly and can be used to inform future theoretical development and empirical research.

Paper 3

Debra A. Street

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Long marriages among community-dwelling couples.

Long marriages can be framed as the later life course of institutionally structured coupledom. While a voluminous sociological literature explores nearly every component and experience of early and mid-stage family formation and coupledom, the contexts and characteristics of long marriages have been less thoroughly explored. Most sociological research that examines long marriages at all focuses on issues related to the health and financial statuses of couples (or particular spouses within such couples), the provision and receipt of caregiving, or the impact of later life divorce or widowhood; scant critical attention is paid to the quotidian experiences and rationales for such long-enduring relationships. This research takes a somewhat different approach, by using qualitative data from intensive interviews with a dozen older couples to turn a critical lens on lived experiences within long marriages and the constraints within which they persist. Couples were selected purposively to maximize variation; criteria for inclusion in the sample included marriages of at least 30 years, and one partner in the marriage having attained the age of 70 or older. Themes emerging from the qualitative analysis highlight constancy and change, similarities and differences across these couples in terms of legacies and limitations; the ways power is expressed within long marriages; how compromises and conflict are negotiated; and a series of additional relational concerns, including those arising from changes in work and financial statuses and the impact of one partners' limitations on previously (perceived as) stable coupledom.

Paper 4

Dinah Bisdee

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[Debora Price]

Taking the long view: money management in later life

Access to money within couples has long been the concern of sociologists seeking to understand gender and class inequalities. However studies generally relate to how money is shared when it is earned in the labour market or through benefits, and how that translates to gender differences in access to financial resources. These theoretical perspectives seem less applicable in later life when wages are no longer earned and children have long grown up. This paper draws on in depth interviews with 45 older couples about day to day money practices in the ESRC project 'Behind Closed Doors: Older Couples and the Management of Household Money' to investigate gender, power and identity in the long marriage in late life. Neither age itself nor retirement change money management practices within couples, which remain remarkably impervious to change across time. Indeed couples can strive in convoluted ways to maintain existing arrangements, often determined early in the relationship, influenced by even earlier experiences within families and earlier relationships. In late life these therefore reflect long-standing settlements and disputes and can serve to embed financial inequalities. Expenditure, compromise and negotiation is highly gendered which means women will often engage in long term sacrifice of consumption and wants as a mechanism for maintaining equilibrium, coping and adapting to financial inequalities over time. Conflict reduces or disappears but power imbalances continue as some issues can remain long term sites of unresolved conflict e.g. housing, and inter-generational transfers. Women often remain dissatisfied but seem powerless to effect change.

Chair: Avan Aihie Sayer

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New understandings of muscle strength across the lifecourse

Poor muscle strength in later life is associated with impaired physical function, as well as increased

morbidity and all-cause mortality. This has important implications for individuals' quality of life and for the provision of health and social care. A lifecourse approach suggests that muscle strength in later life is a consequence of both the peak attained in early adult life and the subsequent rate of decline. In this symposium, researchers from the MRC Lifecourse Epidemiology Unit describe their work on the causes and consequences of low muscle strength in later life and discuss potential opportunities for intervention. Dodds describes a comprehensive set of normative data for grip strength, a convenient measure of overall muscle strength, produced by combining data from 49,964 participants in 12 British studies. As well as deriving centiles for grip strength at ages 4-90, these data have also been used to identify cut-points for weak grip strength. Syddall discusses the evidence for social inequalities in musculoskeletal ageing using data from 3,000 community-dwelling men and women who participated in the Hertfordshire Cohort Study. Poor muscle function (low grip strength, poor physical function and frailty) was more prevalent among men and women with greater levels of material deprivation. In contrast, poor bone health (fracture and osteoporosis) did not follow a social gradient. These specific patterns of association suggest that social inequalities in muscle strength are likely to be underpinned by variations in diet and physical activity. Using novel data-linkage methods, Simmonds extends the Hertfordshire Cohort Study to include Hospital Episode Statistics data on in-patient admissions across a 10 year follow-up period. Over this time, 72% of individuals (1,187 men and 981 women) had accumulated 8,741 admissions; the remainder had none. Low grip strength was associated with increased likelihood of hospital admission, 30-day readmission, and admissions of long duration.

Following the description of normative values for grip strength across the lifecourse, and the consideration of potential causes and consequences of low grip strength in later life, Robinson finishes the symposium by describing evidence from the Hertfordshire Cohort Study that lifestyle risk factors (obesity, poor diet, physical inactivity and smoking) have substantial effects on physical function. Robinson discusses how optimisation of health behaviours may be key to maintenance of muscle strength and physical function in old age. Objective: In this symposium, researchers from the MRC Lifecourse Epidemiology Unit will describe their work on the causes and consequences of low muscle strength in later life and discuss potential opportunities for intervention.

Paper 1

Richard M. Dodds

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[Holly E. Syddall, Rachel Cooper, Michaela Benzeval, Ian J. Deary, Elaine M. Dennison, Geoff Der, Catharine R. Gale, Hazel M. Inskip, Carol Jagger, Thomas B. Kirkwood, Debbie A. Lawlor, Sian M. Robinson, John M. Starr, Andrew Steptoe, Kate Tilling, Diana Kuh, Cyrus Cooper, Avan Aihie Sayer]

Grip strength across the life course: normative data from twelve British studies

Epidemiological studies have shown that weaker grip strength in later life is associated with disability and mortality. Grip strength is a key component of sarcopenia and frailty definitions and yet it is unclear how individual measurements should be interpreted. Using data from general population studies in Great Britain, our objective was to produce cross-sectional centile values for grip strength across the life course. Methods: We combined 60,803 observations from 49,964 participants (26,687 female) of 12 general population studies in Great Britain. We produced centile curves for ages 4 to 90 and investigated the prevalence of weak grip, defined as strength at least 2.5 SDs below the gender-specific peak mean. Results: Our results suggested three overall periods: an increase to peak in early adulthood, maintenance and decline from midlife. Males were on average 1.7 times stronger than females from age 25 onwards: males' peak median grip was 51kg between ages 29 and 39, compared to 31kg in females between ages 26 and 42. Sensitivity analyses suggested our findings were robust to differences in dynamometer type and measurement position. Weak grip strength increased sharply with age, reaching a prevalence of 23% in males and 27% in females by age 80. Conclusions and Implications: This is the first study to provide normative data for grip strength across the life course. These centile values have the potential to inform the clinical assessment of grip strength which is recognised as an important part of the identification of people with sarcopenia and frailty.

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[Maria Evandrou, Cyrus Cooper, Avan Aihie Sayer]

Social inequalities in musculoskeletal ageing among community dwelling older men and women in the United Kingdom

Introduction: Musculoskeletal disorders place a substantial burden on UK health and social care services. Social inequalities in health are well documented for the UK in general but little is known about social inequalities in musculoskeletal ageing. Methods: We explored social inequalities in musculoskeletal ageing (grip strength[GS]; physical function[PF]; falls; frailty; fracture and osteoporosis) among 3,000 community dwelling men and women (aged 59-73 years) who participated in the Hertfordshire Cohort Study. Results: Not owner-occupying one's home was associated with lower GS and increased frailty among men and women and with poorer PF among men. Reduced car availability was associated with lower GS and poorer PF among men and women and with increased falls and frailty among men. Average grip ranged from 40.1kg (95%CI 38.2, 42.1) among men who were not owner-occupiers and had no cars, to 46.0kg (95%CI 44.5, 47.4) among owner-occupiers with three or more cars (23.8kg [95%CI 22.7, 24.8] to 27.3kg [95%CI 25.8, 28.8] for women). No social gradient in fracture or osteoporosis was identified. Social variations in height, fat mass, diet and physical activity appeared to mediate these contrasting social gradients in muscle and bone. Conclusions and Implications: A subgroup of older people in the UK face increased levels of material deprivation in combination with greater loss of muscle strength and physical function. Interventions to reduce the loss of muscle mass and function with age should be targeted proportionately across the social gradient; strategies to reduce fracture and osteoporosis should continue to have a universal population focus.

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[Holly E. Syddall, Leo Westbury, Maria Evandrou, Cyrus Cooper, Avan Aihie Sayer]

Grip strength as a risk factor for hospital admission among Hertfordshire Cohort Study participants

Introduction Routinely collected Hospital Episode Statistics (HES) record details of all admissions to NHS hospitals in England but have limited capacity to predict admission at the individual level. There is considerable interest in understanding risk factors for admission, particularly among those aged 65+ who use around two-thirds of acute bed-days. The aim of this research was to link HES with data from a well characterised cohort in order to explore muscle strength as a risk factor for hospital admission among them. Methods: We linked baseline (1999-2004) information on 3000 members of the Hertfordshire Cohort Study with HES and mortality data accumulated to 31st March 2010.

Results During the follow-up period 72% of individuals (1,187 men and 981 women) experienced 8,741 admissions; the remainder had none. 26% of admissions were emergencies and 13% lasted over one week. Low grip strength (ffi32kg men; ffi19kg women) was associated with increased risk of any admission (hazard ratio[HR]: men 1.30[95%CI: 1.02,1.66], women 1.50[95%CI: 1.22,1.85]); readmission within 30 days/ death (odds ratio: men 1.38[95%CI 0.90,2.10], women 2.41[95%CI:1.67,3.48]); and admission exceeding one week (HR: men 1.23[95%CI: 0.84,1.79], women 1.95[95%CI: 1.45,2.61]). Among women, the associations remained after adjustment for socio-demographic and lifestyle factors.

Conclusions and Implications: This is the first English cohort study to link with HES. Grip strength is predictive of both general and specific categories of admission. The findings have implications for strategies to manage demand on the NHS through identification of those at risk of hospital admission.

Paper 4

Sian Robinson

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[Cyrus Cooper, Avan Aihie Sayer]

Inequalities in health behaviours and lifestyle in older age: what can we do to promote better physical function?

Inequalities in muscle strength and physical function in older age may be partly explained by socially patterned differences in health behaviours. A growing body of evidence links obesity, poor diet, and smoking to poorer physical function, and all are more common among older adults in lower socio-economic groups. Importantly, poor health behaviours often cluster in individuals, with potentially cumulative effects on physical function. Findings from the Hertfordshire Cohort Study support this suggestion, as graded increases in poor physical function were found with increasing number of lifestyle 'risk factors' (obesity, poor diet, physical inactivity, smoking). The effect size was large, such that the older men and women with three or four of these risk factors had a fourfold increase in risk of poor physical function, when compared with those who had none. Interventions to change lifestyle in older age may therefore offer significant opportunity to promote better physical function. Health behaviours are modifiable, and their co-existence offers potential for targeted interventions that can address multiple risk factors. There is currently limited research available on effective strategies to improve health behaviours in older adults. Whilst health behaviours are engrained traits that may be challenging for individuals to alter, older adults may be motivated and receptive to lifestyle changes to maintain health. To date much of the intervention literature has focused on younger adults. The evidence of the sizeable differences in health that are linked to lifestyle in older age highlights the need for research into effective health promotion strategies in later life.

Chair: Barbara Sharp

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People with dementia: Taking control of our own lives

This symposium presents perspectives and examples from personal experience, research and practice to illustrate the potential of people with dementia to take control and live well with their diagnosis. The objective of the symposium is to challenge stereotypes and stigmatising views of people with dementia as facing only an inevitable path of fixed decline and dependence. The presentations illustrate ways that people with dementia are personally learning, finding ways to adapt and grow in response to their changed and changing lives. The lives of people with dementia are viewed in the context of dementia as a diverse range of conditions where the dynamic interplay of biological change with personal psychology, life story, health, relationships, spirituality, culture and physical environment give rise to a unique experience. Dementia is viewed as a journey with the potential for many people to experience fulfilling and valued lives, despite the very real day to day difficulties. The presentations reflect real life experience and research with a focus on positive, enabling and inclusive approaches.

We will hear from people with dementia themselves who are learning to use modern technology and devices to enhance self-management of their condition and stay connected. A qualitative research study of the subjective experience of stress in dementia will demonstrate the value of involving people with dementia in research and present findings which reflect their capacity for adaptation and desire for control. An Alzheimer Scotland Dementia Nurse Consultant and Allied Health Professional Consultant in Dementia will describe some of the ways they are engaging with people with dementia and working in partnership with their families to enhance person centredness and promote reciprocity in practice within Scotland's general hospitals. This symposium has significance to those wishing to enhance their understanding of the diversity of experience in dementia and enhance the enabling aspects of their practice. It is relevant to those working in all aspects of health and social care and both relates to and informs the current strategic direction in the UK and associated policy and practice.

Paper 1

Susan Burn

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Staying informed, involved and connected?

The pace of change in the world and in particular the Information Technology world can be daunting. However, members of the Scottish Dementia Working Group decided to embrace this change and to take on new technology. In January 2014, a grant award from the Dementia Empowerment and Engagement Project, (DEEP) allowed the group to buy 10 iPads to see what good they could do with them. This presentation will discuss how the group got on. Did the use of iPads, electronic diaries, email and apps enable members to remain informed, involved and connected by putting in place additional electronic strategies for self-management? We were expecting IPads to help with everyday living such as attending appointments, travel arrangements, social events, participating in meetings and promoting the work of the group, but we were also looking forward to finding out what else we could achieve and what our stumbling blocks would be, (if any!) while having fun finding out.

Paper 2

Barbara Sharp

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Stress experienced by people with dementia: 'it's our lives and we are going to get it under control ourselves'

The literature on stress and dementia is dominated by the accounts of professional and family carers, and the observations made by others of people with dementia. This paper focuses on a key theme emerging from a qualitative study exploring the subjective accounts of people with dementia on the subject of stress. Findings are presented in the words of the people with dementia who participated in the study and challenge fixed ideas of how stress is experienced and the inevitability of people with dementia being less able to manage stress as the illness progresses. Participants with dementia in this study suggest adaptation and coping are possible and their accounts inform what support is perceived as helpful and enabling. Key aspects in this presentation include the importance of self-worth and resilience, reciprocity and positive relationships. Shifting perceptions and the introduction of empowerment and control are key issues for practice in the support of people with dementia experiencing stress. Attention to reducing stress experienced by people with dementia has important implications for personal happiness, potential functional ability and the opportunity to live well with the diagnosis. These outcomes have significance for all aspects of health and social care in light of the well-recognised demographics and cost of care. Important areas for practice development are identified in this study for a doctoral thesis to be completed in the current year.

Paper 3

Sandra Shields

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[Christine Steel]

People with dementia: Equal partners in decision making in the acute hospital setting

Scotland's National Dementia Strategy 2013 -2016 identifies *"more people with dementia and their families and carers being involved as equal partners in care throughout the journey of the illness"* as one of the seven key outcomes for this strategy. In addition the dementia strategy also identifies 10 national key actions for acute general hospitals as areas for improvement. To support this key outcome a Scottish national document, 'Getting to Know Me' was developed through a collaboration of Alzheimer Scotland Dementia Nurse Consultants and National Dementia Allied Health Professional Consultants.

This paper will demonstrate the progress that the use of this document has on influencing patient choice and it will identify particular examples of good practice using the 'Getting to Know Me' document in a variety of settings within the acute hospital environment in Scotland. It will demonstrate the links with a person centred care agenda and improvements with patient's experiences. It will also demonstrate links with anticipatory care planning and ensuring that carer's needs are also considered.

The purpose of the 'Getting to Know Me' document is to ensure that what is most important to patients in hospital are listened to and ultimately improve the patients experience within the acute care setting. The paper will describe how it is being used to develop individual care planning that is based on an individual's life story and how this inclusive communication can impact on the relationship between the patient and their involvement in care decisions while an inpatient within the acute hospital environment.

Chair: Paul Willis (Organised by Sue Westwood)

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New LGBT (lesbian, gay, bisexual and trans) ageing populations

This symposium builds on the success of previous symposia dedicated to lesbian, gay, bisexual and trans (LGBT) ageing, held at the 2012 and 2013 BSG annual conferences. These three papers aim to increase the recognition of LGBT individuals as a diverse new ageing population which is still marginalised in gerontology. Anne Patterson and Kathryn Almack's paper is entitled 'The Last Outing – exploring end of life experiences and care needs in the lives of older lesbian, gay, bisexual or trans (LGBT) people.' They consider the heterogeneity of experiences among older people facing end of life issues and issues of discrimination in relation to older LGBT individuals and their non-traditional families. Jane Traies' paper, 'Imagined futures: Old lesbians looking ahead,' addresses a much-neglected ageing population. Traies has recently conducted a study of over 400 old lesbians in the UK, and draws upon her research to explore how old lesbians imagine their futures, their hopes and fears, utopian fantasies and practical solutions. Traies considers the ways in which these might differ from those of other old people, including older gay men. Paul Willis' paper - "What contribution can queer theoretical debates make to our understanding of sexuality and ageing?' - then offers a critical reflection on the wider implications of LGBT ageing. Together all three papers offer unique insights into the new ageing LGBT population both theoretically and at the level of lived experience.

Paper 1

Anne Patterson

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[Kathryn Almack]

The last outing: Exploring end of life experiences and care needs in the lives of older lesbian, gay, bisexual or trans (LGBT) people

While end of life care (EoLC) needs are most common among older age groups, little research explores particular sub-groups and we lack understanding of the heterogeneous needs of 'older people', particularly those living in non-traditional family forms. Furthermore, consultation for the English End of Life Care Strategy Equality Impact Assessment noted that in terms of quality of EoLC, LGBT people were at most risk of discrimination. This paper reports on the findings of a UK-wide study funded by Marie Curie Cancer Care Research Programme, under a call for research into variations in end of life care. The study is using both survey and interview data to develop understandings of the diverse needs and preferences of people who identify as LGB&T. In the survey data, almost three-quarters of respondents report that they are not confident that mainstream health and social care services provide sensitive and appropriate end of life care and 60% state a preference to access services from an LGBT-specific provider. The interview data adds further layers of complexity to such findings. While there are positive accounts of service provision, our findings suggest further work is required to meaningfully address the diverse range of needs of older LGB&T people. We provide insight into the issues identified by older LGB&T people that can inform future service development to deliver EoLC that is sensitive to an individual's culture and social interests and which also has wider relevance in a context where a range of non-traditional family forms exist.

Paper 2

Jane Traies

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Imagined futures: Old lesbians looking ahead'

It has become almost a commonplace of LGBT studies to describe older lesbians as 'invisible' (Kehoe, 1986;

Deevey, 1990; Ward, River and Fenge, 2008, among others): obscured from view, both in everyday culture and in academic literature, by the 'lethal synergy' (Healey 1994) of sexism, ageism and heterosexism. Even in the steadily growing field of queer gerontology, women are consistently under-represented (Heaphy, Yip and Thompson, 2003; Stonewall 2011), so that conclusions about the lives and needs of older LGBT people generally are often based on samples containing few old women or none. This imbalance is of particular concern given that old lesbians as a group are even more likely than other LGBT people to need the support of health and social services as they move towards the end of life (Archibald, 2010). Drawing on data gathered from some four hundred lesbian women over 60, this paper contributes to filling that knowledge gap by exploring how old lesbians themselves imagine their futures: their hopes and fears, utopian fantasies and practical solutions, and the ways in which these might differ from those of other old people, including gay men.

Paper 3

Paul Willis

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What contribution can queer theoretical debates make to our understanding of sexuality and ageing?

This paper examines the potential of queer ideas for the study of sexuality, ageing and their intersections. It overviews recent developments in the study of ageing sexualities, and reflects on their implications for heteronormative-influenced wider gerontological research. A queer approach to sexuality and ageing poses challenges to binary notions of ageing, gender and sexuality. Queer theoretical debates engage with critiques of normativities associated with ageing sexualities and with sexualities in older age. Plurality, diversity and temporal-spatial contingencies inform the contextualised discursive and performative production of sexuality and ageing. Queer theoretical debates offer analytical spaces to consider these productive practises, in embodied contexts, and emphasises the multiplicity, plurality and particularities of sexuality and ageing and the need to address these at the level of the personal, individual and biographical.

Chair: Gill Windle

Dementia Services Development Centre, Bangor University

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Inter-disciplinary methodologies for understanding the impact of creative activities

This symposium consists of four presentations which discuss different methodologies for understanding the impact of creative activities in older people, and in those with memory difficulties. The first two discuss some of the innovative approaches adopted by the AHRC funded Dementia and Imagination research programme. Gill Windle discusses the application of realist synthesis methods and stakeholder involvement in the development of a visual arts intervention, the challenges faced and the outcomes achieved. Andrew Newman and Anna Goulding explore how qualitative methods can be used to interrogate the impact of creative activities upon older people and explain how and why such an approach has been adopted for this research programme. The final two presentations showcase new thinking from PhD students at Bangor University. Kat Algar discusses the evaluation of a visual arts programme and the use of systematic observation methods to capture well-being. Teri Howson discusses the novel use of the senses in performance, and the creation of a therapeutic strand of theatre through an analysis of audience response. The symposium concludes with a discussion on the importance of inter-disciplinary methods in demonstrating a deeper understanding of shared concepts.

Paper 1

Gill Windle

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Developing a visual arts intervention

This paper reports on one of the work-streams of the AHRC funded Dementia and Imagination (D&I) research programme. The objective is to produce a theoretically informed visual arts intervention for implementation in the rest of the study. Currently in the UK and further afield, arts based activities are being increasingly suggested as a valuable activity for people with memory problems. Despite the potential benefits of art, research often has mixed results. Currently there is no evidence for a visual arts programme that may be optimal, and

intervention content and practice delivery varies. This variability raises challenges in terms of identifying an optimal arts programme model that could be subject to research and adopted by other service providers for implementation in further practice. What works in one setting, for a certain group of people may not have the same benefits in others. In order to build a theoretically informed, replicable visual arts intervention that utilise the best practice in existing practice, a realist synthesis was undertaken. This method requires the reviewer to look at 'what is going on' and develop an understanding of how and why outcomes are achieved, and in what context. Regular discussion within the multi-disciplinary team and survey of stakeholders informed the development of the initial programme theory. An extensive review of the literature was undertaken, which revealed few (15) peer reviewed publications for final appraisal. Grey literature (evaluations of services) was also included. A workshop with artists discussed the key findings of the review phase and sought further insights that may not have been explicit in the literature. The final stages draw this work into a draft practice handbook, which will be tested in the D&I research programme.

Paper 2

Andrew Newman

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[Anna Goulding]

Understanding the impact of creative activities on older adults using qualitative methods

This paper explores how qualitative methods can be used to interrogate the impact of creative activities upon older people and explains how and why such an approach has been adopted for the AHRC funded Dementia and Imagination research project. This is based upon the experience of our New Dynamics of Ageing Contemporary Visual Art and Identity Formation: Wellbeing Amongst Older People project. Adopting a qualitative approach for this research allows us to: *gauge subtle shifts in affect over the lifetime of the creative intervention; *consider complex environments when we do not really know 'what works' and why; *take into account individual and collective context such as prior arts consumption, social- economic group, class mobility, the impact of the social dynamics of group formation and maintenance, and education;*adopt wide interpretations of creativity and wellbeing, as defined by respondents themselves; *hear what is important to the research

participants, as opposed to what researchers think is important. The paper will also explore how data can be analysed using various theoretical models, such as that provided by Bourdieu's (1984) Distinction.

Paper 3

Katherine Algar

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Can a visual arts programme increase quality of life and well-being in care home residents with dementia? Results of an exploratory study

As there are no curative treatments as yet for the dementias, it is important to promote well-being and quality of life to improve the lives of those living with the condition now. There is a growing interest in the use of art as a psychosocial intervention for people with dementia. However, the evidence is mixed and has methodological weaknesses. This exploratory study aimed to not only evaluate a visual art programme, but also to suggest a methodology in response to the current challenges in the evaluation of art interventions. This presentation focusses on the use of observation methods. A visual art intervention was run in two North Wales care homes for people with dementia. Fifteen participants were observed using an adapted version of the Greater Cincinnati Chapter Well-Being Observation Tool during three conditions; the art session, another structured activity, and unstructured time. Participants also completed several validated questionnaires before and after the intervention.

The results showed a general trend of greater well-being in the art intervention than in the other structured activity and unstructured activity. A trend towards an increase in quality of life after attending the art intervention was also found. The study demonstrated a feasible methodology which could help researchers increase the evidence of the benefits of art interventions in a more rigorous way. Recommendations for future research are suggested.

Teri Howson

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The senses in performance: utilising audience response to identify therapeutic effect in immersive theatre: methods and findings

In the past few years there has been a vast amount of research into the senses, as a way of re-evaluating the dominance of the visual in the arts and humanities. Linked with a turn toward participatory methods, this has led to the development of performances which utilise both senses and interaction in newly imaginative ways (termed immersive theatres). This paper is based on research undertaken as part of my doctoral thesis and discusses some of the proposals made, based on my identification of a therapeutic form of immersive theatre experience. Theatre studies as a discipline has been slow to engage with audience response research. As the arts are now being viewed for their potential and value within health care, social and community work settings, I propose that a therapeutic immersive theatre experience might be used to improve individual well-being within these settings, developing the form beyond its current use as entertainment. As a practice-based thesis, I developed and created a therapeutic immersive theatre performance study and conducted qualitative post-performance interviews with audience members, in order to better understand their responses to the performance. This paper will discuss the methods used in this research and its findings. Additionally I argue for the development of rigorous audience response research in theatre, as a way to identify and understand audience experience (particularly in recognising different types of audience), through the application of qualitative and quantitative measures.

Oral presentations

In alphabetical order of first author's surname

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[Hilda Akinyi Owii]

'Home is where the hurt is': understanding a major stressor for older men in Nairobi's slums

A growing strand of the gerontological debate on resilience in old age focuses on perspectives from non-Western societies. Recent attention has turned to older people's experiences in urban slum settings in sub-Saharan Africa, which are characterised by severe social, economic and environmental strain for all residents. Little is understood about the particular stressors that impact older people within such general contexts of hardship and risk. Drawing on initial findings from a qualitative formative study on in two informal settlements in Nairobi, Kenya, this paper examines older male slum dwellers' perspectives on the major sources of adversity facing them. The results show the overriding stressor to be the 'home' - in particular strained and conflict-laden relations with co-resident male adult children and, to a lesser extent, grandchildren and spouses. Within a context of pervasive youth un- and underemployment, lack of educational attainment and poverty, the intergenerational conflict is engendered by a perceived failure of older fathers to fulfil their part of the intergenerational contract and, at the same time, their attempts to assert their influence as elders. Drawing on identity theory and the concept of generativity, the paper suggests that the conflict translates into a crisis of respect, authority and masculine identity for older men, with consequent real and perceived threats to their well-being and survival. These experiences contrast sharply with those of older women, underscoring their gendered nature. They also sit uneasily with salient gerontological theory about social ties and socio-emotional development in later life, suggesting that such notions, derived largely from research in western societies, may be highly context dependent. The paper concludes by highlighting implications for further research and debate.

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Psychological adjustment to accidental falls

Introduction: One in three people over 65 fall each year and the risk of falling increases with age. Many fallers report functional decline, fear of falls and some report posttraumatic stress disorder (PTSD). The aim of the study is to investigate psychological adjustment to falls and explore patients' perceptions of health and fall recovery. Successful recovery would decrease the risk of falling in the long term because falls history is a major risk factor for falls. Methodology: A qualitative study investigated outcomes of falling in hospital patients with fall-related fractures in Poland. Participants were screened for PTSD symptoms. Patients with and without PTSD symptoms were selected for semi-structured interview. Interviews were transcribed verbatim and analysed using thematic analysis. Findings: Patients with no PTSD symptoms seemed to integrate falls into their life stories. They applied various coping strategies to adjust to their fall such as: religious coping, social support, assistive technology, and compensatory actions. They were highly motivated to recover. Patients with PTSD symptoms were older, suffered more traumatic falls and had smaller social networks. They struggled to integrate falls into their life stories and therefore their perception of the future was disturbed and they had a fatalistic outlook on life. They showed less motivation and use of strategies for recovery. Conclusion: This is the first study to qualitatively explore PTSD in falls patients. It appears that PTSD may disturb falls recovery tremendously. Helping fallers cope with PTSD may be key to their falls adjustment.

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An 'annoyance' and an 'evil': Social policy and senile dementia in late nineteenth-century London.

This paper will show that dementia posed a social policy 'challenge' long before the twenty-first century. In 1905, at a meeting of the British Medio-Psychological Association (forerunner to the Royal College of Psychiatrists), a paper was read entitled 'Senile Insanity: In what institutions should it be treated?' This was a vexed question in late-nineteenth century welfare policy, to which no one in that meeting could give a concise answer. There was no specialist institutional care for the elderly mentally infirm in nineteenth-century Britain. Instead, 'senile dements' were a residual class of person: poor law officials complained that they were too disruptive and disturbed for the workhouse, while asylum officials that they were too infirm, and too unpromising, to be classed as 'lunatics'. This paper will describe the response (or lack thereof) of Victorian bureaucrats and policy-makers to the problem of senile dementia. It will look particularly at London between 1870 and 1910, and at the activity of the Metropolitan Asylums Board. The MAB's consistent attempts to exclude aged patients from their institutions, and their complete failure in this endeavour, offers a striking example of political denial in the face of social realities. This story of political avoidance and institutional buck-passing contains a number of salutary lessons for our own dementia challenges.

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A new journey to health - health information seeking behaviours across the generations

Changes in the relationship between health consumers and providers have elevated the significance of individuals' engagement in Health Information Seeking Behaviours (HISB), such as: a shift in the burden of liability for health concerns in the direction of the patients, or 'consumers' of healthcare; and an increased appetite for information empowerment among health consumers engendered by the internet and the availability of health information. This research examines the processes, activities and sources through which individuals obtain health-related knowledge along the life trajectory. It considers the usage of and trust in five key sources of health information: doctors or nurses; pharmacists, chemists or drug stores; family, friends or colleagues; medical helplines; and online resources. It analyses responses to qualitative surveys (n = 4,182) and focus group discussions that capture patterns of HISB among individuals from the UK, Germany, France and Portugal. This presentation will examine the top-line findings of this analysis, and will then explore the policy implications of these findings; whether individuals in different age bands will require specific approaches by health professionals and health information providers in order to ensure that all persons are equally well targeted and engaged in HISB. For example, the preference of older age groups for more personal and professional services through which they can secure a long term and reliable bank of health information suggests a potentially growing market for the face-to-face-contact offered by sectors such as pharmacies, one that may boost future levels of trust in their services.

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[Lara, J., White, M., Mathers, J.]

Towards a consensus definition of healthy ageing

The absence of a consensus definition of healthy ageing (HA), and measurement tools based on that definition, is an impediment to healthy ageing research. There is a great difference between how academics define healthy ageing and the older people they apply their definitions to. A consensus definition is required before the field can advance. A systematic literature review was conducted and found 277 operationalizations of HA and their domains were analysed via a card sorting task. The results of the card sorting task were used to form a Delphi survey in which academics and older people were asked to rate how important different components were to the definition of healthy ageing. During the second round of the Delphi survey participants ranked components of the definition in order of importance. The second round of the survey was expanded to a larger population with a more varied age range and ethnic groups to look at how opinions about what is important for healthy ageing change across the life course. Results of the systematic review, Delphi survey and expanded survey will be presented and suggestions for a consensus definition made.

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[Lewis, M., Green, DJ., Kigozi, J., Chew-Graham, CA., Mitchell, C., Nicholl, B., Peat, G., Richardson, J., Lingard, Z., Clarkson, K., Mallen, C.]

Ageism in case finding for depression and anxiety in osteoarthritis in primary care: a mixed methods study

In the UK, approximately one million people a year seek treatment for symptoms, such as pain, related to osteoarthritis. Depression is around four times more common in individuals with persistent pain. Treating depression improves outcomes, including pain and function, but detection is poor, with only half of all cases being identified. Anxiety is more common amongst patients with osteoarthritis, but this has been neglected in the literature. A qualitative study was nested in a cluster randomised trial, in which GPs asked patients with osteoarthritis up to five questions. In the intervention arm, GPs were asked to use the PHQ-2 to case-find for depression and the GAD-2 for anxiety, with a fifth question on pain intensity. In the control arm GPs asked about pain intensity only. Patients completed questionnaires and twenty-five GPs across both arms were interviewed to explore their perspectives on anxiety and depression in osteoarthritis. Analysis of the interviews suggests that low mood, depression and anxiety in osteoarthritis are normalized by GPs, particularly in older people. GPs also described differences in their communication and management approaches, suggesting that older people may be less in need of active intervention either for osteoarthritis or mental health problems. In this paper we map findings from the qualitative study against the data from the main trial, looking for differences and similarities in treating anxiety, depression and osteoarthritis taking into account the pain intensity, PhQ-9 and GAD-2 scores, socio-demographic characteristics, co-morbidity and repeat attending. In addition we draw on data from the patient questionnaires.

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[Elizabeth Cyarto, Debra O'Connor, Jenny Southam, Briony Dow]

Using technology for physical activity and social connection: lessons learned from the development of a real-time virtual exercise class

The benefits of exercise for older people are well recognised and include improved physical function, mood and cognition. However, for some older people accessing exercise programmes in the community may be difficult due to lack of transport, lack of resources or caring responsibilities. The Ageing Well at Home with Broadband project conducted in Melbourne Australia aimed to develop and evaluate a real-time home-based virtual exercise class using the Kinect for Microsoft Xbox platform and Avatar Kinect software over high-speed broadband. In this study, we provided older people with hardware, software and a broadband connection then assisted them in learning how to use the system to join a weekly on-line exercise class with an instructor at a remote location. The pilot study demonstrated that a virtual exercise class was feasible and enjoyable. Participants highlighted the importance of face-to-face connection prior to connection "on-line". They demonstrated patience and resilience in dealing with technological challenges and supported and encouraged each other to overcome problems. Contrary to expectations older people enjoyed using avatars, particularly being able to select the features of their avatar. Essential components of the training included having tailored written instructions, shorter more frequent training sessions and providing telephone support at the time of the exercise class. The project highlighted the importance of social connection in contributing to engagement in exercise and learning to use technology. Although we successfully demonstrated the proof of concept, there are challenges that need to be addressed before applying this approach more broadly.

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[Rob Gandy, Pauline Barraclough, Victoria Frost, Brenda Roe]

Benefits and impact of active lives groups for older people living in the community

Background: Within Lancashire towns and rural areas the elderly population is growing. Many of these older people live in areas of deprivation, are isolated and lack support and access to services. AGE UK Lancashire was awarded three-year funding by the Big Lottery to undertake the Active Lives project (2012-2014). Its purpose was to establish preventative community support for clients accessing their services, thereby improving their wellbeing, and physical and mental health. Aim: The evaluation of the project sought to examine older people's experiences of participating in the different active lives groups and to identify the impact on their health and wellbeing. Method: The three-year observational descriptive study adopted a mixed methods approach. Data collection occurred in three phases over the period of the project, and involved the use of focus groups and self-completed questionnaire surveys. Health status, quality of life and wellbeing were self-rated using standardised measures. Qualitative data analysis was undertaken using content analysis to identify key themes. Quantitative data was analysed using standard descriptive methods. Findings/ Discussion: Fifteen active lives activity groupings were evaluated and reported varying benefits with general improvements in participants' physical and mental health, their wellbeing and quality of life. There was high satisfaction with the range of activities available. It was concluded that active lives programmes presented a cost-effective means of maintaining and improving older people's health and social wellbeing.

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[Alasdair Rutherford, Robert Wright, Susan Murray]

Care for older people in Scotland: Data from the social care, housing and health data linking project

Better evidence is needed on how social care, health care and housing support interact to enable people to live independently in their own homes for as long as possible. In most countries, individual level administrative data on social care, housing support and health care are collected separately by different organisations. Linking such datasets could enable service providers, planners and policy makers to gain an improved understanding of how these services can work together more effectively to improve outcomes for patients/clients. Our paper describes a study carried out on such a linked dataset. In collaboration with the Scottish Government's Health Analytical Services Division and the Information Services Division of NHS Scotland we have analysed a unique dataset which brings together detailed information on individual social care packages, prescribing, diagnoses (including dementia and mental health) and hospital episodes. Interrogation of this distinctive dataset offers huge potential by providing information on services received by people who have had an admission(s) to hospital (planned or unplanned), and are subsequently in receipt of prescriptions and/or social care packages. This enables us to take a clearer more holistic overview of the interaction of health and social care from the individual perspective. Research findings will include an exploration of geographic variation in care packages, examined in relation to the frequency and nature of hospital admissions.

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New understandings of age and the lifecourse from Scotland

The Scottish Longitudinal Study of Ageing (SLSA) is a longitudinal study focusing on older people in Scotland. Scotland does not have a longitudinal study of ageing, making it unusual within Western Europe, and at a disadvantage in understanding population ageing. This paper will illustrate the case for a national study of ageing in Scotland and detail the pilot study funded by the National Institute of Ageing in the USA which is beginning this year. The pilot will test some of the innovative aspects hoped to be embedded in the full version of the Scottish longitudinal study of ageing and will establish the process for using the NHS Central Register (NHSCR) as a sampling frame. It will test the potential for linking the sample to administrative health, education, income, benefits and social care data. These linkages have the potential to make the Scottish survey one of the most powerful combinations of survey and administrative data in the worldwide

family of longitudinal surveys of ageing. This is apposite as Scotland continues to establish differences in the provision of personal and social care and a unique demographic in terms of morbidity and the ageing population. This paper will introduce how SLSA can further the understanding of ageing in Scotland for academic and policy purposes; improve health and socioeconomic outcomes for older people through influencing both policy and practice; make Scotland a valued source in international comparisons of ageing research, and; generate methodological advances that will benefit other members of the family of longitudinal ageing studies.

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[Gloria Chepngeno-Langat, Maria Evandrou, Jane Falkingham]

Resilience in the face of post-election violence in Kenya: the mediating role of social networks on wellbeing among older people in the Korogocho informal settlement, Nairobi

Whilst the majority of the population of urban sub-Saharan Africa are of working age, recent research has shown that many of the rural-urban migrants who arrived in the 1970s and 1980s have remained in the informal settlements and are ageing 'in situ'. The slums can be a daunting place to grow old, especially in the context of minimal government assistance for elders, pressures on traditional intergenerational support, and an increasingly hostile urban economy. Understanding the factors which enable older people to strive against adversity is important for designing policies and interventions to support their wellbeing. This paper examines the role of social networks as a protective factor in mitigating the impact of a shock, the Kenyan 2007/08 post-election violence, on older people's self-rated health, life satisfaction and happiness in the Korogocho informal settlement, Nairobi. The post-election violence had a devastating impact on Nairobi's slum communities and is used as a case study of an adverse event which posed a risk to wellbeing. The analysis uses data from a longitudinal survey of the wellbeing of older people nested within the Nairobi Urban Health and Demographic Surveillance System. The results show that maintaining or increasing formal local networks reduced the detrimental effects of the

post-election violence for older people's wellbeing, whilst household environment and informal local and non-local networks did not influence the relationship. Consequently supporting inclusive community organisations which are accessible to older people is valuable for promoting the resilience of elders in low resource urban settings.

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Ages and stages: The cultural value of older people's experiences of theatre making

This paper builds on the research findings, experiences, learning and networks established through the interdisciplinary *Ages and Stages Project*: a continuing collaboration between Keele University and the New Vic Theatre, Newcastle-under-Lyme. Funded since 2009, initially through the New Dynamics of Ageing programme and subsequently by the AHRC, *Ages and Stages* has explored the place of the theatre in representations and recollections of ageing; used archival and interview material to create the *Ages & Stages Exhibition* and an hour-long verbatim documentary drama *Our Age, Our Stage*; established the *Ages & Stages Company*; devised and toured *Happy Returns* - an interactive forum theatre piece; developed, delivered and evaluated a pilot inter-professional training course; and scoped out, with a range of partners, the potential for a Creative Age Festival in Stoke-on-Trent and North Staffordshire. Our current Research Development Award is funded under the AHRC's 'Cultural Value Project' and has involved developing the *Ages & Stages Company* into a 'company of researchers'. In this paper, we detail the ways in which we have trained and supported Company members to co-explore and co-research their involvement with *Ages and Stages* over the last four years, and consider how they view and articulate the cultural value of what they have been involved in. We also present findings from the evaluation of this process and discuss the benefits and drawbacks of this kind of participatory research with older people.

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Modernisation and the traditional notion of older people's care: value conflict in Hindu South Asia

Family is a central feature of Hindu social organisation around which production, reproduction, nurture, care and many other societal functions are organised. It is to underline here that the complexity of the Hindu family system can only be understood in its holistic analysis, as various notions related to family organisation and process, family/social values, divisions of labour (role and status), marriage, inheritance and various other elements have interactive relations. Traditionally it was believed that one's children have the fundamental duty or obligation to care for their parents. Those children were considered undeserving of societal virtue or merit if they failed to perform their duty. But the belief and its functional effectiveness has become very weak in recent times corresponding to the process of modernisation and social change. In the first part of this paper, I will discuss fundamental idea and arrangement of care in Hindu social organisation and its societal philosophy by analysing Hindu notion and meaning of 'being in the world', 'human life', rights and duties', 'human environment relation', 'belongingness', 'kinships and relations' from biological, cultural and politico-economic perspective. In second part, I will discuss how recent policy moves making one's family responsible for the care of older people fits/contradicts to the old Hindu prescription on the one hand and the elements of modernisation on the other. The discussion is believed to contribute to a recent debates of care organisation, care financing, social security, and welfare state in general and for the Hindu South Asia in particular.

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[Pilar Rioseco]

Why do older men and women choose to use Facebook? Social enhancement and social compensation in the relationship between offline and online social networks

There is inconclusive evidence on the trade-offs between offline and online social connectivity, especially among older people. As online social networking (OSN) is almost universal among younger people, the choice to use OSN can only be studied among older adults. Using unique data on offline and online modes of social interaction among older people, this study aims to identify offline network predictors of online social networking (OSN) among older adults. The study draws on social network theory and the Berkman et al. (2000) framework of social networks and health. Two competing hypotheses are investigated: social enhancement and social compensation. Data are from the Social Networks and Ageing Project (SNAP) survey which was designed to examine the role of social networks in successful ageing, and includes a broad range of questions on offline social connectivity, social support and well-being. The national sample includes 2122 Australians aged 50-89. Logistic regression models for males and females include network structure, network ties and social support as regressors. Offline social networks predict OSN use differently by sex. Among males, higher interaction with fewer family members and receiving instrumental support from family are associated with OSN use, largely supporting social enhancement. Among females, less emotional support from family or friends and a larger family-based potential support network are associated with OSN use, supporting social compensation. It is argued that the two models reflect gendered styles of communication.

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[Alasdair Rutherford]

Care convoys: Formation and dynamics

Understanding the dynamics of care for older people over time is an area of pressing policy concern, as reliance on informal care increases. Bringing together literatures on care from social gerontology and economics, our study of care networks of older people uses quantitative data from the British Household Panel Survey together with qualitative interviews and focus groups with older people and informal carers conducted in Scotland and Northern England. Using the concept of the convoy (Khan and Antonucci), we describe a range of care networks that incorporate both informal and formal care, and the factors and decision-making processes that have contributed to their trajectories. We demonstrate how various factors influence the dynamics of the care convoys, including migration, housing decisions, negotiations within families of the networks, and cultural preferences and

discuss the processes of decision making involving older people and their families. The discussion highlights the complex and dynamic nature of care negotiations.

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The application of case study research method in Dementia care

This paper explores the application of case study method in research in health and social care in particular in the field of dementia. This paper will draw on the author's current research, which uses a collective case study method, to examine quality of life in the person with severe dementia.

This research method can be useful when the phenomenon being examined is complex, contemporary and is studied in a real life setting (Yin, 2014). All of these conditions are likely to be a consideration in developing research to provide evidence informed health and social care knowledge and practice. Research using this method in the study of dementia care is sporadic and the submission will explore the considerable challenges of applying case study research approaches in this field. This will take account of some of the extant research in this field in addition to the author's current study. This paper is underpinned by Stake's belief that this approach can provide a voice for those groups who are often not heard, by reflecting on the many perspectives available when we examine a real life context using multiple lenses.

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[Pauline Banks, Anna Waugh]

Walk in my shoes; A simulated learning approach for dementia care

This paper reports on a study of simulated learning in a group of nursing students. The study examined student nurses' attitudes to dementia before and after a simulated learning experience called the Virtual Dementia Tour© (VDT). The VDT mimics some of the challenges affecting the person with dementia as their condition progresses, for example, goggles that simulate a range of visual losses. The experience of cognitive impairment is induced by the use of random noises affecting hearing and understanding. The study additionally compared an intervention group using a standardised VDT and a control group using a shortened version of the VDT. A total of 290 year one student nurses participated. Quantitative data from the Approaches to Dementia questionnaire (Lintern and Woods, 1996) and qualitative results from focus groups will be presented. A short film (three minutes) of the experience is also available. The data show conflicting results and further work is already under way to extend the exploration of the role of simulated learning in learning about dementia for health and social care staff.

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[Andrew Needs, Nicholas Murdoch, Kim Gordon, Matthew Gummerson]

Developing a peer support intervention with older war veterans to meet their unmet social support needs

As veterans of the Armed Forces age, some find it harder to come to terms with difficult memories associated with service due to cognitive, social, and physical changes. In addition, evidence from clinical practice and academic research indicates that veterans can have difficulty transitioning to civilian life for many years post service. Though some veterans may present with clinical symptoms and may require psychiatric or psychological intervention, this does not characterise the majority who may, nonetheless, live with complex psychological and physical health needs. In addition, the study of transitions in veterans highlights the dynamic relationship between personal and social adjustment and issues relating to overlapping concerns such as identity, meaning, control and, importantly, belonging and connectedness to others. Peer support sees veterans who have come through difficulties supporting other veterans in need through a low intensity support intervention. Peer support for military personnel is relatively new in the UK and mainly for younger veterans and those still serving. This project aims to work with older veterans (those 55 years plus) to create a model of peer support to improve the wellbeing and quality of life of older veterans. It explores current and potential provision in relation to the views and needs of older veterans and other stakeholders through consultation and networking, and, through qualitative methods and a review of relevant literature, establishes and integrates key contextual issues with dimensions and functions of

social support in order to inform future provision and practice as the veteran population increases and ages.

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[Lynn Francis, Isobel Hubbard, Meredith Tavener, Catherine L. Chojenta]

Long-term outcomes for older Australian women with a history of stroke

Stroke is one of the leading causes of adult mortality, morbidity, and hospital admissions. Around two-thirds of people with acute stroke survive at least one year, often relying on others to participate in everyday activities. However little is known about the long-term consequences for these people in terms of mortality, disability, or the effects on their daily lives. Using quantitative and qualitative data from 12432 women in the Australian Longitudinal Study on Women's Health, this study will examine associations between stroke 12-year survival with and without disability, and the effects of comorbidities lifestyle and personal factors on post-stroke outcomes in older Australian women. At baseline, 4% of the women reported a previous stroke (prevalent stroke), and a further 3% reported having a stroke between 1996 and 1999 (incident stroke). Stroke was significantly associated with reduced long-term survival. Age-adjusted Hazards Ratios (HR) were: HR:1.64 (1.43,1.89) for the 'prevalent stroke' group, and HR:2.29 (1.97,2.66) for the 'incident stroke'' group. Across the surveys, surviving women wrote open comments about the impact of stroke on their lives, and how this affected their experience of ageing. Management of chronic conditions, quitting smoking, healthy weight, and social support are particularly important in improving the prognosis and outcomes for older women who have survived acute stroke.

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Late life changes in physical and mental health: A study of 12432 women over 17 years

The Australian Longitudinal Study on Women's Health assesses changes in the mental and physical health, and health care use of women across Australia. The 12432 women in the oldest cohort of the study were born in 1921-26, and were aged 70-75 years at the time of the baseline survey in 1996. Since that time the women have been re-surveyed every three years until 2011, and six monthly thereafter. By December 2013, 6543 (53%) of the original participants had died, and 2488 (20%) had requested no more surveys. Over time, there have been marked reductions in physical and mental health, and increasing use of health services, particularly for those with chronic conditions, and in the periods immediately prior to death. However, changes are not uniform across the cohort, with many women maintaining relatively high levels of mental and physical health across the study period, and up to the time of death. This paper presents patterns of change in physical and mental health, and the role of chronic conditions and other health risks in predicting worse outcomes for women in later life.

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[Sinead Rider, Nadia Brookes]

Shared Lives: The potential of family-based care and support for older adults

Adult social care departments in the UK are seeking to personalise the services they offer at a time of increasing financial pressure and a growing older population. To facilitate this, there is a need for evidence on low-cost, personalised services for older people. 'Shared Lives' (SL) is the name for family-based support schemes where an individual or family is paid a modest amount to include an isolated or under-supported older or disabled person in their family and community life. Shared Lives is an established but small service which has traditionally been used mainly by people with learning disabilities, but which has the potential to offer an alternative to traditional services for some older people. Although SL has strong advocates, there is a lack of research evidence to effectively demonstrate potential benefits. This paper presents findings from a research study that aimed to generate evidence about the potential of SL for older people. The study used survey and case study approaches, with a national and a local focus, working closely with three local authority SL schemes. The findings suggest that SL can be a positive option for older people and their family carers, with good outcomes in terms of quality of life. However, if SL for older people is to expand and be considered as part of mainstream provision, a number of barriers need

to be overcome, and these along with implications for policy and practice will be discussed.

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[Vanessa Burholt]

Developing an 'Evaluation Framework' to assess the impact of delivering integrated health and social care to older people in Wales

Introduction: Conducting an evaluation on integrated care services which function across sectors and disciplines is a challenge. Older people with chronic and complex conditions often need multidisciplinary care provided by a range of organisations. Establishing the impact of any one or combination of care disciplines is complex. Evaluations in this context have therefore shifted away from the typical service evaluation based on output information and become more focussed on evaluating the outcomes of service delivery at an individual level. Hard evidence to suggest that integrated care produces benefits to the service user, carer, family or professional is largely absent. There is also a lack of evidence to suggest that delivering integrated care produces the strategic and political aims of maintaining independence and wellbeing in older people. Aim: To develop an integrated care evaluation framework using performance outputs and personal and social outcomes to measure and evaluate the impact of delivering integrated care to older individuals and their households. Method: A realistic evaluation reviewed literature, policy and strategy and stakeholder experiences to understand the context, mechanisms and outcomes associated with delivering integrated care. Results: A service user evaluation framework was designed to understand the outcomes of integrated care at the individual user, carer and family level. These individual outcomes were then considered with the service process and managerial output data, to inform whether the services produced the desired strategic impact.

Conclusion: The evaluation framework can be used evaluate integrated service delivery, while accounting for differences in approach, context and mechanisms.

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Using palliative care in nursing homes

Many studies have explored clinical and economic effects of palliative care consultations in the acute care inpatient setting. In general, these acute care studies have identified that palliative care results in an improved patient experience with cost savings or cost neutrality. Palliative care practices have diffused into nursing homes, particularly for special populations such as for residents with advanced dementia, but they are far less prevalent than in acute settings. Identifying potential cost savings (and quality improvements) may be an effective means of changing policy to further diffuse palliative care practices into nursing homes. In this study, a simulation analysis of the potential cost savings and quality changes applied to nationally representative (i.e., USA) groups of nursing homes with varying policy, resident, and payor mixes is presented. Information for this simulation study came from a case study of palliative care in four facilities, a literature review, and cost information from nursing home billing/reimbursement systems. The potential impact to a facility, residents, Medicare, and Medicaid when implementing palliative care is discussed.

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An exploratory descriptive study of the health needs of older people as carers in urban communities of Kafue District in Zambia

This was a qualitative study to answer the question, 'What are the health needs of older people who are carers of orphaned children, sick sons and daughters, and other family members in urban communities of Kafue District in Zambia?' Previous studies and literature on the caring role provided by older people influenced the researcher to generate this research question. To answer this question, in-depth interviews with 16 older carers aged 60 – 70 were conducted, recorded and transcribed. The researcher applied thematic analysis of data to draw themes. Coding tree and models were used to show connections between the codes and help understand the themes. The results from the study

brought out useful insights into health needs of older carers and their coping as well as support mechanism. Older carers interpret their health needs in terms of physical, socio-economic and mental health problems. Ways of coping include livelihood activities, developing health seeking behaviour, spiritual and pensions while support was more from informal sources than formal. However, formal support is inadequate and government needs to increase this type of support for older carers. In view of the findings and the limitations of this study, the researcher recommended further research on health needs of older carers in Zambia so as to provide information on a national level to policy makers. In addition, the Departments of Health and Community development in Zambia was strongly urged to use the findings of the study to begin addressing some of the issues raised by older carers.

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[Denis Gerstorf, Christiane A. Hoppmann, and Mary A. Luszcz]

Trajectories of depressive symptoms in old age: Integrating age-, pathology-, and mortality-related processes

Old age involves dealing with a variety of different challenges that may compromise well-being. This study extends upon and qualifies propositions drawn from the paradox of emotional well-being in aging, using longitudinal data on depressive symptom from old and very old participants in the 15-year Australian Longitudinal Study of Ageing (at baseline n = 2,087, M age = 78.69 years, range = 65-103 years; 49.40% women). Results showed a significant age by gender effect on depressive symptoms such that depressive symptoms increased with age, but the increase was more pronounced in men than women. Individuals with arthritis reported more depressive symptoms than those without arthritis. Furthermore, the age-related trajectory of depressive symptoms was significantly associated with the risk of death, such that a one-unit higher level in depressive symptoms at any point from age at 64.9 years corresponds to a 1.02-fold increase in the risk of death. Specifically, a one-unit higher level of depressive symptoms at age 64.9 years was associated with 1.17-fold increase in the relative risk in mortality and an annual increase of one-point in depressive symptoms was associated with 1.002-fold increase in the relative risk of mortality across men and women. In contrast to expectations based on the paradox of emotional well-being in aging, findings demonstrate that depressive symptoms increased from young-old to oldest-old. Findings also suggest that age-, pathology-, and mortality-related processes should be examined in concert to advance our understanding of individual differences in depressive symptom trajectories in old age.

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Poetic modes of inquiry with women who are old

In the *Silverways* project the narratives of elderly women on their experiences of going online and engaging with related technology has illustrated the impact of technology on the women's 'doing old' in the 21st century. In order not to contribute to the marginalisation of elderly women, the design and implementation of the project has attempted to reduce the inevitable unequal research relationship between the researcher and the women in the study. Conducted via face-to-face and online *conversations,* as well as observation of women's engagement with online technology, negotiations around initial and on-going contact, nature of relationship, level of involvement, choice of pseudonyms, and contributions to process and product have been key project components. With a strong emphasis on mutual respect and an ethos of *neighbourliness* the project is located within a ('croned') feminist gerontological/ social constructivist theoretical framework. The hybridity of analytic approaches includes mainstream and more creative analytic practices including the foregrounding of the women's voices through use of *poetic representation of data* based on the methods of Laurel Richardson. With the goal to provide respect for the women's words, while sensitively blending them with the interpretive voice/s of the researcher, the process provides insight into the evocative, emotional underpinnings of their narratives, and offers fresh perspectives on their experiences beyond those elicited from the prose transcripts. The resultant poetic forms provide an alternative written (or spoken) genre of dissemination giving access to the women's words to an audience beyond the academic.

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Journeys through the fourth age: Longitudinal case studies of becoming frailer

As part of the Southampton Longitudinal Study of Ageing (1977-2002) forty people (24 women and 16 men) gave permission in 1990-95 for detailed case studies to be composed on their sources of identity, making use of analysis of quantitative and qualitative data that had been and was continuing to be collected on them from their later 70s through their 80s and eventually into their 90s. In the majority of cases these participants were also able to provide comments on the written conclusions produced towards the end of the study. In this presentation a brief survey of the characteristics of this sample of cases will be given as well as illustrations of the diverse trajectories of expressed self-esteem, depression and existential meaning that they followed. The vast majority of the participants eventually became frail (defined in terms of needing regular supervision) although at greatly different ages. Most were frail by the age of 85 years. The sample as a whole maintained a high level of self-esteem despite the losses encountered through bereavement and failing health. A sense of engagement with their family emerged as the major factor sustaining a continuing strong sense of identity, followed by the continued ability to exercise some control over their lives, and commitment to long established beliefs and values. Some reflections will be provided on the implications of these observations for current and future generations growing old. The challenges and rewards of conducting intensive longitudinal case studies will also be discussed.

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[Maureen Twiddy, Robert West]

A qualitative study to explore changes in personal relationships and health for spousal caregivers in later life

Background: Increasing numbers of older adults require help with personal or practical tasks because of disease, disability or age related health limitations. Commonly it is their spouse or partner who fulfils some, or all, of this caring role. Evidence shows that taking on this type of caring role can detrimentally affect the caregiver's psychological health and can result in changes, both positive and negative, to personal relationships with the care recipient, other family members, and friends. What remains unclear is the nature by which personal relationships change when older adults take on a caring role for their spouse or partner, and how this links to health. Methods: In-depth interviews with seven older adults were conducted between November 2013 and January 2014. Interviews explored participant's personal relationships and health before and after taking on a caring role for their spouse. All interviews were transcribed and analysed using framework analysis. Results: Carer's relationships with their spouse and other family members reflected their pre-caring status. The number of close friendships generally diminished but the friendships that survived were often closer and typically stemmed from shared experiences. Couple friends commonly disappeared, while new friendships emerged with people who had an insight into the carer's experience. Participants reported stress, tiredness and an increased susceptibility to infection, which some attributed to their caring role. Support from family and friends helped manage symptoms of stress. Conclusion: Supportive family and friends may help older adults cope with caring for their spouse.

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Situated creativity, everyday interdependency

Overall my research has taken an applied aesthetics approach to exploring the everyday lives of older people, pragmatist philosophy and aesthetics having provided much of the theoretical ballast. This paper will consider whether participants' experience of formal or informal help can be "creative". In so doing, it will expand on the pragmatist tradition by offering an alternative, action theoretical perspective on care relationships and practice. Creativity in both classical and contemporary pragmatism, is foundational to human agency, being, '…the improvisational responses of human beings to the concrete situations in which they are implicated in.' (Colapietro, 2004:4). More specifically, it will be argued that Joas's (1996) reconstruction of social action theory, a theory of situated creativity, premised on the principle conditions of *situation, corporeality* and *sociality,* offers a viable and relevant alternative to understanding

rupture to routine, loss of independence and how help is enacted in later life. Given that this model incorporates both Dewey's aesthetics (1934) and social theory (1938), discussion will focus on: Dewey's non-teleological concept of *ends-in-view* in social action as characteristic of the real-world, indeterminacy of care relationships and the challenge of maintaining independence. Habit as an action theoretical concept, as a corollary of creativity and at the heart of an embodied sense of self. These issues will be illuminated by autogenerated photo elicitation and in-depth interview data, drawn from a multicultural sample of 31, urban dwelling, older people, recruited from social hubs and support groups for the visually impaired.

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[Karen Glaser, Karen Lowton]

Planning for old age: Meeting the needs of adults with autism post parental care

In 1943, when Kanner identified infantile autism, little thought was given to autism in old age. Yet the disabilities of autism are complex and persist across the life course. Today, older adults with autism are a newly recognised ageing population, set to increase rapidly in the near future. Social and demographic changes have resulted in elderly caregivers providing support and security for their adult children with autism, who are very likely to survive them. To date, there is a lack of research on the future service and support needs that adults with autism may require to successfully manage the transition to post parental care. The impairments in language, social skills, behavioural difficulties and sensitivities to change unique to people with autism may contribute to heightened considerations in future care planning. Based on the life course perspective, this research, using quantitative and qualitative methods, explores future service and support needs, family roles and relationships, and long-term care planning in families with an adult with autism from two historical cohorts. It investigates from a holistic family perspective the concerns, desires and supportive services necessary to maintain adults with autism's wellbeing beyond the life of their parents. Moreover an investigation of the care and support needs of adults with autism as they age will help inform policy, programs and services on how best to respond to the needs of this ageing population.

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[Marc I Combrinck, John Joska]

Validation of a dementia screening protocol in Xhosa speaking older adults and associations with depression.

Background: The 10/66 group found a dementia prevalence of 3.9% in 21 centres in low and middle income countries (LAMIC). Despite the increasing life expectancy, there are no published data on the prevalence of dementia on older adults living in South Africa. Various factors including B vitamin status, HIV/AIDS and depression may contribute to cognitive impairment. Aims: To validate a screening protocol for dementia and depression in a low income community of older adults. Methods: We translated the 10/66 group's dementia screening tools into isi-Xhosa for validation in community-dwelling older adults in the Cape Metropole. 57 participants over the age of 60 were recruited. Six known dementia cases were recruited from a Memory Clinic. Participants were screened with the Cognitive Screening Instrument for Dementia (CSI'D'), a depression scale (EURO-D) and a medical and demographic questionnaire. Ten participants were subsequently evaluated for dementia diagnosis by a neurologist. Results: Data for the sample (mean age 72⊕6; 49% primary school only) were analysed for diagnostic accuracy against confirmed case data and MMSE scores (22.9⊕4.8). Distribution curves were assessed against published norms for individual cognitive tests in the CSI'D' to generate control data. Correlations were significant between the COGSCORE and MMSE (r=0.84) and RELSCORE (informant score), (r=0.24), but not with the EURO-D. COGSCORE was not predicted by age, sex or education level.

Discussion: The CSI'D' was more accurate for detecting cognitive impairment/dementia than the MMSE, animal fluency and CERAD delayed recall, which were sensitive but lacked specificity. Further analysis is required to establish appropriate cut-offs for dementia detection in this population. Results of a nutritional status assessment and its associations with cognition are being analysed.

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Differences in predictors of loneliness and social isolation experienced by rural-dwelling older adults: The Grey and Pleasant Land study (GaPL).

Background: Loneliness and social isolation are different concepts with independent health consequences and predictors in older age in urban populations, however little is known about their differences in rural populations. Aim: We investigated the prevalence and predictors of loneliness and social isolation in rural populations. Methods: The GaPL dataset (six rural areas in SW England and Wales) was analysed (n=865, 58% female, mean age 71.5 [SD 8.2] years). Unadjusted and adjusted binary logistic regression models were conducted on four outcome variables: loneliness, isolated from family (FAM), isolated from the community (COM), and isolated from family and the community (F&C); and 12 personal, behavioural, inter-personal and contextual predictors. Outcomes: 17% (16% men, 18% women) were lonely, 49% (54%, 47%) were FAM, 19% (22%, 17%) COM, and 10% (12%, 9%) F&C. In adjusted models, having fewer supportive relationships increased odds of all outcome variables (OR 1.99 loneliness; 3.35 FAM; 2.59 COM; 4.28 F&C; all p<0.05). A higher number of local social activities reduced odds for all except FAM (OR 0.81 loneliness; 0.75 COM; 0.81 F&C; all p<0.001). Widowhood increased odds of loneliness but reduced F&C (OR 1.85 and 0.34; p<0.001, respectively). Low perceived health was only associated with loneliness (OR 1.68, p<0.001), while being disabled predicted only COM (OR 1.51, p<0.001). Discussion: Increasing supportive relationships and facilitating active involvement in the local community have potential to alleviate loneliness and isolation in rural areas. Rural widow(er)s may be at particular risk as they are at increased risk of loneliness, even when reporting supportive social networks.

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[Jeroen D.H. van Wijngaarden, Ton J.E.M. Bakker, Johan P. Mackenbach, Anna P. Nieboer]

Clinical geriatric care in the Netherlands: A regional comparison

The Prevention and Reactivation Care Program provides a novel approach targeting hospital related functional decline among elderly patients in the Netherlands. Yet, 'geriatric care as usual' may also comprise evidence based structures and processes. This paper presents a detailed insight into structures and processes, which shape geriatric care in line with the PreCaP approach compared to 'geriatric care as usual'. Semi-structured interviews and non-participatory observations were conducted in three hospitals (A,B,C), selected for their comparable patient case mix and different levels of geriatric care. Patient files, hospital protocols, and care plans were screened for geriatric care elements. Establishment of a geriatric unit and employment of geriatricians demonstrates commitment to geriatric care in hospital A. Although admission processes are comparable, early identification of frail elderly patients only takes place in hospital A. Nursing care in the hospital A geriatric unit excels through maximizing patient independency, an important predictor for hospital-related functional decline. Transfer nurses play a comparable key role in arranging post-discharge geriatric follow-up care in the three hospitals. Geriatric consultations are performed by geriatricians, geriatric nurses, and case managers in hospital A. Yet, consultative psychiatric nurses provide similar services in hospital B and C. Standardised procedures, formalised communication channels, and advanced computerisation contribute to geriatric care in hospital B. Nevertheless, small size hospitals, such as hospital C provide opportunities for informal information sharing and decision making, considered essential in geriatric care, given its multidisciplinary nature. Geriatric care for patients with multimorbidity requires a multidisciplinary integrated approach in a geriatric unit.

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[Wendy Wills]

Vulnerability and risk: older people and foodborne illness in the home setting: Findings from the kitchen life study

Recent increases in cases of *Listeriosis* in older people have focused attention on food preparation, storage and consumption, including in the home setting. Previous studies have concentred on examining knowledge, attitudes and reported behaviour therefore the aim of *Kitchen* Life was to observe what 'actually happens' in domestic kitchens to assess whether and how this has the potential to influence food safety. We drew on current theories of practice to see individuals as one piece of an overall jigsaw puzzle that also examines the household setting, technologies, material objects and pets within the home along with the shared values and meanings that practices become imbued with. Using a qualitative approach, methods included a kitchen tour, photography/ photo elicitation, video/direct observation, informal interviews and diary methods. Ten households with older people (60-79 years and 80+) were recruited across the UK along with ten households with people aged <60 years. We suggest vulnerability is influenced by changes in sensory and cognitive perception and physical capacity whereas older people's risk status is affected by their 'food values' as well as shifts in practices and living circumstances. Trust in the food supply chain, inconsistent use of food-labelling and attitudes to food wasted influenced risk of foodborne illness. Bereavement, living alone and receiving help with domestic tasks influenced kitchen practice and interacted in different ways with changes in vulnerability status. The study provides important insights for considering the complex pathways between vulnerability and risk and the ways such pathways operate for different groups of older people.

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[Deborah Humphrey, Venkat Narayanan, Christina Victor, Charles Simpson, and Caroline Griffiths]

The challenges of fall related risk in acute mental health settings for older people: A question of balance?

Risk of falling is exacerbated by mental health problems and treatments. However, we have very little understanding of how fall-risk is perceived by patients, their family carers or staff in these settings. This paper presents findings from an exploratory case study in an NHS Trust in the south of England and draws on findings from focus groups and interviews with patients, family carers, clinical staff and senior managers. Understanding of, and risk taking in response to falls by patients with mental health conditions often reflects perspectives of older people in other settings, e.g. wanting to avoid the stigma associated with using walking aids, however, psychiatric medication and unfamiliar environment is perceived to add to fall-risk. Staff discussed the tensions of balancing risk of injury due to, for example, untreated agitation with potential side-effects of medication. Notions of risk varied according to professional background and across the organisation. There is a perception of poor fit of fall policy/assessment tools with the 'real world' of practice. Policies are not perceived to assist staff in assessing/ managing risk at the patient level. It is clear that there is much thinking about risk, however much of this is hidden, and undocumented. Improving risk taking in mental health settings presents a number of challenges, however there is scope to improve the way risk is communicated and documented both within teams, across the organisation and through working with patients/carers.

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Car-ownership, voluntary participation and the subjective health of older people who live alone in rural Northern Ireland

Previous studies from other parts of the UK and international studies find access to transportation (car-ownership) an important means for older people's autonomy, well-being, health and a means to prevent social isolation. This is of particular importance for older people who live alone in remote areas. Single-living elders in remote areas without access to transportation are potentially vulnerable to isolation and loneliness, as they do not have relatives in the household, or friends nearby, who could provide transportation, social company and other resources. However, relationships between access to transportation, communal participation and the self-reported health of single-living elders have not sufficiently been explored with representative population data yet. The majority of studies make use of qualitative interviews and focus-groups. There is to date no account representative of the population of older people in rural Northern Ireland.This paper investigates access to transportation (car-ownership) of older people living alone in rural and remote areas of Northern Ireland using the Northern Ireland Longitudinal Study (NILS) with linked Census 2001-and 2011 records. The research questions are: How is the transport situation for single-living older people in rural and remote areas (areas with low access to services)? How is the self-reported health of single-living older people compared to those who live with partners and/or relatives? Has their access to transport (car) changed between 2001 and 2011? To what extent do we find car ownership to be related to active voluntary participation, and to a better self-reported health of older people in rural Northern Ireland?

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Stereotypes and misconceptions: Myths of gendered old age in Donna Leon's fiction

Traditional gerontology has theorized about older people as a rather homogeneous group, more often than not disregarding gender among other aspects. Moreover, representations of the old tend to reflect their social status as Other, a fact that is especially true as regards representations of aged females in fiction. Either as a devoted and nurturing grandmother, as a benevolent and obliging spinster like Miss Marple, or as an embittered and demented Miss Havisham, fictional representations of aged female characters fulfil a very limited number of roles and are by no means descriptive of the multiple and multifaceted aspects involved in women's experience of ageing. This paper attempts at examining popular myths and stereotypes about gendered ageing as represented by characters in Donna Leon's fiction: to illustrate my point, special emphasis will be made in some of Leon's novels, such as *Death at La Fenice* (1992), *The Death of Faith* (1997), *Doctored Evidence* (2004), *About Face* (2009) or *Drawing Conclusions* (2011). My analysis will concentrate on constructions of the ageing process to reveal different social/cultural attitudes towards old age, as well as highlighting the author's awareness that the cult to youth and beauty in our societies affects women differently than it does men. To this purpose, the concept of "successful ageing", gendered notions of youth and beauty, the role of life narratives, or the personal and cultural construction of identity will be addressed to interrogate the ways in which our perception of ageing can be enriched by literary studies.

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[Simon Biggs, Melanie Joosten, Helen Kimberley]

Age encounters: intergenerational perspectives on age and ageing

Inspired by the concept of Generational Intelligence (Biggs & Lowenstein, 2011), the Age Encounters project sought to document how older (> 75 years) and younger (< 25 years) individuals experienced age and age prejudice in their own generation and how

they imagined these might be experienced in the other generation. Interviews were conducted with 10 older and 10 younger people about their perceptions of age and ageism. These interviews were both filmed and transcribed and a 10-minute DVD "Age Encounters" was produced that brought to life the themes identified through analysis of the transcripts. Older and younger participants recognised negative portrayals of their own and the other generation for the stereotypes they were, identifying the media as promoting these descriptions. While few participants had given much thought to the views and experiences of the other generation, their regard for each other was largely respectful, often based on positive personal interactions. They shared an understanding of some of the challenges that faced the other generation (including over or under exposure to social media and other ICT applications) and had strong relationships within the family. Participants from both generations identified that there were few locations outside the family where younger and older people can interact – and most expressed a desire for such places. Public transport was the only place identified as facilitating intergenerational interactions amongst strangers. This oral presentation will include a brief introduction to the DVD and description of the main themes and then the DVD will be shown.

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[Helen Lucey]

Rethinking ageing: the place of siblings in the health and social care of older people.

Social care and health services dedicate large proportions of resources to the care of older people. In light of large cuts in formal service provisions, older people are relying more heavily on informal care pathways provided by family members. Typically, adult children and spouses represent a large part of the informal caregiving for older people, but what about siblings? Having and being a sibling is the experience for the majority of people in the UK, but they are nevertheless relatively absent in discussion of social care and well-being for older people. Taking a psychoanalytically-informed psychosocial approach, this presentation draws upon an exploratory study of 10 women in their 70s and their experiences of being a sister. The data indicates the value of siblings within older people's caregiving networks, particularly the support offered on an emotional and symbolic level. For example, the comfort of knowing a sibling is 'always there' and is

able to provide a wealth of memories becomes more important as we age and attempt to find meaning in the later stages of life. This presentation aims to challenge our currently held beliefs surrounding what forms of health and social care people need in older life. Rather than maintaining the marginalised status of siblings in policy thinking, it is worth considering them as primary facilitators of well-being in older life. Siblings could offer an unacknowledged resource for supporting people in old age. What role, if any, do brothers and sisters assume in the later stages of life?

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[Beth Perry, Carol Anderson]

Health-related technology use by older adults in rural and small town communities in Alberta, Canada

This study explored how older adults living in rural and small town communities in Alberta, Canada use technology to help achieve health-related outcomes such as health education, social support, health alerts, health-related reminders, and health parameter monitoring. Focus groups were held in three communities. Thirty-four people 60 years of age and older participated. Data were analysed for themes using qualitative content analysis. Findings revealed that participants used technology to stay connected with family and friends, to research health information and self-care health advice, and to overcome barriers threatening independence or choice of residence location. There was limited use of technology for medication reminders, health parameter monitoring, or health alerts. Findings also revealed that older adults are enthusiastic about using technology for health-purposes and expressed a keen interest in learning to use technology effectively. Older adults in this study articulated interest in using technology for health-related outcomes and expressed a desire to become increasingly technologically savvy. Results of this study increased our understanding of uses this population makes of technology for health-related purposes, their access to technology, and ways they perceive technology as helpful in assisting them to remain healthy. Health-related technology could improve older adult well-being though enhanced self-efficacy, social support, and health monitoring which aids them to live independently in chosen communities. Strategies for enhancing the use of health-related technology with this population and ideas for further research conclude the presentation.

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[Teresa Atkinson, Theresia Baumker, Ailsa Cameron, Robin Darton, Ann Netten, Jeremy Porteus, Randall Smith, Sarah Vallelly]

Developing the community hub model of housing with care

There is strong demand for specialist retirement housing, sometimes known as 'assisted living', in the United Kingdom, largely due to its ability to increase independence and quality of life for growing numbers of older people who aspire to enjoy a long and active retirement. One well recognised advantage of this type of provision is its potential to serve as a community hub, whereby services and facilities situated both on site and in the local area can be can be accessed by both scheme residents and wider community. This 'inreach' and 'outreach' model of care and support offers the potential for better access to health and other services, increased social interaction and economies of scale, in addition to reduced isolation and greater intergenerational contact. This paper is based on the work of ASSET, a 24 month project funded by the NIHR School for Social Care Research, to explore how to deliver personal social care and support to housing with care residents in a way that maximises quality of life and community resilience while at the same time offering value for money in the context of an increasingly stretched public purse. We present evidence for the advantages of a community hub approach, along with some of the challenges of implementation for policy and practice, and assess the extent to which this approach can contribute towards the success of housing with care as an age-friendly option for later life.

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A discrete-time multilevel analysis of the effect of social support on the survival of elderly people in China

This study undertakes a survival analysis of elderly individuals in China using the Chinese Longitudinal Healthy Longevity Survey 2002-2008. Employing discrete-time multilevel models, we explore the effect of social support on the survival of elderly persons in China. The study finds that living arrangements, perceived and received social support, family income, health status and the level of the province's economic development are associated with older people's survival after controlling for their demographic characteristics and social-economic status. Being more specific, elderly individuals who are younger, female, living with spouse, perceiving care support from family, social service and live-in care givers, covering for finance and medical expenses themselves, with higher family income and good health status have higher odds of survival. When the analysis is conducted separately for elderly persons in urban and rural areas, the results are broadly similar. There is a larger difference between those perceiving care support from family or social service and not perceiving care support in urban areas comparing to those in rural areas. Those who cannot pay medical expenses are the least likely to survive. The higher level of economic development in province has no significant effect on the survival of elderly persons for the whole sample model and for the model including only elderly persons in urban areas; however, there is a negative influence on the survival of elderly people in rural areas.

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Social networks and loneliness in older adults

Perceived feelings of loneliness, both social and emotional, are particularly prevalent in older adults. Many studies have linked loneliness to poor health, cognitive decline, bereavement and other associated issues. The main aim of the current research is to explore the impact of social networks on feelings of loneliness in older adults (60+ years). The study considers the role of living circumstances and looks comparatively across two living environments; those living independently in the community and those living in sheltered accommodation. The research adopts a qualitative methodology and explores the use of visual methods with older adults. Auto-driven photo-elicitation is used; the participants were asked to take photographs of social activities that they partake in and of things that were important to them. The photographs were then used to facilitate an in-depth interview. The study applies the concept of 'framing' to address how individuals organise their social worlds and how they frame feelings of loneliness within them. In light of this, Goffman's Frame Analysis (1974) is of particular interest to the study. The research is currently ongoing and data analysis is being carried out. It is anticipated that the research will offer interesting insights into the social world of older adults.

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[Gail Mountain, Laura Di Bona, Jennifer Wenborn]

The 'Valuing Active Life in Dementia' (VALID) research study: Lessons learnt from the development phase of the research

Background: VALID aims to develop, evaluate and implement an occupation based intervention for people with mild to moderate dementia, and their family carers living in the community. This study is based on research carried out in the Netherlands, which found benefits for people with dementia in terms of activity of daily living skills and quality of life, improved sense of competence and quality of life were found for carers, and the intervention was found to be cost effective. Methods: Based on MRC guidance on evaluating complex interventions, a development phase has involved adapting the intervention to a UK setting. A definitive multi-centre pragmatic randomised control trial to determine clinical and cost effectiveness is being planned. Findings: For the development phase, 33 UK Occupational Therapists have been trained and 99 people with dementia and their carers recruited to receive the intervention. Eleven focus groups (with people with dementia, their carers and Occupational Therapists) have been carried out to inform adaptation of the intervention and pilot/RCT phases of the research. Overall, it was felt the intervention could help engagement with activities and reduce family stress. Occupational Therapists found the intervention to be thorough, but adhering to research procedures was a challenge. Findings are being used to inform design of the pilot and RCT.

Conclusion: There are challenges for practice and research, in adapting this type of complex intervention from the Netherlands to the UK.

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The implications of telehealth for the knowledge and competences of service users and care providers

Telehealth is the means by which technologies and related services concerned with health and well-being are accessed by people or provided for them, at a distance. It is a subset of eHealth. The rapid growth in number and type of telehealth services is associated with transformations in health and social care service provision. There are substantial implications for the knowledge and competences of those who access and use such services; and also for those who provide them. This paper outlines the ways in which telehealth technologies are being harnessed by users - giving them greater control over their conditions and/or lifestyles; and supporting people who are dependent or vulnerable. It then addresses some associated knowledge and competence needs. The context for the paper rests, in part, with the European Commission's 2012 eHealth Action Plan and the accompanying Staff Working Paper. The implications of these are substantial with regard to the way that we resolve some of the difficulties around health and support service provision. The Staff Working Paper references 'a lack of and inadequately trained and practising staff' and makes a call for the inclusion of 'eHealth in medical curricula' and 'training in the workplace'. But this paper will affirm that, at the same (and involving both health and social care staff), it is necessary to promote the means by which all of us are supported in becoming more digitally competent. Such competences will enable more people to engage with and reap the benefit of telehealth.

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[Paul Higgs]

Care and the moral identity of the fourth age

The division of later life into a third and a fourth age is contentious. While considerable empirical and theoretical attention has been paid to the third age (Carr and Komp, 2011) the fourth age remains a matter of mostly marginal interest in gerontology and in ageing studies. The aim of this paper is to explore the moral identity of a stage of life characterised by chronological agedness, mental and physical infirmity - and care. While the topic of frailty has grown in importance as have the demographic changes associated with the ageing of ageing societies and the question of what now is 'old', theories of the fourth age and the nature of 'care' have not been explored, other than through the tangential framework of professional ethics. The aim of this paper is to explore the ways care fashions the fourth age and shapes its particular moral identity, concentrating upon the relationship between ideas

of 'agency', the status of 'personhood', 'corporeal citizenship' and the 'moral imperative to care'. This paper will explore how these four themes relate to the idea of a fourth age and the relative positions that those who care and those who are cared for occupy in supporting or constraining it.

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Social networks and residential mobility in later life: the effects of moving on social network supportive capacity amongst older people in the UK

It has been estimated that informal care for those aged 65 and over in the UK if it were fully funded, would cost the Government around £119 billion each year. Using the British Household Panel Survey, this study examines the social networks of older people in the UK, and the disruptive effects on their perceived supportive capacity as a result of moving. The determinants of moving home in later life are investigated; the analysis finds that the incidence of residential mobility is associated with, amongst other things, becoming widowed and experiencing a negative change in health or financial circumstance. Social networks of older people in the UK are operationalised examining attributes such as network size, frequency, proximity and functions. It is found that the companionship and community networks of older people are most susceptible to adverse change following a move. The research has important implications for policy as damaging effects on an older person's informal support network may have consequences for their health outcomes and in turn lead to an increased dependence on formal health and social care services at the places to which they move.

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[Priya Khambhaita, Barrie Margetts]

Well-being of older people with chronic diseases in India

Chronic diseases, such as heart disease, cancer and diabetes, are the leading causes of mortality in middle income countries such as India. According to the WHO, 15% of the 36 million global deaths from chronic diseases in 2008 occurred in India with 38% males and 32% females aged below 60 (WHO, 2012). In addition, more than 60 million Indians were diagnosed with diabetes in 2011 (IDF, 2012). These chronic diseases reduce the quality of life of older people, reduces disability free life expectancy and healthy life expectancy. Despite of the increasing prevalence of these diseases and the subsequent impact of these diseases on the well-being of older people, little attention was paid on the association. These diseases not only lead to increase in demands for care but also costs incurred for the expensive out-of-pocket expenditure. The aim of the paper is to contribute to the understanding of well-being of older people with chronic diseases, with a particular focus on the living arrangements. Data from the Study of AGEing (SAGE) and the UNFPA India ageing survey were analysed to study the association between chronic diseases and well-being in later life. 30% of the SAGE respondents aged 60 and above and 36% of the UNFPA ageing survey respondents have reported chronic diseases such as asthma, hypertension, diabetes, stroke and angina. Males have reported slightly higher levels of chronic diseases in the SAGE survey, and urban respondents are more likely to have chronic diseases in later life compared to rural respondents. Between 33% and 40% of the respondents with chronic diseases are widowed, and they seek support from other family members. The paper further compares and contrasts well-being indicators of older people with chronic diseases with well-being of older people without chronic diseases. Results show that older people with chronic diseases report significantly poorer health compared to older people without chronic diseases. 35% of older people with chronic diseases rated their health as worse. Also, older people with chronic diseases felt that their health declined in the past 12 months. The discussion of the paper takes into consideration the impact mortality bias might have on the well-being indicators in later life.

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[Sasee Pallikadavath]

Is the phenomenon of care reversal and self-care happening in India? An exploratory analysis of care reversal patterns using the National Family health surveys

The aim of the paper is to explore the changing living arrangements in India due to urbanization, migration, demographic transition and epidemiological transition

to estimate the care patterns. The paper, using the National Family Health Survey, explores patterns of living arrangements by using a generational approach, which classifies households based on the number of generations living together and their marital status. Using this generations approach, the paper aims to shed some light on care reversal and self-care in India. The analysis shows that 31% of households in India have at least one older person aged 60 and above. Out of these, nearly 6.1% of older people live alone. Also, 9% of older couples live alone providing further evidence on self-care. There is an increase in the proportion of older people that are living alone and are caring for themselves between 1992-93 and 2005-06. The paper also shows evidence of first generation (defined as older person or older couple aged 60 and above) living with an unmarried, widowed or divorced member of generation two (for example, widowed daughter-in-law, unmarried son or divorced daughter). Nearly 5% of households have older couple with one member of G2 hinting reversal of care. These older people are assumed to provide financial, emotional and social support along with their contribution to the household chores. The generational approach also provides information on the households that have the first generation living with the third generation (grand children) without the middle generation. As exchange and provision of care is affected by migration, mortality and marital patterns, we believe that the generational approach will provide additional insights. The paper argues that older people do not completely depend on their children and grandchildren for support. In contrast to the cultural expectations, evidence shows that some older people live alone and care for themselves and others provide some form of care to their children and grandchildren. One of the caveats of the paper is that care is not directly measured but assumed based on the living arrangements. Care in this paper is broadly defined and involves raising grandchildren, performing household chores in addition to financial and psychological support.

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[Doris Bohman, Ania Willman, Jimmie Kristensson, Göran Holst]

Older persons (75+) with multi-morbidity and their experiences of case management

Background: Today, there is an interest in how Case Management (CM) should be designed to best suit the complex needs of older persons with multi-morbidity. Current research on CM has mainly focused on health care costs and consumption, but the results have been inconsistent and ranged from positive outcomes to no effect at all. To improve CM there is need to investigate what mechanisms are of importance for a successful intervention. To advance this knowledge there is a necessity for studies investigating the experiences of those utilizing the services of CM e.g. older persons with multi-morbidity. There might be interpersonal or unknown factors that could contribute to a CM intervention's success or failure. Therefore, the aim of this study was to explore the experiences of case management amongst older persons (75+) with multi-morbidity. Methods: The study design was qualitative and inductive, consisting of thirteen individual interviews with older persons (75+) with multi-morbidity, conducted during 2013. The interviews were recorded, transcribed verbatim and subjected to thematic analysis. Results: One overarching theme emerged: *Being my advocate* with three subthemes: 1) *Receiving help to navigate the health system,* 2) *Feeling secure* and 3) *Increase my competence*. These themes described the experiences of case management amongst older persons (75+) with multi-morbidity. Conclusions: Findings from this study can help to shed some light on the complexity of CM for older persons with multi-morbidity, as experienced by them. These findings could assist in the design of CM interventions aimed at older persons with multi-morbidity.

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"That's what I'm missing": the experiences of older involuntarily childless men

The global trend of a declining fertility rate and an increasingly ageing population has been extensively reported. Childless men are, compared to women, missing from gerontological, sociological, infertility, psychological research, and masculinities. These fields have all mainly focussed on family and women, with the fertility intentions, history and experience of older men being overlooked (Dykstra, 2009). Infertility research has shown that failure to the pronatalist normative of parenthood leads to a complex form of bereavement and a significant challenge to identity. This paper is an overview of a PhD of the life experiences of older involuntarily childless men. In-depth biographical interviews were conducted with 14 men, aged between 49 and 82, at different locations

across the country. The thematic analysis showed the complex intersections between men's experience of involuntary childlessness and agency, structure, and relationships. The findings showed a range of diverse elements that affected the transitions related to ageing and involuntary childlessness: interpersonal skills, partner selection, timing of relationships, and the assumption of fertility. The importance of relationship quality, and the significance of being partnered, was highlighted in the social networks of both those with and without partners. Four of the men negotiated a form of 'grandfatherhood' role: Adopted, Latent, Surrogate, and Proxy. The concept of 'Reproductive Capital' is discussed.

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Relational urban practice: creative interventions into urban practice and debate

This paper explores how emerging forms of relational urban practice can help support older people reconfigure their everyday relationships to urban space – and challenge, in turn, the literal and symbolic marginalisation of older age groups in urban design practice and discourse. Drawing on a five-year-long programme of participatory urban interventions [Handler: 2013], this paper describes a series of creative techniques that have been used as part of a relational urban practice to: surface hidden narratives of an otherwise marginalised age group; foreground complex emotional relationships to place (often lost in discursive preoccupations with the physical and material); and make space for the expression – and acting out – of spatial fantasy (and taboo) in older age. From 'temporary urban interventions' (small-scale participatory actions acted out in public space); 'site-specific narrative' (writing that 'returns' research into the landscape/context out of which it has emerged); through to 'co-produced spatial propositions' (speculative readings and re-imaginings of the urban environment), this paper describes how creative techniques familiar to relational forms of urban practice can become an effective way of directly engaging with and making visible those less tangible – often neglected – dimensions of older people's everyday relationships to place. Set within current academic debates on emerging forms of relational urban practice that engage with and harness the social relations that construct urban space [Rendell: 2006; Petrescu et al: 2010 Till:

2009; Awan et al.: 2011], this paper seeks to identify the particular, creative value that spatial practitioners working on this borderline between architectural and art practice can bring to current practice and debate on urban ageing. Its key message is methodological: pointing to the potential value of this kind of creative practice in offering an alternative to the functionalist discourse that dominates 'age-focused' designs, recommendations and interventions into urban space [Burton et al: 2006; WHO: 2007], engaging instead directly with older people's emotional and possible relationships to place.

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Promoting health and well-being for older people: professionals' perspectives

Policy expects health, social care and voluntary/community sectors to work together to promote healthy ageing. WISH evaluated a Multi-dimensional Risk Assessment in Older people (MRAO) expert system that encompassed health, social, economic and environmental domains. Key stakeholders assessed its ability to encourage self-care, foster cross-sector working, promote community wellbeing, and contribute to policy aspirations. The objectives were to explore how aggregate data could be used to inform commissioning and service provision; to explore areas of effective joint working across agencies based around meeting local needs identified by the MRAO tool. Aggregated data from 454 completed MRAOs in five General Practices in South East England were considered by 32 purposively selected commissioners and providers in four audio-recorded working groups and individual semi-structured interviews. Framework analysis was used. Data were organised into matrices, enabling case-based and thematic analysis. Key concepts were defined, considering dominant and alternative views.

Interest was expressed in local profiles with surprise some needs, e.g. pain and incontinence, had high prevalence among older people without complex needs. Identifying agencies and individuals to take responsibility for following up non-health related needs proved problematic. The process was feasible to implement as a way to profile local populations. It was

difficult to make service recommendations to promote healthy ageing, especially for professionals unfamiliar with commissioning. WISH enabled statutory health and social care professionals to use evidence to discuss the needs of local populations. Tools such as the MRAO can assist Health and Wellbeing boards identify local unmet needs and promote healthy ageing.

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Financial dimensions of wellbeing in older age

This paper brings together the main findings from our recent research project 'financial dimensions of wellbeing among older people'. This was a 15 month research project, funded by the Economic and Social Research Council under its Secondary Data Analysis Initiative. This work analysed a suite of datasets using a range of methodologies, synthesising the results to provide a complete picture of financial wellbeing among the over 50s. This paper is a synopsis of some of our research outputs (and the methodologies used):

– Exploring patterns of expenditure: Segmenting the older UK consumer using the Living Costs and Food Survey (using cluster analysis);

– The relationship between mental wellbeing and financial management among older people - An analysis using the third wave of Understanding Society (using logistic regression)

– Demystifying non-mortgage borrowing in older age: a longitudinal approach using the Wealth and Assets Survey

– An international comparison of financial satisfaction among the over-50s: a multilevel approach using the World Values Survey

While the paper cannot expect to look in detail at all of these areas, we will draw out the 'research headlines', the interrelationships between these different aspects of wellbeing, and discuss their implications for practitioners and policy-makers.

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[James Palfreman-Kay, Anthea Innes and Sarah Hambidge]

Exploring the use of video within social media as a method to raise awareness and challenge gaps in perceptions and understanding of dementia.

The use of video within social media (such as YouTube, Facebook, and Twitter) is providing researchers with novel ways of disseminating the findings of research. This is inspiring researchers to think outside of traditional academic approaches, and enabling research to extend to new and wide-ranging audiences. This paper focuses on the Living Well with Dementia project, which was designed to utilise video to raise awareness and challenge gaps in perceptions and understanding of dementia. The project involved filming and disseminating a video featuring people with dementia and carers talking about what it means to live well with dementia. Obtaining the views of people with dementia and carers was considered crucial in terms of portraying the real-life experiences of living with dementia, and enabling these often marginalised voices to be heard. Participants were asked 'what is your experience of living with dementia?' and in their responses drew upon diagnosis, treatment, lifestyle, social activities and family relationships. The finished video was disseminated through YouTube. After viewing the video, members of the public were invited to complete a short survey to establish whether watching the video challenged their understanding of dementia. This paper showcases the Living Well with Dementia video, as well as exploring the ethical and practical challenges of capturing the experiences of people with dementia on video. Preliminary results from the survey are also presented, in order to explore the role of video within social media as a method to raise awareness and challenge gaps in perceptions and understanding of dementia.

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Social death and the moral identity of the fourth age

The fourth age represents the bleaker and most marginalised aspects of old age, a social imaginary that has been likened to a black hole where individual human agency is no longer visibly evident. The aim of this paper is to explore what such a formulation might mean for the moral standing of mentally and physically infirm individuals enveloped by this social imaginary. Does it, as some have argued, reinforce the representation of dementia as a form of social death? Does it deny agency to older frail individuals? We argue that despite the lack of visible evidence of social agency, the absence of key elements in definitions of personhood, the 'death' of agency as it were, attributions by carers and engaged others of a common corporeal citizenship and the practices of care associated with such attributions can nevertheless keep socially alive individuals with all possible degrees of dementia. In short, we suggest that those enveloped by the social imaginary of the fourth age are not necessarily deprived of social life even if it is a social life that the previous self or person would not have chosen.

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[Melissa Moore]

Retaining Australia's older workforce in aged care

In Australia, workforce shortages in both residential and community aged care are particularly acute in rural areas, with this workforce generally older than the national workforce and predominantly female. The growing demand for workers in rural aged care, combined with the shrinking supply of younger workers entering the field, highlights a future workforce crisis. While targeted retention of older workers in the field may alleviate this issue, few studies have explored the psychosocial or organizational factors that influence the retirement decisions of this cohort.

This paper reports on a mixed methods study of older direct care workers in northern Victoria, which explored the organisational and individual factors associated with early retirement. A cross sectional survey followed by semi structured interviews were conducted with aged care workers (nurses and allied health) aged 55 years and above and employed in the public sector in northern Victoria.

Findings indicate that older workers experience an effort - reward imbalance in their work. The main factors influencing participant motivations to retire include excessive workplace pressures and demands, unsupportive workplace relationships, low wages, insufficient resident care and attention, and inadequate training and professional development. However, participants identified several factors that influenced their decision to remain in aged care, which included workforce opportunities and altruistic enjoyment of the work. Given the noted imbalance between (high) effort and (low) reward amongst participants overall, strategies were identified for improving this imbalance, and in turn, the retention of older rural healthcare workers.

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Off the beaten track? Post-retirement employment in Germany and the UK from a life course perspective

Both in Germany and the United Kingdom more and more people go on working past state pension age. From a life course perspective, this phenomenon can be viewed as a deviation from the institutionalised life course, because the tripartition into distinct life stages plays a central role. The latter means that childhood/youth is dedicated to preparing for work by education, midlife is dominated by paid work and lastly retirement is a life phase spent not working but enjoying the fruit of one's labour carried out in midlife. Norms and values surrounding the institutionalised life course give (biographical) orientation to individuals as they move through life. Accordingly, the question can be raised how working pensioners experience their work despite retirement and pension receipt. Based on the detailed qualitative analysis of 48 semi-structured interviews conducted in Germany and the UK, I will present a typology of working beyond retirement age. Besides other aspects such as motives for and the particular meaning of post-retirement work, the self-perception of the individuals has proven decisive

in the development of the typology. I will show that this self perception is at least partly influenced by norms regarding the life course, including age norms. The latter imply ideas about when it is the 'right' age to give up paid work or to pursue certain (life course-related) activities. Furthermore, I will place special emphasis on the differences of male and female life courses as well as the cross-country perspective, which will help to unpack the role country-specific institutions such as the pension system play for the subjective experience of postretirement employment.

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[Ann-Marie Towers, Nick Smith, Elizabeth Welch, Tanya Crowther, Grace Collins]

Quality measurement, indicators and assurance in care homes for older people. Can a care home quality indicator be developed, based on the Adult Social Care Outcomes Toolkit (ASCOT), and for what purpose?

Measuring social care service outcomes, quality and value for money for evaluation, planning and commissioning purposes is a key national and local policy priority in England, and providers are expected to demonstrate continuous quality improvement. There is also a push to encourage local authorities to be more transparent and accountable, and for there to be better information to help people choose a care home. However, there is no summary quality indicator that focuses on care home residents' outcomes or, specifically, the quality of life that is supported by the care they receive; which many would say is of fundamental importance. The study explored the feasibility and desirability of developing a new care home quality indicator that would fill this gap, by focusing on residents' social care-related quality of life based on the Adult Social Care Outcomes Toolkit (ASCOT). Local authorities, the care homes regulator, care home providers and interest groups, as well as relatives of older people and people who have chosen a care home were consulted about the purposes and aims of the measure, data collection issues and features of importance. A draft toolkit was developed and tested by a local authority and alternative visual presentations of the results produced. The presentation describes where the proposed measure would sit within the current landscape of measurements, philosophies and frameworks for quality in care homes,

what it might add, and describe and discuss the main messages from the consultations.

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[Carol Holland, Alexis Boukouvalas, Stuart Wallis, Danielle Clarkesmith, Leanne Liddell, Amanda Kay]

The role of a health and wellbeing intervention in supported senior living environments on autobiographical specificity and its correlates: first transitions in a longitudinal study.

Ability to give specific details in recall of personal autobiographical events has been related to social problem solving, to the development of depression, and to cognitive function in older age. This longitudinal study with older adults moving from their original homes to an active and supported senior living environment examines the further relationships of autobiographical specificity (using a modified autobiographical memory test, the AMT) with cognition and functional independence measures. The study investigates the hypothesis that ability to recall specific events is an intermediary functional measure of memory lying between basic cognitive function in older age and psychological wellbeing and functional limitations measures. This paper will present relationships at baseline, and then present an overview of how these alter with changes in the AMT at 3 and 12 month follow-up, finally demonstrating that change in AMT mediates relationships between cognition and independence measures but also between underlying depression/dysphoria and independence. This analysis is part of a larger evaluation funded by the ExtraCare charitable trust.

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Future technologies and dementia: where's the dignity?

At global and national levels, discussion of the impact of ageing populations has been positioned more in terms of economic impact and 'burdens of care' than of human potential and aspiration. Within this context

older people's use of technologies has largely been studied with a focus on understanding the potential of assistive technologies/telehealth/telecare for independence and cutting care costs; and, to a lesser extent exploring older people's attitudes/aptitudes in using (or not) specific kinds of technologies. In the case of people living with dementia and their carers, numerous devices and systems have been developed to allow surveillance, give prompts, raise alarms, and provide reassurance.

Arguably, ICTs have the capacity both to liberate people from the constraints of bodily ageing physical and cognitive disabilities, and to imprison them in joyless worlds of impersonal efficiencies. Hence recent thinking about product design and service delivery has increasingly emphasised engaging older people directly in the development of technologies to ensure age-friendliness, inclusion, and dignity.

This paper draws on a current exploration of concepts of dignity in ICT for ageing, and on ideas about the future directions of mobile and ubiquitous technologies to consider how they might be applied in the case of people living with dementia. In particular it asks how dignity can be maintained when people do not have capacity to engage and influence.

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Dementia – Exploring the Need for an 'Adaptive Model of Ageing'

The provision of cost-effective services for older people diagnosed with dementia poses social and economic dilemmas for policy makers, service providers and the individuals directly affected by these conditions. In the context of widely held and ageist views which devalue older people and problematise ageing the need for a new model for understanding the psychological, social and emotional aspects of age-associated change is imperative as a means of counteracting negative views of ageing acquired across the lifecourse. Findings from doctoral research exploring developing concepts of 'self' within a reminiscence-based adult education group for older people, are combined with knowledge gained from extensive experience working with older people in care settings, to form an emerging theory on the need for an 'adaptive model of ageing' which reverses society-wide attempts to 'cure' ageing, and in particular, its effects on the brain. Challenging the widely accepted ideas that implementing person centred

care will lead to better quality of life for the person living with dementia, the author proposes a model of self-management for people diagnosed with dementia, which focuses on 'bottom-up person-centredness' and autonomy, proposing that the removal of responsibility for personal well-being dehumanizes older people, increasing dependence and the cost of services. This presentation represents progress towards a research project aimed at training health and social care teams to work with people diagnosed with a dementia in a way which encourages them to embrace ageing and to take responsibility for adapting to the social, physical and cognitive changes experienced in later life.

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[David Challis, Mark Wilberforce]

What do occupational therapists do? The design and implementation of a new schedule to measure time-use in OT services.

The role of occupational therapists (OTs) in the provision of long-term care services for older people has undergone dramatic change in recent decades, as successive governments have sought new ways to promote independent living at home. For example, new roles are to be found in intermediate care and allied services providing re-ablement and preventing hospital admission. Rapid access to equipment, telecare and other assistive technologies are viewed as an integral part of such services, in addition to other OT interventions. Alongside such innovations are continued attempts to integrate services and personalise care, placing the service user at the heart of delivery. However little is known about how such reforms are affecting OT time-use, although anecdotal evidence suggests concern about time available for face-to-face therapy and a proliferation of generic roles. Evaluating time-use is critical in ensuring that scarce resources are being put to their optimal use, but requires a systematic approach to ensure comparability across time and between settings. The findings of a new study will be presented that describes the design and evaluation of a new diary schedule aiming to measure OT time-use. The research included an in-depth exploration of OT roles through segmented focus groups, before the successful implementation of a new schedule with 151 OTs in an integrated NHS and social care Trust. The research evaluated OT time-use

against expectations, including an analysis of time spent on direct care with service users. Finally, the research considered future developments and potential applications.

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Health and social care pathways for people with subjective cognitive impairment: a multi-disciplinary perspective

Approximately 800,000 people in the UK have Alzheimer's disease (AD); approximately 5-20% of older people in the UK have mild cognitive impairment (MCI); and approximately one-quarter to one-half of older adults are believed to have subjective cognitive impairment (SCI). By 2050 the number of people living with AD in the UK will rise to 1.7 million. SCI is characterised as a person experiencing cognitive impairments such as forgetfulness, but appear clinically normal on standard cognitive assessments. Memory clinics have many different care pathways for people with SCI. For instance, some offer a prevention training programme, whilst others discharge the patient, thus they are sent away with an uncomfortable feeling knowing something is wrong whilst being told 'you are fine'. Research postulates that people with SCI are 4.5 times more likely to develop MCI than people without, thus suggesting SCI could be a pre-MCI stage, and therefore possibly a harbinger to AD. SCI has numerous causes not all related to degenerative disease. Nevertheless SCI is still something that can affect quality of life.

Ultimately we are looking at SCI from a novel multi-disciplinary perspective involving health and social care, neuropsychology, neuroscience, vision and attention. We aim to explore SCI in order to inform research, policy and clinical practice. This presentation will firstly be aiming to raise awareness of SCI from a multi-disciplinary perspective, and secondly to explore the known current care pathways being followed.

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Learning for living with finitude: spirituality and self knowledge in old age

The global debates about population ageing, life extension and the growing numbers who are retired are galvanising into two inevitable and perfectly sound propositions. The first is that state recognised retirement ages should rise. The consequent second point is that those who are fit and able should continue in employment and active citizenship, up to and beyond statutory retirement thresholds. A necessary corollary is that there must be opportunity and encouragement for older workers to gain new knowledge and skills. But the need is not only for employability. The Third and Fourth ages of life must also be about our inner selves, our capacity to live with our own pasts and the increasing losses of the present. These spiritual matters are central to the wellbeing of the newly expanded legions of the old and in turn of the health of the societies in which they live. Learning to live with ourselves and our past and future as we approach the end of life, is not simply a matter of private reflection. Nor is spirituality confined to those in faith communities. This presentation will explore the dimensions of learning about our spiritual selves and how to use that learning to enhance later life. It will build on material presented in Albans & Johnson, *God, Me and Being Very Old,* SCM Press 2013

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Working with migrant communities: achieving cultural competency in dementia care

Research on dementia care in Black, Asian and Minority Ethnic (BAME) communities has highlighted the need for cultural competency training for those working professionally with people with dementia and their families. It has been evidenced that while many health professionals feel that they need more training to both improve their knowledge about dementia and the cultural norms and religious practices of BAME people with dementia, access to this sort of training is variable. Because of the acute lack of quantitative and qualitative

data about the health and social care needs of BAME communities, and how they are best met, training to improve cultural competency in services is difficult. Whilst training for basic Asian language communication skills is useful, the diversity both between and within BAME communities also needs to be addressed. This paper reports the findings of research with Sikh carers of a family member with dementia living in Wolverhampton in the UK – highlighting evidence that demonstrates the diversity of the Sikh community and challenges assumptions of homogeneity. The findings of this research demonstrate the need for health care professionals and service managers to apply a person-centred approach to care when working with people with dementia and their families from migrant communities in the UK. Cultural competency is a contested term with various understandings and definitions. This paper will present the evidence base to support the notion that cultural competency refers to an understanding of diversity and represents a value-based perspective that recognises individuality – similar to that of person-centred care.

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A thirst for information: supporting family carers of people with dementia

While the increasing prevalence of dementia is a well-recognised aspect of global ageing, for most people the onset of dementia in a member of their own family comes as a unique and personal blow. It is also often the beginning of a search for some understanding of what is happening, what the future may hold, and what support might be available as they move into that uncertain future. This paper is based in findings from two recent studies which included explorations of the experiences of family carers of people with dementia in the context of an admission to hospital of the person for whom they were caring. In the first case family carers were asked during and after a hospital admission to a general ward about their information needs from the point of diagnosis of dementia, through the hospital admission, and beyond: and whether and how those needs had been met. The second study is looking specifically at an in-hospital liaison service for people with dementia and their carers which aims to provide tailored information about local services, as well as more general information about what to expect from a dementia diagnosis. The

paper reflects on efforts to deliver information to family carers of people with dementia in ways and at times that can make a difference to their experience of giving support.

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Older renters: housing and economic security in later life

Historically, New Zealand has had relatively high rates of home ownership, with widely held aspirations for mortgage-free tenure in later life. Between two Census dates (2001 and 2006) a rising rate of rental housing was noted in older agegroups, which formed the basis of a series of projections and a consideration of related policy issues. The next Census was delayed two years until 2013, due to major disruption of the Canterbury earthquake events of 2011. Filling in the period 2006 to 2013, data is available from some national studies of older people. This paper considers the extent of changed housing tenure patterns for older people in New Zealand, alongside other demographic changes, and concurrent reconsideration of income security issues. Policy implications are also explored.

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Explaining the social exclusion of the oldest old

Within the existing literature on social exclusion and older people, little has been said about the impact of social exclusion upon the 'oldest old', despite this 85-and-over age category being the fastest growing age group in the U.K. population. With ELSA and Understanding Society datasets suggesting that the risk of being socially excluded is potentially greater among people aged 85-and-over than among younger retired people, this paper outlines proposed research to test four hypothesized social exclusion risk factors for households containing at least one member aged 85-and-over. The paper focuses on household income, household car access, the self-reported health of all 'oldest old' household members, and frequency of contact with non-resident family and friends. It will justify the focus upon these potential social exclusion risk factors by reviewing existing research literature on these themes and their relevance to broader

conceptual debates on social exclusion. The paper will discuss whether, due to combinations of these, and other potential, risk factors, the 'oldest old' are at an especially high risk of social exclusion, seeking also to examine and explain possible gender differences in vulnerability to social exclusion amongst the 'oldest old.' Discussing secondary data analysis that will determine the relevance of the above social exclusion risk factors to the 'oldest old' category, the paper will advance understanding of how the current and past circumstances of the 'oldest old' determine their risk of social exclusion, identifying potential policy concerns stemming from the rising numbers of the 'oldest old' in many advanced capitalist societies.

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[Claire Surr and Daniel Neagu]

Designing a data warehouse for Dementia Care MappingTM (DCMTM) for monitoring and improving quality of dementia care

This paper will present an on-going cross-disciplinary doctoral research conducted within the University of Bradford that aims to design a research database (data warehouse) for Dementia Care Mapping ™ (DCM™). DCM™, an observational method/tool, produces evidence-based data that is used for assessing and improving quality of care of people with dementia in formal care settings. DCM™ is currently used by health and social care organisations across more than nine countries, however use and access to its data remains local. The re-use of DCM™ data if held in a repository can contribute to global efforts for monitoring dementia care quality by: optimising and increasing the capacity of research in dementia care, providing evidence-based data for understanding trends in care quality and supporting identification of settings and approaches that can be standards of high quality care. However, considering the design aspects informed by users' concerns of re-using data, of such a data repository is crucial for a user acceptable and therefore, a successful system. The study used qualitative methods involving semi-structured interviews and focus groups guided by a grounded theory approach for identifying users' needs and expectations for re-using DCM™ data. We will present one of the key themes emerged from the interviews (n=26) conducted from health and social care practitioners and DCM™ researchers: 'trusting

others' data' (when data collectors are different from data users). Focusing on 'trust' and 'quality' aspects in re-using healthcare related data for developing user accepted IT systems, we will argue implications of the findings for design considerations for the DCM™ data warehouse.

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[Rosalind Willis]

British-born second generation return migrants to India: Caring responsibilities in a transnational context

The Indian migrant population in Britain has aged-in-place, such that second and third generation British Indians now make up a large proportion of this group. For instance, East African-born Asians in England and Wales (including their British-born children) make up around one-third of the Indian ethnic population in the United Kingdom. Research on the topic of second generation 'counter-diasporic migration' is limited when compared to first generation migration. The research presented in this paper provides academic evidence on this particular flow of migrants. There is some anecdotal evidence to suggest that British Indian counter-diasporic return migration is occurring. It is the relationship between these British born migrants and their ancestral homeland that is the subject of our research interest. This paper is a presentation of results from a pilot study exploring caring responsibilities. That is, the approaches return migrants, particularly those in the 'sandwich' generation that are expected to provide care for their children as well as parents, are adopting to balance their responsibilities. With relatives living in India and the UK, we explored how they envisage these responsibilities to change over coming years and potential strategies for dealing with this. Results showed an emphasis on extended families, the advantages of living in multi-generational households and evidence of chain migration. This is in line with Jeremy Hunt's advice to British families to follow the example of people in Asia, by taking in elderly relatives once they can no longer live alone.

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Ageing well with chronic pain in rural environments – preliminary findings from an exploratory mixed methods study

Aim: To explore experiences of ageing with chronic pain (CP) in a rural environment. Background: Over 50% of people in the UK aged 75 years and above experience CP. The impact of CP can be profound and may negatively affect activities of daily living, quality of life and a person's ability to maintain an independent lifestyle. Suffering in silence has been described as a means by which people in rural areas cope with CP; bound within concepts of stoicism and privacy. This research extends this literature, focusing upon older adults' experiences hitherto under researched. Methodology: A mixed methods exploratory approach comprising three forms of interviewing: narrative interviewing using a 'lifegrid' and a quality of life measure, photo-elicitation interviewing, and 'go-alongs'. Participants were recruited though voluntary sector groups using snowballing and spectrum sampling. Inclusion criteria: over 65 years of age, living in a rural environment, and self-reporting CP. A narrative analysis framework has been applied to the data. Findings: Preliminary analysis highlights the importance of lifecourse factors such as family, social and financial resources, mobility, and 'place attachment' in coping with CP in later life. Older adults in rural areas present stoical attitudes toward CP and prioritise other health concerns and needs over it. Discussion: In coping with CP, strategies such as stoicism may be unhelpful and may lead to physical and mental sequelae e.g. increased social isolation, risk of loneliness. The implications for services and policy highlight the importance of exploring self-care strategies and the essential role of rural outreach services.

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Childlessness and social integration in old age

A continuous rise in childlessness in the Western world can be observed across cohorts born after World War II. In Germany we find one of the highest rates: Nearly one third of women born in West Germany (former Federal Republic) in 1965 will remain childless. Whereas there is much research that aims to explain decreasing fertility and growing childlessness, this research is largely concerned with the demographic consequences of these changes in fertility and the resulting challenges for state insurance systems and the economy. Studies about *individual* consequences of permanent childlessness, on the other hand, are scarce. Findings in family research and social gerontology that emphasize the importance of adult children in old age raise the question as to how well the childless are socially integrated. Few studies indicate that the elderly childless have smaller networks than parents. We argue that the gap in social integration between parents and the childless is increasing over the life course since the networks of former are more vulnerable to dropouts than the networks of the latter in old age. To test this hypothesis we used longitudinal data of the German Ageing Survey (1996-2011), including respondents aged between 40 and 85 years when first interviewed. Panel regressions were carried out. Preliminary findings confirm that the networks of the childless are, on average, smaller than those of parents by around one person. Obviously, childless individuals cannot substitute the nonexistent (grand) children completely. Our results further show that the difference between the two groups is growing throughout the second half of life.

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No age on the inside: the prevalence and precursors of subjective agelessness

The age people feel on the inside—as opposed to their chronological or objective age—is called their *subjective age*. Past empirical studies have established that subjective age is a useful construct for making comparisons and predictions. For example, people's subjective age is typically lower than their objective age (e.g., Kaufman & Elder, 2002), and variations in subjective age independently predict important outcomes (e.g., Boehmer, 2007). Nevertheless, elaborating on ideas proposed by Sharon Kaufman (1986) and Stanley Klein (2012), we suggest that not everyone has a subjective age. That is, some people may not have *any* age on the inside that could ever be part

of their identity. We call this *subjective agelessness* (SA). If SA exists, then some self-reports of subjective age may be meaningless. Moreover, SA would be a phenomenon worth studying in its own right, and might independently predict important outcomes too. In this regard, we conducted two large online studies, comprising several hundred participants. The first explored, using counterbalanced dichotomous and continuous measures, whether and to what extent SA existed in the general population. The second explored, in a correlational design, whether and to what extent SA was linked to adaptive/maladaptive traits. Our first study found that over one-third of people report SA on balance, and over one-tenth report complete SA. Interestingly, neither gender nor objective age predicted SA. Our second study found only marginal associations between SA and maladaptive traits, possibly due to the non-normative character of SA creating a degree of social role friction.

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Technology, tourism and ageing: Model hotel suite for silver hair market in Hong Kong

The silver hair market has huge potential in terms of its current and projected population size and most of these senior groups have strong financial implications. By 2041, the over 65 year age cohort constitutes 30% of the total Hong Kong population. To meet this skyrocketing emergence of silver hair market, a strategic plan was initiated to provide accommodation services and train the corresponding servicing skills for the needs of the elderly in tourism market. This development would offer potential employment opportunities. A multi-disciplinary project in collaboration with Engineering, Design, Information Technology and Hotel studies was put up to explore the trend in tourism market with a primary aim of setting out the framework of a Model Hotel Suite conducive to meeting the demand of the elderly. An elder-friendly design campaign has been started and participants from tertiary institutes to design a hotel suite for the elderly have been engaged. The best design of the model suite would be chosen and adopted at a training hotel. The aims of the present project were three-fold. First, it advises the hospitality industry on the needs of the elderly towards accommodation in a hotel suite. Second, a model suite will be built to raise industry awareness of facilities required for serving the elderly. Third, the campaign is served to enhance community awareness and uplift the relevant knowledge and hands on practice of students to meet with the challenges and opportunities arising from the Hong Kong silver hair market across sectors.

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Carers' experiences of stress, conflict and coping when caring for an older relative: results of a national survey

Providing care to an older relative can be a rewarding and worthwhile experience. However, with the growth in the proportion of older people worldwide, especially those with chronic illnesses, family caregivers are under increasing pressures to provide care in the community. Research shows that carers who experience burden, depression or poor health may be at greater risk of engaging in potentially harmful behaviours towards the older person to whom they provide care. This paper presents findings from a national cross-sectional survey of carers in receipt of a state-funded carer's allowance for care provided to an older person. Over 2,300 carers participated in an anonymous postal survey which measured carers' experience of stress, coping and conflict, representing a response rate of fifty-eight per cent. The self-administered questionnaire comprised a battery of instruments including the Zarit Burden Interview (ZBI), the Centre for Epidemiology Depression Scale (CED-S) and a validated modified version of the original Conflict Tactics Scale (CTS), which was used to measure potentially harmful carer behaviour. Survey results showed the extent to which carers are at risk for clinical depression, experience burden and engage in physical and psychological behaviours which are potentially harmful to an older person and identified associated caregiving factors. Results from this survey will be used to examine how conflict within a caregiving relationship can be managed and will be used to inform the development of early interventions that address the needs of informal carers of older people in order to prevent conflict deteriorating into serious incidents of abuse.

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National trends in hospice care among U.S. racial/ethnic minorities

Although high-quality care for the dying is widely available in the U.S., racial/ethnic minorities continue to have poor end-of-life (EOL) care experiences. To address these disparities, research has focused on improving minority patient knowledge of and access to EOL care programs; however, research investigating minority outcomes within hospice, the most widely used form of EOL care in the U.S., is scarce. Using the 2007 wave of the U.S. National Home Health and Hospice Care Survey (NHHCS), this study investigated six key outcomes among 3,661 White, Black, and Hispanic hospice enrolees ages 65 and older. Patients were drawn from 657 hospice agencies across the U.S., and when weighted for national representation, represent 788,872 older Americans. Adjusted mixed effects multilevel models were employed to test for racial/ethnic variation in 1) advance directive completion, 2) do not resuscitate (DNR) order status, 3) healthcare proxy designation, 4) emergent care utilization, 5) hospice length of stay, and 6) site of death. Results will be discussed with respect to the larger U.S. healthcare system, and strategies for promoting improved EOL care for U.S. racial/ethnic minorities will be proposed. This study provides the most comprehensive examination to date of U.S. minority hospice use, and confirms that racial/ethnic differences persist following hospice enrollment. Given that the hospice system is one of the fastest growing sectors of the larger U.S. healthcare system, additional efforts are likely needed to ensure sustained high-quality EOL care for an increasingly diverse population of older Americans.

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[Rebecca Williams]

Older people and the euthanasia and assisted suicide debate in the UK: a Foucauldian exploration of their discourses.

Debates in the UK regarding legalisation of euthanasia and assisted suicide are ongoing. As the position of those older people who are chronologically closer to death but who do not have a terminal or life threatening condition is seldom heard in this debate, seven such people were interviewed. The interviews were analysed using discourse analysis, drawing on Foucauldian concepts of knowledge, power, subjectification and surveillance. Three main discourses emerged: "confused and conflicted", "aged death", and "voiceless in the debate". Although there was a strong self-determination discourse, conflict arose with other discourses. The medicalisation of dying, which has transformed dying into an illness under medical control and surveillance, was reinforced by other discourses. Alternative discourses of dying outside the 'medical gaze' and the possibility of growth and healing emerged. The 'aged death' discourse emphasised natural changes in old age, but these were associated with an increased risk of dependence on (professional) others, who seemed to provide poor quality care. Participants reported the challenge of engaging in a debate about euthanasia and assisted suicide. A reluctance and vulnerability was noted in others, even those who are normally seen as powerful in the debate. By using discourse analysis and drawing on Foucauldian concepts, power structures, as reflected in the participants' language, were revealed which might give a different interpretation to the threat of the 'slippery slope'. This might be caused less by family members, or even physicians, but by a societal discourse that devalues the ill and old.

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Discussion Groups with older people: an interface of inclusive and participatory ageing?

Anecdotal evidence from discussion groups with independent-living older people indicates that combining intellectual stimulation and social engagement in an environment of facilitated discussion has a positive impact on their well-being. This paper reflects critically upon the author's first-hand experience of facilitating discussion groups with older people over ten years in sheltered housing settings. It then suggests that older people engaging in discussion groups are not simply exhibiting a form of active ageing; rather that older people are pursuing activities distinct from those earlier in the lifecourse in order to promote their well-being, to interact with neighbours and their community in stimulating ways and to inject "something different" into their life routines. Facilitated discussion groups in sheltered housing, the paper suggests, appear to provide an interface to foster participatory and inclusive

ageing among sub-groups of the older population and therefore enhance the means by which they engage with life in general. Finally, the paper echoes Boudiny's (2013) recommendation to transform the concept of active ageing dynamically and proposes that facilitated discussion groups can be adopted to include moderately and highly dependent older people.

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Meaningful creative activity in care settings: changing the culture day by day

There is increasing research into the health benefits of arts participation for older people in care settings. The education programme Creative Exchanges, which leads to an award on the Irish National Framework of Qualifications, is discussed as a potential model of good practice in this area. The programme makes a link between the carer/facilitator and the older person through creative activity, improving communication and mutual understanding, with the ultimate purpose of improving the quality of life of the older person. This paper also considers how development of formal core training in this area has wider implications for practice, policy and future research. The initial phase was evaluated in terms of satisfaction, learning and/or development, changes in behaviour and results. This paper draws on the results of the pilot phase evaluation and situates those results in current international perspectives on the development of research-guided practice in community-based arts in health. It examines the impact of the Creative Exchanges training programme that offers staff and those that work with groups in residential and day care settings, knowledge and skills in facilitating meaningful creative activities.

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Sexuality and health among older adults in England: interdependence and bidirectional effects in cohabiting couples

Physical and mental health are recognised as having important impacts on sexual function and satisfaction among older people. There has, however, been little research on how interdependence between married or cohabiting couples may affect these associations. We used data from the English Longitudinal Study of Ageing (ELSA), which now includes a gender specific Sexual Relationships and Activities questionnaire (SRA-Q), to examine the association of own and partner's physical and mental health with sexual activity and fulfilment, adjusting for age and partnership factors. A total of 2030 heterosexual couples (male age=66⊕9; female age=64⊕9) were identified as married or cohabiting, with both partners completing the SRA-Q. Measures of physical health included morbidities and self-rated general health, psychological health was assessed using the eight-item Centre for Epidemiologic Studies Depression scale. In dyadic logistic regression models, poorer general health in the male partner was associated with a reduced odds of sexual activity in both partners, while the female's general health was only associated with the frequency of her own sexual activity. Similar gender specific associations were observed for specific morbidities, including cardiovascular disease, diabetes and asthma. In contrast, poorer psychological health was only associated with each partners' individual sexual satisfaction and concerns about their overall sex life. Measures of partnership quality (emotional closeness, sexual likes/dislikes) attenuated these associations. Interrelationships between health and sexuality are not equally bidirectional in older couples. Spouses or cohabiting partners do not live in isolation, and interventions to improve older adults' sexual health should involve both partners.

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[Miriam Bernard, Julius Sim]

An environment of choice? Everyday life in a UK purpose-built retirement village

Denham Garden Village (DGV) is a purpose-built retirement village in Buckinghamshire. In common with many other UK retirement villages, the marketing materials for DGV emphasise its leisure, social and supportive aspects. They focus on promoting the village as a location for residents to 'create a lifestyle' of their choice, but also emphasise that the village is suited to those whose lifestyles are of an 'active' nature. Back in 1984, Marans, Hunt and Vakalo suggested that retirement community research had often focused on the community, rather than residents living in the community.

They proposed that future research should focus on 'more detailed and systematic examination' of the people living in retirement communities, including their rationale for being there, their experiences of dealing with changes – both personal and in the environment around them – and their plans for the future. This paper will draw on findings from a mixed method PhD study in order to examine some of these issues. The study combines data from 206 DGV residents who took part in one or both of the LARC (Longitudinal study of Ageing in a Retirement Community) surveys in 2007 and 2009, with qualitative interviews conducted with 20 of these residents. Notions such as person-environment congruence will be explored in relation to residents' reasons for moving to DGV and their experiences of everyday life. Implications of the findings for policy, practice, and extending understandings of retirement community living will also be suggested.

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Becoming 'at home' in residential accommodation. Insights from a material culture perspective

This paper draws on ethnographic research conducted at two residential homes for older people in Northern England, and in-depth interviews with residents and family members who have helped an older relative move into residential accommodation. My interest is in the extent to which residents are able to feel at home, and how they and their family members work towards this. I focus on how the material culture within residents' rooms – including possessions brought from the previous home, objects already in the room, and things which have been acquired since the move – can contribute to a sense of 'becoming at home'. I found that while residents were pleased to be able to bring possessions from their previous home into the residential accommodation, the mere presence of these was not necessarily sufficient to enable a sense of being at home. What was more important, was how residents were able to interact with their belongings, acquire new things and make future plans for their rooms. I therefore suggest that home in a resident's room cannot simply be recreated by displaying cherished possessions, which relies on a past idea of what 'home' is. Rather, I argue that 'becoming at home' results from not only continuity with the past and the previous home, but also from an ability to practice being at home in the present, and to make future plans for the ongoing project of 'being at home'

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[Chris Hiley, Paul Higgs]

New understandings of 'biographical disruption': the case of pioneer adults growing older with a childhood liver transplant

The process of ageing is often entwined with the development of chronic and disabling conditions. Much has been written about the way in which the presence of these can be viewed either as a form of 'normal ageing' or as disrupted biographical narrative; the latter approach being based upon normative expectations of health at different stages of life. However, this is problematic in relation to the oldest sections of the population where notions of what is 'normal' are difficult to establish. In this paper we further question the utility of biographical disruption as a concept in relation to the first cohort of children who underwent liver transplant in the UK the mid-1980s; one of the first global cohorts to undergo this procedure. This group is now in early-middle age and is the subject of study into the now-adults' biographical sense of self. One key aspect of our study is that this group challenges the notion that straightforward biographical narratives can be established for individuals who are biomedical pioneers of treatments. These individuals live out their whole lives as a form of biographical contingency as the consequences arising from the early intervention play out in their adult lives. To date there have been no comparison groups which could allow this group to situate their ageing within a 'normal' biographical narrative. Whilst this is a small group, studying their circumstances offers us an insight into what constitutes and challenges normal ageing in contemporary society.

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Linked administrative data in the English Longitudinal Study of Ageing: tackling the problem of missing data at end-of-life

The English Longitudinal Study of Ageing (ELSA) has been an essential tool for examining changes and inequalities in health, economic and social variables

over time. As with all panel surveys, ELSA suffers from attrition across waves, including non-response, participants becoming ineligible and death. This creates a significant gap in data collection during the final years of many participants' lives, coinciding with the time in which they are most likely to have declining health and increasing dependency. This paper examines how the linking of administrative data to ELSA furthers understanding of attrition and of potential bias in gerontological research. ELSA is linked to registered deaths. Even if someone stops participating, their mortality data can be added years later, providing the opportunity to undertake more precise mortality research and to reflect on the survey itself. Using this linked data the paper examines the average gap between final participation and death in the first 5 waves (10 years) of ELSA; that is, the extent to which ELSA follows participants until end-of-life. By understanding the data gap at end-of-life, researchers using ELSA will be better able to identify the ways in which the survey can and cannot be reliably used, particularly in relation to health and social care research. A second aim of this paper is to examine those variables that are associated with different length gaps between final completed wave and death. The paper concludes by considering how potential future data linkages could further improve survey estimates using ELSA.

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[Stephen Martineau]

Serious Case Reviews: the potential for detailed analysis of care failings

There have been about 100 serious case reviews (SCRs) in England following the death or harm of a vulnerable adult where concerns have been raised about local agency responses to safeguarding concerns. The potential for these to illuminate care and safeguarding systems has been raised. This presentation uses data from thematic analysis of a sample of SCRs that focused on cases where the adult at risk or vulnerable adult (older person) lived in a care home. Many residents were reported to have dementia. This presentation will report the methods of the documentary analysis, the findings of the study in which key themes of information sharing and risk management were prominent, and will explore the implications of these reports' findings for furthering understanding of the lives of residents of care homes, care home cultures and practices, and safeguarding and regulatory systems. The limitations

of these sources of data will be addressed. Changes to the SCR system for vulnerable adults are underway – moving them to a new statutory footing as Safeguarding Adult Reviews. - The implications of this new system, as proposed in the Care Bill 2014, are further addressed as policy and practice matters but also as publicly available accounts of what can 'go wrong' in care homes for older people. This study was funded by the Department of Health.

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"The full cost of my love is just no charge": normative orientations in intergenerational relations within different familialism regimes

This paper reports the preliminary results of a multivariate analysis of survey data from the European Values Study. The paper addresses the questions of normative orientations as regards obligation and reciprocity in intergenerational relations. The analysis draws upon Leitner's typology of familialism regimes and demonstrates the existence of different normative profiles, the prevalence of which varies both within and between countries with optional, explicit and implicit familialism regimes. The normative profiles are defined by responses to items measuring a. perceptions of parents' obligations towards dependent children; b. adult children's obligations towards parents in need of care; and c. love and respect for one's parents as a duty versus something which has to be earned. The resulting response profiles represent a typology of normative orientations and perceptions of reciprocity between parents and children. The analysis shows that countries characterized by optional familialism have a high proportion of adherents to asymmetrical expectations (with parents owing their children unconditional love and care, but having to earn love and respect from their children); whereas countries characterized by implicit familialism have a much larger proportion of adherents to symmetrical normative expectations with both parents and children owing each other unconditional love and respect as well as care. In addition, the results show that childless individuals have more demanding expectations of children than do parents, indicating that the normative orientations are modified by biographical experience.

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[Selena Gray, Robin Means, Narges Dailami]

Analysing Markov Modelling for forecasting public health intervention impact: insight into how age is presented in modelling

A systematic literature review to understand how Markov modelling has been used in forecasting the effects of public health interventions included analysing how age was incorporated into the models. The review identified 26 papers meeting pre-defined criteria. The most common interventions were a reduction in smoking or a general lifestyle intervention; health outcomes forecast were most commonly related to cardiovascular disease or a measure of longevity (e.g. life expectancy or years gained).

Some studies presented age in terms of a cut off. The most common maximum age was 85 but some ran cohorts through models to 75 or death whilst others allowed the population to age to 100+. This appeared independent of data sources used to inform the model parameters. The impact of an intervention on the oldest old was recognised to be different from those younger but there were few studies which captured this. Some modelling studies used the lack of study data to inform how age was presented in modelling. Alternatively intervention effect sizes for younger cohorts were applied to older people and then discussed as a limitation. There was limited recognition that people within different cohorts may vary in terms of risk factors and health profile. With the number of older people over 85 increasing, modelling health impacts effectively is increasingly important, particularly in understanding the future health profile of older people. Understanding how modelling reflects age also contributes to the debate around societal perceptions of older people.

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[Michael Kroll, Dennis Fink, Sabine Eichberg]

Older adults gaming: what do we know?

The phenomenon of older adults engaging with digital games has been a growing area of interest in recent years. This area has been mounting in popularity since the release of the Nintendo Wii console (2005) and there has been several studies focusing on fall and stroke prevention utilizing both commercial and purpose built technologies aimed at this purpose. This notion is particularly exciting with the release of the Microsoft Kinect (2010) console which at present there are few studies which are reporting results, yet it is anticipated in the next couple of years, there will be several studies reporting the benefits of health and physical activity via the Kinect console. With this in mind, many of the previous studies do not outline technology use and preferences by the respective participants, resulting in little data for researchers to gain an understanding of the exact technology use by ageing populations.

However, the authors feel, this portrayal of data is important to the community, exhibiting the present stance and to initiate a future collective representation of technology use and preferences by older adults given the reality of this area in current and future studies of gerontology. This paper presents a series of results highlighting technology perspectives of older adults fused together with a gender perspective. It is anticipated a series of recommendations will be presented by the authors, ensuing a cohesive outline for future researchers and studies.

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[James Nazroo]

Onset and recovery from visual impairment: an analysis of the consequences of visual deterioration and improvement using the English Longitudinal Study of Ageing

This paper addresses important policy-relevant questions concerning visual impairment in older populations. Previous research has demonstrated both decline and improvement in vision at older ages to be significantly determined by socio-economic factors such as wealth and social class. However, it is also important to understand the impact of vision deterioration or improvement on the quality of life of older individuals. This study uses the first five waves of the English Longitudinal Study of Ageing (ELSA), a large, multi-disciplinary survey of a representative sample of people aged 50 and over in England, to examine the

impact of both deterioration and improvement in levels of self-rated visual acuity on the lives of respondents aged 60 and over. The causal effects of visual deterioration and improvement are modelled using longitudinal regression approaches. Key findings of the research will demonstrate the impact of deterioration and improvement in vision on respondents' quality of life (using measures of wellbeing, independence, social engagement and economic position). A key focus will be placed on those subgroups of older people for whom public health intervention would be the most beneficial. Opportunities to improve the quality of life for those living with visual impairment can be explored.

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Implementing end of life care training in care homes: an evaluation of a pilot study in the east of England

Background: The majority of long term care for older people in the UK is provided by independent care providers. Whilst many care home staff are experienced in caring for frail and elderly individuals there exists a need for training in the area of End of Life Care (EoL Care). *Aim:* To conduct and independent evaluation of the *Train the Trainer* (*TTT*) *EoL Care Education Programme,* which was a NHS led intervention that offered training modules pertaining to communication around death and dying, advance care planning, symptom assessment and management, and understanding a carer's role in liaising with service providers. *Methods*: The evaluation included 17 care homes, followed 274 residents for a period of three months, reviewed 150 decedents' notes, carried out interviews with staff, and conducted focus groups with trainers and learners. *Findings:* Whilst findings indicate that training was appreciated and well received, there was variation in its uptake due to managerial change, staff turnover, on-site nursing, previous training in EoL care, trainers' professional roles, and the authority and/or opportunities for training which such roles conferred. *Conclusion*: Care home readiness at the organisational level and the practitioner level was a key influence on the uptake of EoL Care training and education. It might be useful to assess care homes for their readiness to participate in a training programme prior to committing staff time in order to optimise training impact on patient outcomes.

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[Fiona Kelly, Corinne Greasley Adams, Jane Robertson]

The impact of dementia on relationships, friendships and community involvement: stories from Cumbria

A diagnosis of dementia has wide ranging impacts that stretch well beyond the individual given the diagnosis. This paper initially explores the impact of dementia on individuals, families and the communities they live in. It then considers how these groups, along with health and social care staff, respond and adapt to the changes that dementia brings. This paper presents findings from data collected in Cumbria over a two year period from interviews, focus groups and a self-completion questionnaire involving more than 200 people with dementia and around 200 family/informal carers. Findings demonstrate the ways in which dementia affects individuals and their families with the loss of friendships and community links highlighted by many. A range of responses to the diagnosis were found alongside many different approaches to managing the changes dementia brings to individuals and families. The findings are presented around four themes: living well; worried about the future; just coping; and crisis.

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Does empowerment for older workers to choose work or retirement depend on wealth accumulated during the lifecourse?

This presentation examines the conceptual background to the intersection of wealth and health as it affects older workers in Ireland, north and south. Longer lives and a raised State Pension Age mean that more of us are likely to work longer than we originally expected. Many factors influence the capacity and willingness of older workers to choose whether to stay in the workforce or retire e.g. the cultural and economic climates, the availability of age-friendly employment and legislation protecting older workers. Individual factors also play a part, such as caring responsibilities and particularly health status and wealth accumulation.

This presentation presents mixed methods from a study examining the importance of factors influencing retirement and particularly how inequalities in health status and in income/wealth through the life course affect decision-making. Firstly I analyse relevant literature, drawing mainly on British and wider European sources. Secondly I examine Irish and European data on older workers and the factors affecting the retirement decision. Thirdly I use qualitative data based on interviews and focus groups. The paper will test the relative importance of health and wealth as drivers of the retirement decision by older people generally and by sub-groups of older people.

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[Hannah Pitt]

Food and care homes: exploring the challenge of introducing a 'Food for Life' approach

Improving dignity in care is a key concern of the Department of Health as a result of a series of care home and hospital scandals. Several of these scandals have highlighted poor food and meal time practises as one of the issues to be tackled. A research team from the University of the West of England has been commissioned to evaluate the Food for Life Partnership programme which is run by the Soil Association with funding from the Big Lottery Fund. A core element of the programme is the promotion of the Food for Life Catering Mark accreditation scheme with its emphasis on sourcing ethical and environmentally sustainable food. Phase One of 'Food for Life' focussed down exclusively on schools but Phase Two is seeking to engage with a number of new settings one of which is Care Homes. This paper will present findings from a review of the existing literature on food and care homes including the existing policy guidance and audit practices by key stakeholders such as the Care Quality Commission. It will go on to profile the Food for Life approach including the requirements of the Catering Mark in order to explore the challenges of using this approach to encourage improvements in food and nutrition within the care home sector. The paper will conclude with initial reflections on what the 'Food for Life' approach might have to offer Care Homes despite having its roots in the very different food environment of primary and secondary schools.

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Ageing identities as control of resources in situational networks

Seen as a transitional process, ageing shapes and reshapes itself under constrains mobilising identities (White, 2008). Such unease is triggered by tensions between the social imaginaries of ageing in multiple social domains and the ageing identities that dispute control over the accepted tenets of ageing. These ageing identities react by challenging or internalising the existing social imaginaries that irritate them. The control processes at play rely on the use and exchange of resources across identities situated in social networks, resulting in diverse styles of ageing. However, which style of ageing is to be adopted depends on the degree of success in overcoming obstacles, in the form of external identities that obstruct the flow of resources across networks. A situational analysis of discursive arenas and social worlds was conducted with 32 interviews with participants aged 40 years old and upward in Santiago, Chile. Tensions in the definitions of ageing were found in the social imaginaries of ageing in mass media, parliamentary debates and older people themselves. These tensions, constituting discursive arenas, were reintroduced by confronting the participants, using artwork designed to represent these tensions. This proved to be a powerful elicitor, teasing out situational identities striving for control when confronted with external identities. These situational identities revealed the strategies of either accepting or rejecting the rhetoric that the artistic images suggest. In doing so, they also revealed the resources they use, the connections among them, and the networks in which ageing identities and the styles that enact them are at stake.

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[Vicky Hosegood]

The role of the elderly among HIV orphans in rural South Africa

During recent decades, rural communities in KwaZulu-Natal, South Africa, have experienced a rapid and severe HIV epidemic. In a post-treatment rollout era, HIV deaths are still the primary cause of death among adults 15-49. The consequences of the premature mortality of young adults have reported increasing household

dissolution, mobility of family members, changing living arrangement, and orphanhood prevalence. Applying logistic regression models to longitudinal data from a demographic surveillance system in rural KwaZulu-Natal, we examine the shifting role of the elderly in the community and how this has been affected by the ability and strategies that households use to meet children's care and support needs, particularly among orphans. Our findings show important increases in household headship by older adults (60+ yrs) between 2001 and 2010 among both non-orphan and orphan children in the community. As recipients of government grants, grandparents are not only acting as main caregivers to their orphan grandchildren, but also as main providers. In particular, the role of fathers and other relatives has fallen over the grandmothers to become heads of household, primary caregivers and providers for their maternal and double orphan grandchildren, respectively. In addition, maternal grandmothers are now more likely to be school fees payers among maternal and double orphans than any other relative. In a stage of the life course where the elderly are in need of care, our results highlight their role in caring and providing for their orphan grandchildren as a strategy to cope with the early mortality of their adult children.

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Different aspects of generational exchange: work at the interface of everyday community life and debates in the public sphere

Writing over eight decades ago Karl Mannheim drew attention to those points of historical 'transition when the new impulses are reflected back on the representatives of tradition' (1927/1952). We may be living through such a moment (Burnett, 2010), albeit the new impulses are no longer thought exclusive to youth, nor tradition seen as the sole preserve of elders. For a host of reasons, contemporary generational conflicts appear a pale shadow of those in Weimar Germany, or even the United States of the 1960s, but there are still abundant signs of a watershed in age relations. I draw on recent fieldwork and documentary analysis to identify differing aspects of current generational exchange and tease out the structural, relational and symbolic factors which make them increasingly complex. I discuss examples from the ritualised practices of 'passing on accumulated knowledge', or 'doing something unfamiliar together', found in

the project work of intergenerational practice. I also consider types of exchange emerging in everyday life, and those arising within public and political debate. While there is good reason to think that distributional conflicts between people of different ages should be manageable (Timonen et al. 2013), structural pressures in the global system will still impose a generational politics (Little, 2014), and, along with the accelerating changes in our relationship with technology, require the enhanced application and development of 'generational intelligence' (Biggs and Lowenstein, 2011).

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[Mary Larkin]

Knowledge generation about caregiving in the UK: a critical review of research paradigms

Despite the prominence of caregiving - primarily for older people - in social policy, sociology, and welfare services the nature of knowledge generation about care and caring is the subject of limited critical analysis. Currently, there appear to be two, largely separate, bodies of 'carer related' research. The first body - referred to as Gathering and Evaluating - provides evidence about the extent of caregiving, who provides care to whom and with what impact; it also focuses on evaluating policy and services. This type of research tends to dominate public perception about caring and influences the nature of policy and service support. It attracts funding from policy and health related sources. However, it tends to be conceptually and theoretically narrow, has limited engagement with carers' perspectives, and adopts an atomistic purview on the caregiving landscape. The second body of work - Conceptualising and Theorising - explores the conceptual and experiential nature of care and aims to extend thinking and theory about caring. It is concerned with promoting understanding of care as: an integral part of human relationships, embedded in the life course, and a product of interdependence and reciprocity. It conceptualises care as both an activity *and* a disposition and foregrounds the development of an 'ethic of care'. This work tends to be funded from sociological sources and, whilst strong in capturing carers' experiences, has limited policy and service related purchase. The generation of knowledge could be enriched if the two bodies of research were integrated to a greater degree.

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A blueprint for ageing: confirmation and contradictions of lifecourse prescriptions

Bridie Moore is researching the performance of age and ageing for her AHRC funded PhD at the University of Sheffield. In October 2012, one year into her study, she formed Passages Theatre Group, whose members are aged sixty and upwards and are co-researchers in the study. Passages have since made a performance piece: Life Acts, which toured community venues in 2013; their 2014 show, entitled A Blueprint For Ageing, looks at the structures, maps, metaphors and schemes that conceptualise the lifespan. Outlines proposed by Shakespeare, Erikson or popular press views of ageing, and notions of life as a journey or as analogous to the cycle of the seasons are juxtaposed against examples of real lives that might conform or contradict these prescriptions. Alternative, multifaceted, accounts of the lifecourse are presented in this interactive piece of contemporary performance.

This paper will explore Passages Theatre Group's performance work in the light of contemporary performance theory, for example Auslander (1997), Lehmann (2006), and Machon (2013), particularly addressing the issues relevant to ageing within the field of performance, which highlights the struggle against cultural extinction in the light of developing contemporary performance forms. The paper also makes an assessment of the devising methods and processes that have been developed so far with this group of adventurous older performers, and outlines some examples of practices that others might use to engage older people in performance making.

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[Frances Batchelor, Rachel Purchase, Briony Dow, Lee-Anne Suryn]

Challenges of undertaking research in care homes

Randomised Controlled Trials (RCT) are considered the gold standard for examining interventions but can be difficult to implement in natural care settings. This paper explores issues of conducting RCTs in care home settings. Findings are drawn from a single site pilot RCT conducted in Australia. The study aimed to recruit 36 residents in a 120 bed facility into a study examining bright light therapy. The facility was ideally set up to run this trial with two identical rooms on different floors: one fitted with bright lights and the other with standard lights (approximately 2000 and 300 lux respectively at resident eye level). The ethics committee required external research staff to consent residents to the study to avoid coercion. This proved effective as some residents who expressed interest in the study to care home staff, subsequently declined participation. As many residents had advanced dementia, this raised issues regarding consent and appropriate outcome measures. While facility staff were committed to the study, the need for senior staff with skills required for undertaking specific and additional assessments used for the research created challenges. Despite additional time allocation, nursing staff often had to prioritise direct care over research activities. Other anticipated challenges, such as residents not wanting to remain in the room for an hour, proved not to be an issue. This paper will present a number of recommendations for trying to overcome some of the ethical and resource issues that care homes face in undertaking research to improve resident outcomes.

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[Jill Manthorpe, Michelle Cornes]

Perpetual parents and 'looking after mum': similarities and diversities across different experiences of caring

There is an extensive gerontological literature concerned with the experiences of caring in old age, particularly in the experiences of those caring for a spouse or life partner and adult children caring for parents. However, the experiences of older people caring for an adult child with a life-long disability (so-called 'perpetual parents') or those caring for a child who acquires a disability over the life course are discussed less often. This presentation uses data from a National Institute for Health Research School for Social Care Research funded project on 'Social Care Practice with Carers' to discuss the diversity of caring experiences in old age. Using data from 86 face to face semi structured interviews with family carers, carers workers, representatives of voluntary organisations, and commissioners, the presentation will explore

different aspects of caring and ask whether changes to health and care services are increasingly predicated upon parents taking responsibility for their children over the life course without ensuring that those parents feel supported in their role. We suggest that some of the discussions about beanpole families fail to consider those parents who are caring for an adult child and ask whether increases in the life expectancy of people with severe disabilities mean that research on 'older carers' will increasingly include those caring for children and grandchildren.

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[Daniel Hind, Rebecca Gossage-Worrall]

Putting Life in Years (PLINY) randomised controlled trial of telephone friendship groups

Objectives: This study aimed to answer the question, "Can Telephone Friendship improve the wellbeing of older people, living in their own homes?" We firstly wanted to see if people would want to participate. To test this out our goal was to recruit 68 or more participants in 95 days. We also wanted to find out whether a local charity could attract and retain sufficient volunteers to facilitate telephone befriending groups to the people that we had recruited. Methods: GPs in one UK city informed people aged 75 or over about the study. People who agreed to take part had a 50% chance of receiving telephone befriending or joining a group who would not receive befriending but assist the research by completing questionnaires. The telephone befriending consisted of short one-to-one telephone calls for six weeks, then 12 weeks of one-hour group calls with up to six participants. All calls were facilitated by trained volunteers. Participants were asked about their quality of life at the start of the study and six months later. Results: The pilot study met its recruitment and retention targets. However, the charity could not recruit enough volunteers to deliver the service. As a result, the study closed early. Conclusions: Analysis of results derived from those who participated suggested that benefit could be derived from this form of intervention. However, it is not always feasible for charities to deliver large-scale telephone befriending services. This project was funded by the National Institute for Health Research, Public Health Research programme (PHR 09/3004/01).

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[Kirsty Sprange and Katy Shortland]

Lifestyle Matters: for the promotion of health and well-being in later life

The main study in this programme of research is a randomised controlled trial of an intervention called Lifestyle Matters which aims to develop and sustain mental wellbeing in people aged 65 years and over who live independently in the community. It involves small groups of people meeting in a local venue for a couple of hours each week over four months. The manualised intervention was inspired by work undertaken in the US which research demonstrated that a similar programme was proven clinically and cost effective. Groups decide on their own programme of activities guided by trained facilitators and are encouraged to support each other with new or neglected activities, particularly in the community. Each participant also has a monthly meeting with one of the facilitators for one-to-one input. The study is examining the potential benefits of the programme with participants in Sheffield and in Bangor, North Wales. Follow up of study participants which is for two years post intervention has now commenced

The programme of research is also incorporating two feasibility studies of adapted versions of the programme for specific populations: namely people with dementia and older people with depression.

Results from the fidelity and process evaluation from the main trial will be presented along with emergent issues for future implementation. Progress with the two feasibility studies will also be reported. This project is funded by the Medical Research Council, Lifelong Health and Wellbeing programme.

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The importance of motion for the motionless. The significance of a room with a view for older people with limited mobility

Mobility is important for health and wellbeing, yet older people are more likely to suffer physiological and cognitive changes that restrict their mobility. This paper

investigates how immobile older people enjoy some of the benefits of mobility without recourse to physical movement. This is done by examining the importance of bringing the outside in through observation of an outside view through the window. Semi-structured interviews with 42 individuals were carried out who were living at home, were relatively immobile and had an interesting view outside they liked. The findings suggest immobile older people enjoy, watching a motion-full, changing, world going on outside of their own mobility and interact and create meaning and sense, relating themselves to the outside world. Contrary to previous research the view does not have to be of a rural outlook, but must contain movement and change and contain a variety of perspectives, including a human element within which older people can interact through story-telling. It suggests that health and social care practitioners must realise the importance of older people observing the outdoors and create situations where that is enabled and maintained through improving vantage points and potentially using technology.

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[Andrea Tales]

Sexual health, stigma and social care: a critical review

Current public health policy and sexual health programmes do not adequately cater for older people yet it's noted that sexual risk-taking behaviour is not confined to young people (HPA, 2008). It is the commonly held belief that older people are not sexually active and as such are not at risk of contracting STI's. However, research suggests that some 80% of 50-90 years olds are sexually active (NHS, 2008) and that STIs are a growing problem with an increase in cases of HIV in those aged 50+ now accounting for 20% of adults accessing HIV care. Similarly between 1999 and 2008 the HPA reported a 53% increase in gonorrhoea among men aged 45-64 and a 93% increase among women. There are many campaigns highlighting the risks of unsafe sex targeted at younger people, however, these do not engage with older adults. It is important for health professions to realise that despite illness or disability, older people still have the right and desire to engage in sexual relations. Indeed, being sexually active has been shown to have numerous health benefits. The refusal to acknowledge older adults as sexually active increases the social stigma, resulting in delays

in seeking medical help (NHS, 2013). Teamed with the lack of information aimed at this age group, some older adults are relating their symptoms to "normal ageing" thus not seeking medical advice. With untreated syphilis resulting in dementia symptoms, aggression and delusions (Keskin, 2011), questions need to be raised about screening programmes, treatment and public engagement.

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A model to demonstrate and examine the variety of senior citizens and their transform needs to the city service providers

This paper presents a model to switch the "old, one-dimensional stereotypical image" of senior citizens among city services providers, by illustrate a variety of senior citizens figures. The need for the model has risen in the transition from the planning stage to the implementation stage of Age Friendly City. It emerge that urban service providers, as the majority of the population, have stereotypical views regard senior citizens. As a result they fail to realize the new needs and their own role in developing knowledge and innovative service. Until recently city service providers who engage with elderly were mainly welfare employees. Nevertheless, those days every city service provider should be aware of its impact on the lives of SC: traffic engineer, community center managers, maintenance staff, or community police officers. The municipal challenge is to cause the service providers to inclusion the Senior Citizens; to recognize the needs and develop innovative solutions ex nihilo and to include them in work plans, as other age group. The model includes a sharing process to build a set of "local senior citizens prototypes" that are representing the local variance of senior citizens. Each figure illustrates a broad group among the local senior citizens and it has a name, history and resume as problems and dreams. In addition each figure illustrates a dilemma in services development. The set of figures present sub-groups among SC and advance substantive discourse regard their needs in each service provider workspace. The prototypes' figures are based on demographic and social data. Nevertheless it replaces the standard presentation that uses tables and graphs by display human figures.

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[Jill Manthorpe, Jo Moriarty]

Care home managers – shadow and substance

For residents of care homes, the care home manager is likely to have a major influence on their quality of care. Little is known about this professional group despite their huge importance in the lives of older people. This presentation will share the findings of a review of the evidence about managers of care homes covering national data sources, research and expert opinion. The review process included consultation with key stakeholders, including older people, carers, third sector groups and non-departmental public sector organisations. Care home managers have substantial legal, managerial and commercial responsibilities, yet research about care homes has tended to focus on the residents, frontline care workers, specific practices (e.g. mealtimes or medication management) or relationships with the external world. The manager of the home is often a 'shadowy' figure although there is frequent allusion to their impact on the culture of care. This scoping review commissioned by the NIHR School for Social Care Research identified research and other evidence produced since the Care Standards Act 2000 to addresses the questions:

–   'Who' are care home managers?

–   What is known about their practice, experience and skills, and the supervision and support they receive from home owners or regional managers?

–   What challenges do care home managers face in practice?

The review identified several research gaps. Messages for policymakers, regulators and commissioners, health services, care home owners and providers care home managers and older people living in or considering care homes and their carers also emerged. These will be synthesised and presented.

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[Rita Newton, Charles Musselwhite]

WAIT to cross: age-friendly pedestrian crossings – rhetoric or reality?

The challenge in designing age-friendly pedestrian crossings is to ensure that older pedestrians, in particular, feel safe in crossing the road. At the point at which they no longer feel safe, then mobility decreases, leading to increased risk of social isolation, and greater dependency on family and social care for daily support. For the first time, we bring together two recent studies that have examined older people's experiences of using pedestrian crossings. Both studies developed innovative and complementary methodology and we will briefly share findings from a wide range of mixed methods including questionnaire, observation and video footage to illustrate which types of road crossing work best, for whom, and why. We have subsequently provided user-friendly design guidance aimed at older people themselves, and other pedestrian activists, such that we can start to influence and shape what really matters when crossing the road, thereby reducing accidents, and improving pedestrian confidence, see http://www.idgo.ac.uk/design_guidance/streets.htm and a copy will be available at the presentation.

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Profiling museum volunteers: continuity and change in negotiating the retirement transition

Volunteering in later life has been gaining increasing attention from researchers and policy makers alike. One particular facet of the discussion on older people and volunteering concerns the role of volunteering in the transition from paid employment to retirement. In line with an increased interest in how transitions such as retirement are experienced by older people (Grenier, 2012), critical gerontologists have recognized the need for more nuanced understandings of volunteering in later life. Drawing on qualitative data, this presentation aims to understand how older volunteers frame and make meaning of the retirement transition and

how their volunteering can be situated within their individual life histories. This presentation focuses on the experiences of retired museum volunteers from four museums in the south and east of England; the profile of museum volunteers is considered to be atypical when compared to the national picture of volunteers with a predominance of retired people. It examines how the retirement transition was differentially experienced by those volunteers who 'grow old' versus older adults who become 'first time' volunteers. For those volunteers continuing to volunteer in retirement as they had throughout their lives, retirement was not viewed as a stressful event, rather it gave them greater discretion over how they spent their time. However, for those first time volunteers the transition from paid employment to retirement was significant as occupational roles and identities were transformed. The findings provide a more complex understanding of volunteering in later life and highlights how individuals' experiences can include both continuity and change.

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[Pamela Jorquera, Cynthia Meersohn-Schmidt]

Configuration of social networks and family relationships in decision making of widowers and widows in Chile

This presentation shows results of qualitative research that understands widowhood as structural to the social construction of older age and ageing. We present a network analysis of 36 widows and widowers, 60 years old and upward, showing the transformation of family relationships after the death of a spouse, and how this affects decision making in multiple domains. A group of studies show that marriage becomes the main relationship for many adults, because it supplies them with social networks and leisure activities (Patterson & Carpenter 1994: 105). Thus, the death of the spouse is a situation that not only affects them emotionally, but it disturbs their entire system of interpersonal relationships and their social networks (Berardo 1970:13; McCallum 1986). Widowed people experience an adjustment in their relationships, altering their status within family and society (Ferraro, 1984: 464), with widowhood as a threshold of a series of transitions and changes in social and family roles. In order to know the size and structure of ego's network before and after widowhood, a questionnaire was constructed including

three items; (i) network type: egocentric or personal networks (ii) attribute table: identification of actors with regular interactions before widowhood and (iii) after widowhood. The configuration of social networks operates in different ways depending on gender and level of dependency, because discussions and actions related to decision are activated differently depending on whether it is a widow's or a widower's network and on whether their meaningful interactions are with, for instance, a daughter or a son.

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[Anna Millicer, Barbara Blakey]

Self-directed Community Aged Care for CALD, ATSI, and rural communities in Australia: reporting on the outcomes of an asset-based community development approach

Background: The rollout of Consumer-Directed Care (CDC) programs to Culturally and Linguistically Diverse (CALD), Aboriginal and Torres Strait Islander (ATSI), and rural or remote communities poses significant challenges to policy makers and program managers. Indeed, cultural and geographical factors play an important role in shaping the needs and preferences associated with CDC of these communities. However, to date there is very limited research evidence available to guide care professionals in the delivery of CDC to CALD, ATSI, and rural communities. Addressing this issue, this paper presents the outcomes of an asset-based community development process geared to address the specific needs of older people and carers living in these communities. Method: A participant observation process reporting on the interaction with representatives from primary care partnerships, local councils, peak organisations and aged care providers was conducted to capture the key facilitators and barriers to the development of community-specific social care support structures. Moreover, an audit of outcomes was conducted to appraise the efficacy of the approach. Results: The findings highlight important systemic and structural factors that have to be taken into account when creating CDC support structures for CALD, ATSI and rural communities. The paper provides an overview of the most important factors and describes solutions that have been developed with service providers to address them. Conclusion: While asset based community development approach may be

used to develop community resources for CALD, ATSI, and people living in rural and remote communities, a number of factors have to be taken into account for this approach to be successful.

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[Mohammadreza Mohebbi, Anna Millicer]

Client self-assessed in community aged care: outcomes of a follow-up study involving older people and case managers

Background: What is the role care needs self-assessment tools within domiciliary aged care? This question has been far from conclusively answered. Previous research suggests that while client self-assessment should be seen as part of a co-assessment process involving care professionals rather than a process where clients assess their own needs, there is also embryonic evidence that there are didactic aspects to such a co-assessment process that resonate with clients' needs to better understand the assessment process, their own care needs, and tracking changes in the latter over time. This study, a follow up on a smaller pilot study, explores the psycho-social benefits that that domiciliary aged care clients derive from a co-assessment process. The paper briefly describes the co-assessment process before providing an overview of the key outcomes. Method: A mixed method evaluation involving a questionnaire (n=100) completed by domiciliary aged care clients and their case managers and semi-structured interviews involving forty clients was employed. Results: The paper reports the outcomes of the study comparing them to other research conducted within this field and highlights key psycho-social benefits that can be derived from a co-assessment process. Conclusion: The findings suggest that a co-assessment process may increase older people's satisfaction with care by making accessible information about their own care needs valued by domiciliary aged care clients. Moreover, the findings suggest that a co-assessment process can be used as a backdrop to transparent care planning discussions.

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The impact of the transition to a care home on residents' sense of identity: a longitudinal qualitative case study approach

Background: Transitioning to a care home entails multiple changes, and can have a negative physical/emotional impact on the individual. Such changes threaten an individual's identity, which can lead to poor well-being. But there is limited information on how these issues influence a residents' identity, and how they engage in identity-management in long-term care. Objectives: To explore how the transition to a care home impacts residents' sense of identity over time. Method: Three care homes of varying sizes and in different areas of Greater Manchester were investigated using a qualitative case study approach. Semi-structured interviews were conducted with care home residents (n=8), relatives (n=4), and members of staff (n=4), with observations (approximately 300 hours) over twelve months. Framework analysis identified themes within and across cases. Findings: Transitioning to long-term care emphasised residents' increasing impairments, and was symbolic of the "last chapter" of their lives. In accordance with Social Identity Theory, residents maintained a positive identity by comparing themselves to other residents who were more severely cognitively/physically impaired. Maintaining independence in the care home (e.g. completing small tasks) was necessary for maintaining a positive sense of self. Amendments to the daily routine of the care home to suit individual wishes helped some residents to feel they could "be themselves". Threats to identity occurred as a result of poor person-centred care and advancing physical/cognitive impairments. Conclusions: Staff should highlight positive, meaningful similarities between residents, to promote positive interactions. But better person-centred care is also needed to emphasise independence, individuality and improve well-being.

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Being otherwise: reframing the ageing 'feminine', insights from aesthetic practice

Anglo American society valourises 'feminine' beauty and sexuality, which is seen to be jeopardised by the signs of age and experienced by women as a loss of performative power. My research and artwork examines and develops issues surrounding the relative lack of pictures and an increasing desire for 'positive' photographic images of older women. In this paper I discuss the creation of analytic and artistic methodologies that behind the creation of my art installation film, *Being Otherwise.* Through the lens of a reflective practice, insights gained were employed to identify, characterise and explore the (in)visibility of older women in photographic portraits in greater depth and, in turn, to generate work that heightens an awareness of the complexity of the cultural forces currently at play in society to move beyond the concept of 'double jeopardy' that attaches to older women and precipitate a new paradigm that allows for performative agency (Butler, 1997) to return to the creation of images and the exhibition event. I articulate this as a photographic 'theatre-in-the-round' to emphasise the production of an ephemeral play of imagery that encircles a problematic. By presenting a diversity of viewpoints that dialogue within the same space the chance to resonate in an atmosphere of fluidity and open mindedness, I aim to remobilise and repoliticise the photographic portrait image as a confrontation with unconscious and consciously held psycho-cultural attitudes.

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The exploration of mutual caring relationships

This research focuses on a new ageing population. More people with learning disabilities (LD) are reaching older age and an increasing number of people with LD are living with family carers over the age of 70. Due to an increase in longevity the incidence of mutual caring between an individual with LD and their long-standing carer is growing. For a carer with LD this role is often associated with a number of challenges, such as feelings of increased isolation and a lack of recognition of the caring role. Carers with LD are an unrecognised and under-represented group within research. Method: A semi-structured interview explores the perspectives of professionals and mutual carers regarding the roles, experiences, needs, relationships, and service provision for those in mutual caring relationships. Analyses will be presented to an expert group within this field, 'The Carers with Learning Disabilities Network'. This will facilitate greater understanding and increase the validity of the findings. Results and impact: I am in the process of data collection. This research has the potential to impact upon the lives of mutual carers at many levels. This could be at an individual level through the promotion of positive practice, and this could also have a wider impact in contributing to an evidence base that can be used by policy makers to inform and shape future policies. This impact could also extend to identifying gaps in current service provision and identify additional resources needed to meet the needs of carers and carers with learning disabilities.

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[Catherine A. Robinson, Val Morrison]

Determinants of anxiety and depression in British South Asian and white British caregivers

There are currently 6.5 million carers in the UK, of which 357,919 are from a South-Asian (Pakistani, Indian and Bangladeshi) background. There is very little research exploring the experience of British South-Asian carers. Research conducted with this population has been atheoretical in nature, generally small scale qualitative studies, primarily focusing on service use. The current study utilises the Sociocultural Model of Stress and Coping (SCMSC) to examine ethnic differences in key variables. A sample of 235 family carers, of which 162 were white-British and 73 were British South-Asian, were recruited for a cross-sectional questionnaire study. British South-Asian carers were found to be significantly younger than white-British carers but did not differ in number of hours of providing care or number of years in care role. British South-Asian caregivers reported significantly higher levels of familism (feelings of loyalty and solidarity amongst family members, related to providing care) although the two groups did not differ in willingness to care. White-British caregivers were found to be more likely to use substances, humour and social support whereas British South-Asian carers reported higher use of behavioural

disengagement and religious coping. Self-blame was found to be a significant determinant of British South-Asian anxiety and depression whereas depression in white-British carers was determined by high use of substances, low use of humour and low satisfaction with support. The findings offer support for the SCMSC and highlight key ethnic differences in determining carer outcomes. The findings also have implications for the development of interventions to reduce carer distress.

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[Jan R. Oyebode, Carol Peltier, Samara Aziz]

Variations in the understanding of dementia and awareness of available services in minority ethnic groups

There are approximately 25, 000 individuals from Black and Minority Ethnic (BME) groups with a diagnosis of dementia, and this is set to double by 2056. There is growing evidence to suggest that despite policy initiatives, BME groups remain under-represented within services, possibly partly due to lack of awareness, as well as different cultural perspectives on the nature of dementia and on appropriate services. To raise awareness and explore cultural perspectives, stakeholder groups in Bradford delivered dementia awareness roadshows, including discussions around awareness of dementia and service provision, to the following BME groups: Indian (N=62), African/Caribbean (N=50), Eastern and central European (N=63) and Irish (N=). A number of common themes emerged. All groups attributed cognitive symptoms such as memory loss to dementia, felt there was little awareness of dementia at individual and community levels, reported that cultural stigma and language skills were significant barriers to accessing services, but found local support groups and activities beneficial. There were also some culturally distinctive themes. The Indian group associated physical changes related to unhygienic behaviour with dementia, identified extended family/cultural beliefs as additional barriers to service access, and highlighted the benefits of religious/spiritual support. The African/Caribbean groups focused on childlike behaviours, and viewed GPs as a useful resource. The Eastern European group also found GPs helpful and in addition identified practical barriers, such as finance and transport, to service access. The findings highlight the importance of cultural context, demonstrate the continuing need for raising dementia awareness and have implications for service development.

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[Paddy Hillyard]

The living standards of older people in the UK: Development of the UK Living Standards Index (UK-LSI) and findings from the Poverty and Social Exclusion Survey 2012 (PSE2012)

Policy makers and social gerontologists have had a long-standing interest in older people's economic, material and social circumstances and factors influencing these. Over the last century there have been major developments locally, nationally, regionally and globally in the definition, conceptualisation, operationalization and measurement of poverty, deprivation, social exclusion, vulnerability, living standards, quality of life and well-being. And much like the fields of poverty and social exclusion, there is little agreement on the definition as to what exactly constitutes 'living standards' and how it should be measured. Using a working definition of living standards, which combines objective living conditions and subjective assessments of those living conditions, this paper will explore theoretical, conceptual and methodological linkages between poverty, social exclusion, living standards, quality of life and wellbeing, and then using findings from the Poverty and Social Exclusion Survey 2012 (PSE2012) present a full-continuum (or spectrum) of older people's living standards in the UK. Comparisons of living standards between different groups of older people (e.g. old-old vs. young-old, single vs. couple, male vs. female, ethnic background) will be presented. The paper will also take a closer, critical, look at how the UK-LSI could be used to inform public policy aimed at improving the living standards of older people in the UK.

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Pensioner poverty and social exclusion in GB and NI: What difference did a decade make?

Pensioner poverty and social exclusion has long been a focus of policy research, government debate and policy

intervention in Great Britain (GB) and Northern Ireland (NI). In addition to reduced income in retirement, pensioners are affected by a range of material and social resources, including accommodation and neighbourhood conditions, ability to participate in social and civic activities, varying levels social support and health inequalities, to name but a few. However the extent and depth of poverty is not the same for all pensioners; there are differences according to household type (e.g. single pensioners vs. pensioner couples), male vs. female pensioners, and constituency (GB vs. NI). Drawing on the recently completed Poverty and Social Exclusion Survey 2012 (PSE2012) and past PSE surveys in GB (PSE1999) and NI (PSENI2002), this paper will focus on comparing changes in key aspects of poverty and social exclusion for different types of pensioner households in GB and NI, how these have changed over time (1999 vs. 2012 for GB, 2002 vs. 2012 for NI), and the extent to which government interventions have sought to address existing and emerging policy issues faced by pensioner households in GB and NI.

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[Suzanne Moffatt, Maureen Smith, Jessica Scott, Christopher McLoughlin, Judith Bell and Norman Bell]

Improving the social inclusivity of the University of the Third Age (U3A)

Lifelong learning is believed to have physical, social and emotional benefits for older adults. A number of organisations encouraging retired citizens to continue learning exist worldwide. One example is the University of the Third Age (U3A) – a lifelong learning cooperative rooted in peer-support and knowledge sharing. This research is based on a collaborative study conducted by Newcastle University and Hartlepool and District University of the Third Age (H&DU3A) investigating the social inclusivity of the H&DU3A in light of low attendance levels among those from social housing and non-professional backgrounds. A qualitative approach comprising semi-structured interviews and focus groups was adopted to explore participant engagement in learning in retirement and knowledge and experience of H&DU3A and other local opportunities for retirees. Sixty individuals aged 50+ were interviewed. The demographic profile of participants largely reflected the socio-economic make-up of the area, with the majority living in areas of high socio-economic deprivation.

The findings of this study reveal numerous barriers to engaging in lifelong learning including: cost, poor health and inadequate transport. Regarding H&DU3A participation three exclusionary factors were outlined: lack of knowledge, organisational name and location. This study highlights that poor comprehension of the purpose and remit of the U3A can result in the development of 'middle-class' myths which perpetuate non-participation among individuals from lower socio-economic groups. As the membership of each U3A defines the group such perceptions must be dispelled to allow the U3A to fulfil its potential as highly inclusive organisation.

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How age, body composition and physical activity impact on functional fitness in community-dwelling ageing people in Taiwan

Purpose: Many studies have reported that functional fitness closely relate to ageing people's daily life. However, little research investigated the correlation of age, body composition and physical activity (PA) with physical functionality in ageing people. This study examined the correlation of age, body composition, PA, with functional fitness of ageing people in dwelling-community in Taiwan. Methods: A total of 53 ageing people over 65 years living in 2 Districts of Taipei were recruited. Body composition included BMI, percentage of body fat (PBF) and waist circumference. Daily step counts and time spent in over moderate intensity physical activity were recorded. Functional fitness tests focus on flexibility, muscular strength, balance and walking ability. Descriptive statistics, one-way ANOVA test and Mann-Whitney U were used for comparison between groups by using SPSS software (Ver. 19). Results and Discussions: Ageing people in this study had higher BMI, PBF and waist circumference tendency. Their daily step counts did not meet the recommendation of 10,000 step-count by Public Health Bureau. Further, most of the ageing people needed to strengthen the upper and lower extremity muscle strength, static balance and walking ability. Conclusions and Suggestions: Future study needs to expand on the residential areas of study participants, the number of cases, and gender issue. Flexibility, balance and walking ability declined gradually while people getting older.

Since the time spent in over moderate intensity PA is a key factor to affect walking ability, we suggest ageing people to engage more moderate PA to slow the declining of walking ability.

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[Blaithin Gallagher]

Methods for working on new technologies with older people

Background: With the ageing population, it is becoming more important that technologies are developed to support older people in living independently for as long as possible. It is essential that such technologies are both suitable for and usable by older people. Objectives: A range of design and evaluation methods have been developed over the last 30 years as technologies for non-expert users have become more common, but there is little clear information about whether these methods work well in eliciting user needs and requirements of older people and in evaluating emerging technologies with this potential user group. This paper explores and compares the current methodologies. Method: We have undertaken a thorough review of recent research on developing technologies for older people to elicit useful information about which methods have worked well and what adaptations researchers have found they have needed to make when working with older people. We have complemented this with a multi-method study of the needs of older people for support in the area of good nutrition. Results: Methods being used include focus groups, interviews, a text diary study and a photo diary study. We have compared the main methods in use to investigate their appropriateness, effectiveness and efficiency in understanding the needs of older people. This paper will highlight adaptations, strengths and weaknesses in the methodologies being used. This research will result in a manual on appropriate methods for working on new technologies with older people, which will include information on how to best use different methods.

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[Claire Ballinger, Rita Newton, Samuel Nyman]

Older people's experiences of falling outdoors: challenging the person-environment fit

This presentation draws on findings from a qualitative study exploring older people's experiences and perceptions of outdoor falls, with a particular focus on the outdoor environments in which they have fallen. Nine focus groups were conducted with a total of 44 participants across the UK in England, Wales and Scotland. Participants were 65 and over, had an outdoor fall within the past 12 months, and were cognitively intact. Two major themes will be highlighted in the paper: 1) Risks of Falls: participants views on the risk factors for outdoor falls, including personal characteristics, hazardous features of the environment, or a hazardous interaction between the person and their environment. 2) Suggested Improvements: participants made suggestions that both they themselves and those in charge of maintaining the outdoor environment made to prevent further falls. Our paper will contextualize and critique the findings within a person-environment framework. The P-E framework has been used extensively in environmental gerontology and has been extended to include person-environment-activity. However this paper highlights the limitations of this framework; it also suggests that more attention should be paid by urban planners on the interaction between the environment and older person, the severe consequences of outdoor falls and how outdoor environments can be made safer.

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[Tanisa Gunesekera]

Age Collective – museums as natural partners for adult social care and good neighbours within healthy communities

With the premise that one way of tackling the challenges of an ageing society is to support older people to be active and healthy for longer, this paper will argue that museums can be important partners in

local networks supporting healthy communities, and that agencies delivering social care should think of museums as natural partners. With c.2,500 museums across the UK, most older people have a local museum, and their collections are as varied as the visitors they hope to attract. There is still work to be done to attract a fully diverse range of older people to museums, but this is done most effectively through cross-sector local networks. Why museums? Museums are generally welcoming, trusted free spaces, valued as places to learn new things, to meet friends, to encounter people with similar interests, or to spend time alone without feeling out of place. Museums place value upon older people as visitors, event goers, members, donors, staff and volunteers. The New Economics Foundation's five ways to wellbeing can be achieved during a single museum activity. Many museums deliver quality activities for older people with access needs, both at museum sites and as outreach to community venues, resource centres and care homes. Specialist museum programmes exist, which train care staff and provide opportunities for carers and those with Dementia. This paper will use examples from partner museums to demonstrate the impact of such activities, and their value within the health and social care sector.

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Towards the development of the IDEAL tool (Individual Decision on Environment and Accommodation in Later-life)

There is growing interest and investment in environmental gerontology concerning residential or housing decision in later life. Although the vast majority of people wants to live in their own homes for as long as possible, a number of factors may emerge during the life course that can challenge the decision on 'ageing in place' and lead to 'relocation' or 'institutionalization'. However, it is argued that research questions related to outcomes in old age cannot be properly understood by focusing solely on what occurs during the later stages of life and it is therefore needed to include the life course dynamics of person and the environment relations. The purpose of this preliminary study is to establish a reliable and valid instrument to record the Individual Decision on Environment and Accommodation in Later-life through a life-course perspective (IDEAL Tool). The theoretical model was constructed by a thorough literature review, guided by the life-course perspective and P-E fit theory and developed further through in-depth qualitative research, informed by grounded theory. A multi-level analysis in the pilot studies seeks to ascertain whether and how the interrelation between the older people and their environment is driven by societal, cultural and/or political contexts. Reliability and construct validity of the instrument is tested by correlating instrument scores and by triangulating quantitative and qualitative findings. There is preliminary evidence that the IDEAL Tool is a promising instrument. Further work on studying over the life-course is underway to explore whether the push and pull factors to move, that have been identified by the Tool so far, are valid predictors on residential decision in later-life.

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[Anthea Innes]

The views of people with dementia and their formal carers in regard to an innovative model of dementia extra care housing

Objective and rationale: How receptive people living with dementia are to extra care is currently unknown. Extra care is widely used to describe retirement housing where care is available. As residents' needs change, the level of care they receive can also change without the resident having to move. Traditionally, support services for people living with dementia are orientated to crisis intervention. Extra care housing has the potential to give family carers emotional and practical support, prior to crisis point. This presentation will report findings of a consultation project, aimed at discovering the obstacles and facilitators of a relocation to extra care housing. Methods: Fieldwork consisted of six interviews with formal dementia carers, one interview with a person with early on-set dementia, seven interviews with family carers, two joint interviews with a person with dementia and a family carer, and one focus group with three family carers. Results: Benefits of extra care were identified as the opportunity for couples to remain living together, gaining a supportive dementia-friendly community and a reduction in the strain of the carer role. Obstacles centred on a sense of loss, stress and uncertainty, grounded in moving home and the unpredictability of dementia. In home care provision was perceived

as a preferable alternative to extra care. Conclusion: The feedback suggests extra care is perceived as an alternative last resort service, rather than as a positive life decision. This has clear implications for the conceptualisation of extra care as a preventative measure.

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[Aparna Shankar, Andrew Steptoe]

Social network characteristics and subjective wellbeing over six years: The English Longitudinal Study of Ageing

Background: Successful ageing may be viewed as the maintenance of wellbeing across multiple physical and psychosocial domains. Social relationships may exert significant influence on subjective wellbeing, such as quality of life, in later life but there is currently limited longitudinal evidence on which aspects of people's social connections may be important for sustaining wellbeing levels in old age. Methods: Using data from Waves 2 and 5 of the English Longitudinal Study of Ageing (ELSA), we determined the six-year longitudinal associations between major social network domains (i.e. person's social network size, network diversity, and frequency of contact with network) and two established measures of subjective wellbeing (life satisfaction, measured by the Satisfaction with Life Scale, and quality of life, as assessed by the CASP19 scale) in older people. These analyses controlled for baseline differences in subjective wellbeing levels in addition to various demographic, socioeconomic and health factors. Results: In longitudinal analyses controlling for differences in baseline levels of subjective wellbeing and other covariates, including age, sex, marital status, education, wealth, current employment and longstanding illness, we observed statistically independent associations between social network size and network contact frequency with both subjective wellbeing measures at six year follow-up. In contrast, social network diversity did not emerge as an independent predictor of subjective wellbeing in these analyses. Discussion: Different aspects of people's social networks may help maintain subjective wellbeing in older age; the role of close relationships and frequent contact in later life may be particularly salient. This highlights the need to examine different facets of social networks for promoting wellbeing of older people.

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[Jim Ogg, Sabrina Aouici, Samia Benallah]

Finishing a working career in France: the combined effects of retirement reforms, employer context and individual trajectories

In France, a series of retirement reforms since 2003 have been implemented to extend the working life. However, the objective set by the Lisbon agreement in 2000 to achieve 50% of active workers between the ages of 55 and 64 by 2010 has not been achieved. The research examines the individual experience of the last years of working lives before retirement. The data source is the Gender and Generations Survey (France). Panel data from three waves (2005, 2008, 2011) are examined for a sub-sample of respondents aged between 45 and 64 who were employed in the labour market in 2005 and who envisaged retirement within three years. Forty qualitative interviews were undertaken in 2012 to explore the link between motives for retirement, employer's policies towards senior workers and recent legal retirement reforms. Retirement reforms, individual career and family trajectories and employer policies combine to create greater uncertainties regarding the timing of retirement for current generations of workers in the second part of their career. The timing of retirement is also gender specific. Incentives to encourage older workers to stay in the labour market remain unpopular. The results suggest that for many French older workers, there is an absence of measures that could encourage older workers to postpone retirement, such as high quality working conditions and attractive remuneration. Socio-demographic transformations, such as the rise in recomposed families, may have a greater impact in the short term in keeping older workers in the labour market.

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And the doctor said... creatively researching healthcare in North Staffordshire

'And the Doctor Said....' Is a participatory research project, which uses creative writing as a method

of exploring people's experiences of healthcare in North Staffordshire. It involves researchers from Staffordshire, Keele and Northumbria Universities, and was funded by a Research Networking Grant from the Arts and Humanities Research Council. It is part of the cross-council Connected Communities programme, addressing the changing nature of communities in Britain and the ways in which those communities can impact upon quality of life. A series of workshops led by creative writers, playwrights and storytellers took place during 2013 in four different community venues in and around Stoke-on-Trent. Through creative writing, the participants, including groups of older people, shared, reflected on and wrote about their health experiences. The activities and writing drew upon their own personal experience and local knowledge: participants were very much at the centre of the project and this made sure that the detail of the creative work they produced was driven by participants themselves. Dissemination methods include films, photography, a book and a touring exhibition. This presentation addresses the methodology of the 'And the Doctor Said...' project. It considers the benefits and the challenges of the highly participatory approach. It highlights considerations that arise when researchers work in partnership with creative practitioners, and the ethical challenges involved when participants share their writing. The presentation will conclude with some reflections on the lessons learned and on the potential to further develop this work.

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[Miriam Bernard]

Ageing, drama and creativity: a critical review

Our research, and that of others, leads us to conclude that whilst we know quite a lot about the practice of undertaking creative drama-based projects with older people, our conceptual and empirical understandings of how 'cultural value' is viewed by participants in many of these projects is much more limited. This might seem paradoxical because, historically, theatre (the cultural arena with which we are concerned) is a setting in which older people are highly visible. However, this is primarily as audience members and volunteers, as opposed to makers of theatre themselves. In order to shed light on this issue, this paper presents the findings from our current work funded under the AHRC's 'Cultural Value Project'. We are undertaking a Critical

Review (Jan-May 2014) which builds on the research findings, experiences, learning and networks established through the interdisciplinary *Ages and Stages Project*: a continuing collaboration between Keele University and the New Vic Theatre, Newcastle-under-Lyme. The review is examining both the published and 'grey' literature in this area in order to provide a more nuanced assessment of the components of cultural value as they relate to theatre-making with older people; its theoretical and conceptual dimensions; and the methods used to generate evidence. Our presentation will detail the methodology we have used to undertake the review; outline its key findings; and highlight the gaps and possible areas for future research.

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[Julie Bywater]

Social Work students' perceptions of old age: a multi method study from a UK University

A small research grant was awarded to explore social work students perceptions of old age, primarily because, it was timely explore attitudes towards the older person, the UK population is ageing, qualified social workers often see practice with older people as 'routine and uninteresting', preferring to work with children and families, and graduate social work students held more positive views of ageing than undergraduates Kane(2006), However little research focuses in this area, and is particularly sparse within the UK. Much is written about ageism and the older person, the impact on them personally, culturally and structurally. Terms like 'dependency and frailty' have become common language, whilst little attention is given to the strengths, resilience and coping abilities of older people (Ray and Philips, 2012). The social construction of ageing embodies stereotypical images of the older person (curly hair, asexual, disabled) which promotes discrimination; this challenges social work practice, as social workers need to reframe some perspectives through which older people have been socially constructed and stereotyped, to understand the diversity of ageing and to view experiences of later life more positively. Therefore this study explored the attitudes and perceptions of a group of first year social work students at a UK University using a mixed methods approach, a questionnaire, encompassing Kogan's (1961) older person attitude scale, and visual methods, by asking the sample to draw a picture of an older person. This oral presentation will present the findings of the study.

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[Pauline Banks, Mike Danson, Debbie Tolson]

Dementia in the workplace: the potential for continued employment post diagnosis

In the UK, the workforce is ageing. With the recent changes to state pension age, an increasing number of people will be working into later life. Whilst there are economic benefits to this, it will also result in an increased prevalence of people with long term, age related disorders in the workplace, such as dementia. Dementia is commonly associated with older age, but the Alzheimer's Society estimates that there are approximately 17000 people under the age of 65 with dementia in the UK. As the risk of dementia increases with age, developing dementia while still in work will become more common as we work into later life. To date, only two research papers have focused on the experiences of people with dementia or memory problems in employment (Ohman et al., 2001; Chaplin & Davidson 2014). Both papers identified the challenges faced by people with dementia in the workplace and their employers. The present study adopts a case study approach to investigate the experiences of people who have developed dementia whilst in work. Each case study centres around the person with dementia and includes interviews with the person, their relative and a workplace representative where possible. Case studies will be thematically analysed to explore the experiences of each person in context followed by a cross case analysis to highlight similarities which may help to inform future policy. The results for this study will be presented in terms of initial problems in work, the level of support or adjustments required for continued employment and factors that would enable or hinder employers providing such support.

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[Karla Moreno-Tamayo, Betty Manrique-Espinoza, María del Rocío Enríquez-Rosas]

Does social support have an influence on health care utilisation among the older adults? Evidence from Mexico

Background: Increased health care needs among older adults (OA) requires a better understanding of factors influencing health care utilisation. Prior literature suggests that social support (SS) may be linked to beneficial health outcomes. In this study we examined whether SS promotes health care utilisation in a sample of Mexican OA. Methods: We conducted a prospective study with 4027 OA, age 65 and older. Data were collected at baseline and 14 months later. In each survey, OA self-reported ambulatory care and hospitalisation. SS was operationalised into two components: structural (living arrangements, marital status) and functional (network size, perceived availability of support; and perceived support across emotional, instrumental, economic, and informational domains). Logistic regression models were performed to estimate the probability of ambulatory care and hospitalisation; and zero-inflated negative binomial regression models to examine the effect of SS on the number of physician visits and the number of nights spent in a hospital. All models were adjusted for confounders. Results: About 40% OA had at least 1 physician visit, whereas only 4.7% self-reported having been hospitalised. Regarding SS, 37.3% OA reported received any kind of support. Perceived availability of support (OR=1.35; 95%CI 1.15-1.57); emotional (OR=1.19; 95%CI 1.02-1.39), instrumental (OR=1.45; 95%CI 1.26-1.68), economic (OR=1.18; 95%CI 1.03-1.36), and informational (OR=1.35; 95%CI 1.12-1.64) support were related to ambulatory care. Structural or functional components of SS did not influence hospitalisation use. Conclusions: SS significantly contributes to health care utilisation among Mexican OA. The findings highlight that OA with heterogeneous types of SS may achieve health care utilisation.

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Can understanding carers' social networks shape service design and delivery?

This paper will examine carers' social networks and the structures that link them to other individuals in complex and meaningful ways. It will offer not only an insight to the broader concept of social capital at a micro level but also elucidate the complexities of the networks and their use for support and potentially material gain. This work links to recent policy which aims to build social capital and deliver new models of care for carers and care recipients with greater involvement of communities and individuals in the co-production of services. For such a transformation, acknowledging how communities and individuals within those communities interact and connect is necessary. Hence as there is an increasing demand for informal care it will require a greater understanding of the carers' role and how existing social networks including, family, friends, health professionals alongside the voluntary and community sectors (VCS) support carers. Using a case study methodology, carers' social network data have been elicited using the COPE index, questionnaires, interviews and diary entries. Data analysis includes diagrammatic egocentric network data using the UCINET computer programme and further qualitative analysis using NVivo 10. Preliminary findings from the study have the potential to inform the evolving organisation and delivery of health and social care. A closer analysis and development of the concept of linking social capital in relation to those network connections between carers, health professionals, charities and the voluntary sector is also possible.

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[Jeroen Spijker, John MacInnes]

The myth of old age

Population ageing is currently one of the most discussed topics in academia, policy making as well as the media. However, it often has a negative connotation due to the supposed high societal costs associated with the changing population structure. A core question inherent in this topic is that of how to define 'old'. Social and behavioural scientists have tended to adopt the government's 'retirement age' as a convenient demarcation line between mature adulthood and old age, yet this is an arbitrarily defined line that does not reflect the diverse employment histories, job demands, social responsibilities, financial circumstances, and health statuses of the people it aims to subsume. Acknowledging later life's diversity, academics have taken to splitting it up into a "third" and "fourth" age, and studies tend to adopt varied operationalisations of old, depending on whether they look at old workers, 'the young old' retirees and their activities, or the infirm 'old-old'. Yet – in light of these many different concepts of old – is this category really useful or is it not a tool too burdened with past connotations of meaning to be sharp enough to make a clear analytical cut? Our study portrays the academic discourse on 'old age' and the use of the term 'old' critically, referring both to demographic measurements, the attitudes towards old age in past and present, and the social roles of older adults. It also discusses concepts that might prove more suitable, alternative tools than the category 'old'.

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The purpose and meaning of work in later life: a critical look at evidence from Indonesia

Most research on ageing in developing countries has focused on two of three 'pillars' of older people's livelihoods, namely either on formal support (especially pensions), or on informal support (chiefly from family members). Only recently has attention shifted to older people's own economic participation as a source of livelihood. Working in later life enhances people's economic well-being, and is viewed by some analysts as a route out of poverty in old age. Yet there are significant challenges to older people's ability to support themselves through work, including poor health, lack of opportunities, and discrimination. This paper provides a critical analysis of older people's labour force participation in a developing country by drawing on longitudinal ethnographic and survey data from rural Indonesia. The findings reveal economic participation in later life to be extremely varied and dynamic, with elders moving in and out of work in response to needs and opportunities. The relationship between work and socio-economic position proves to be complex: Better-off older people who benefit from pensions or other assets are able to use these as capital for additional productive activities, while those most in need of income often find their opportunities for working

limited, or have to pursue poorly paid, arduous and insecure work. As a policy priority for poverty reduction, extending working lives into old age seems problematic. However, the paper argues against a narrowly economic interpretation of older people's work by demonstrating the significant implications of 'productivity' in later life for identity, intergenerational relationships and social participation.

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An exploration of stress experienced by people with dementia: an interpretative phenomenological analysis

Despite considerable progress in the last two decades in our understanding of the experience of dementia, and the importance of involving people with dementia in research to develop that understanding, stress is one area of study which remains dominated by literature which focuses on the experience of others, mainly carers. This paper presents the findings of a final year phenomenological study conducted for a doctoral thesis, and addresses the need to hear the voice of people with dementia on their perceptions of stress. The study is an Interpretative Phenomenological Analysis, data being generated through focus groups of people with dementia from across Scotland. The interpretation of first-hand accounts suggests an adaptive journey is possible, reflected in emergent key themes which use the exact words and phrases of study participants - 'Something's torn - your life's torn' 'Families can bring stress' 'The stress of living with dementia' 'A whole new set of rules' 'It's our lives and we're going to get it under control ourselves'. The paper explores key issues which have emerged from the participants' descriptions which include their views on risk; self-perception and self-esteem; reciprocity and relationships; stigma and loneliness; the reality of living with dementia on a daily basis aspects they consider poorly explained by professionals. The accounts of people with dementia from this study challenge perceptions of a fixed pathway of inevitable decline and progressive vulnerability to stress. There are indications of what support people with dementia perceive as helpful and enabling and the paper has relevance for all those involved in the health and social care support of people with dementia.

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[L. De Donder, T. Buffel, S. Dury, E. Verté, N. De Witte, T. Kardol, S. Van Regenmortel, D. Verté]

Older people's perceptions about alternative forms of housing in Brussels

This contribution explores perspectives on different alternative housing possibilities among different groups of older people in Brussels. As defined by Lawton (1981) alternative forms of housing is whatever form that cannot be placed within the traditional group of residences. A common element among them is the *relatively small scale* and the fact that they are *more custom-built for people whose needs or resources do not fit into the mold of traditional housing types*. In a large extensive qualitative study on aging in place, housing and care in Brussels, organized in 2011- 2012, there was a specific attention for alternative forms of housing. The research project comprised 18 focus groups with a wide range of participants: third & fourth age (8), vulnerable older people (3), and older migrants (7). Different forms such as Abbeyfield housing, cohousing and granny flats are being discussed as well as their strengths and deficits. Results suggest that a large part of the respondents are open to these new ideas. Autonomy, affordability, not being alone when something would happen and the possibility of staying in the familiar neighborhood are seen as advantages by the different groups. Overall, findings suggest that alternative forms of housing are not a generalized solution; however, we can conclude that they are important additions to the range of housing choices available for older people. More information could support the visibility of existing forms towards older people. Results suggest that more research is necessary for future developments.

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Conducting care home research with older people from minority ethnic groups: the benefits, challenges and reflections

Little is known about the experiences of older people from black and minority ethnic (BME) groups who live

in care homes, despite findings suggesting increasing prevalent BME populations and potential increases in reliance on support from community care services. One explanation for this research gap centres on apparent small numbers of care home residents from minority ethnic groups which may pose numerous methodological, ethical and pragmatic challenges to researchers. This paper presents reflections from my community care PhD research with people from minority ethnic older people and minority ethnic adults with learning disabilities living in residential care settings across England. Conducting detailed explorative PhD community care research on lived experiences of minority ethnic residents via structured observations, focus groups, interviews and questionnaires enabled unique, detailed and invaluable opportunities for reflection, evaluation and discussion. Deriving from my PhD in community care research investigating lived experiences of care home residents from minority ethnic groups; this paper highlights rewards along with methodological, pragmatic and ethical challenges and strategies adopted to overcome them. Findings discussed may provide useful insights for further research into lived experiences of minority ethnic residents living in care homes.

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Are care home staff sensitive to cultural, religious and language needs for diverse care home residents? Observational findings from the Cultural Care Home Observation Toolkit (CCHOT)

Caring for people from diverse backgrounds is a daily reality for some care home staff that are expected to provide person centred care which is both culturally sensitive and clinically safe. This is important for all recipients of care, however, in comparison to white British residents, culturally diverse residents may encounter additional susceptibility to social inequalities and marginalisation, leading to diminished person centred care, unmet needs and poorer quality of life outcomes. The evidence base surrounding cultural diversity sensitivity within care homes is largely under-researched and methodologically limited to questionnaires and interviews. Observational methods enable opportunities to investigate real time lived experiences of culturally diverse care home residents. As part of the treasury funded Measuring Outcomes Public Service Users (MOPSU) study investigating 173 care homes in England and my attached PhD in Community Care, a Cultural Care Home Observational Toolkit (CCHOT) and Post Hoc Cultural Index (CI) was developed to explore via observations whether care home staff implemented any sensitivity to language, religious and cultural diverse needs of culturally diverse older people and adults with learning disabilities. Findings from most mainstream care homes suggest considerable unmet needs for culturally diverse residents with limited sensitivity to language, religious and cultural diverse needs. Evidence for sensitivity to the needs of culturally diverse residents was noted in most care homes providing specialist support for culturally diverse residents. Explorative research findings are important for striving towards equitable service delivery, person-centered care and good quality of life outcomes for all residents regardless of background.

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[Gail A Mountain, Rebecca Hawkins, Brenda Gannon]

Exploring the potential of touch-screen computer technology and the potential to facilitate enjoyable activities with people with dementia: a visual ethnography

In our study of the subjective experiences of older people with dementia when interacting with others and with technology, we have used video recording as a key method. Dementia impairs verbal communication, and this can have significant impact on how researchers may explore individual's subjective experiences. Non-verbal communication such as gestures, body language, facial expression and posture therefore has greater significance when creating this understanding. The benefits of using video based methods in dementia research are two-fold. First, these methods are key to the faithful representation of non-verbal behaviour. Second, these methods can overcome some of the communication issues that can be encountered when interacting with people with a dementia diagnosis. Study 1 involved 12 people in the moderate to later stages of the condition. Findings indicate that touch-screen computer technology can facilitate enjoyable activity although engagement with and enjoyment of

the activities was very much situated in the present. Thus limited familiarity or recall of the technology and activities was observed between sessions. Study 2 involved 10 people in the earlier stages of the condition to explore whether increased levels of familiarity in the early stages could promote new learning associated with the technology. Findings from study 2 suggest that potential for new learning exists in the early stages of dementia when interventions are personalised and can meet the needs and requirements of the individual.

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[Katrina Ritters, John Woolham, Guy Daly]

Personalisation in social care provision – what do older people 'want'? Findings from a recent study on the views of older people and their carers about personal budgets and direct payments

Personal budgets and direct payments mark a profound change in the way personal social care services are provided in England. Although current research evidence suggests that younger adults achieve good outcomes through this approach to service provision, evidence for older people is less clear. This presentation draws on findings from a recent mixed-method study examining whether personal budgets and direct payments are always the best way to deliver personalised care for older people. The study included interviews with senior managers in 52 local authorities; postal surveys of over 1300 older budget holders and 1500 unpaid carers of budget holders; follow-up interviews with 45 budget holders and carers, and with 25 adult social care staff in three local authorities in England. The study found that older people want different things from personal budgets to those cited as benefits in policy documents; seeking reliability and continuity in their care, ensuring safe living in their own home and care through familiar carers rather than choice and flexibility, but that these were not always achieved through the provision of a budget, whether Direct Payment or managed elsewhere. Additionally, the study found that enhanced choice or flexibility could lead to greater anxiety for some budget holders and stress for some unpaid carers.

Though possession of a direct payment conferred a sense of empowerment by enabling budget holders and unpaid carers to organise and control care provision, there were also a range of other factors that supported or inhibited the creation of person-centred provision.

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Exercise 50+: what does this mean?

Physiological changes that occur around the age of 50 are often used to define a sector of the population for a variety of marketing and social purposes. Economically, and in terms of health and social care, the trend politically is to treat the sector as a problem as a result of the bulge in demographic profile currently approaching retirement. While the 50th birthday continues to be seen as a milestone in the lifecourse improvements in sanitation and health care during the Twentieth Century have led to greater life expectancy to the extent that centenarians are no longer unusual. Whereas formerly, reaching the age of 50 might have been seen as a stepping stone to retirement, in the Twentyfirst Century it might only be half way through the lifecourse. Nevertheless it may remain the significant marker to stimlulate circumspection with regard to how quality of life may be maintained in economic, social and functional terms. Many exercise classes are advertised for the benefit of the 50+ age group. The title suggests that engagement with exercise might be different in this second stage of the centenarian's lifecourse. Can it be that what is provided is aimed at all people over five decades? Who attends these sessions? How does provision meet with their needs and expectations? The presentation will explore these issues in relation to the presenter's interpretive research and her experience of working with such groups.

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[James Nazroo, David Lee]

Let's talk about sex – what do older men and women say about their sexual relations and sexual activities – a qualitative analysis of ELSA Wave 6 data

The English Longitudinal Study of Ageing (ELSA) has recently completed Wave 6 interviews. As part of this

phase of the ELSA study, a new set of questions about sexual relations and sexual activities were added. Men and women (n=7079) were asked to answer a series of questions about their attitudes to sexual relationships and their own sexual activities. The questions aimed to gain insights into the ways in which sexual relations and activities related to their health well-being and other aspects of their lives. However, the survey was also designed to explore whether, and how, sexual relations and activities change as people grow older. The primary mode of data collection was a tick box response to a series of questions. However, at the end of the questionnaire an open comment box was provided, which asked respondents whether there was anything else that they would like to say. Over 800 respondents provided additional information. These comments provided researchers with a unique qualitative data set that gave insights into a wide range of additional factors that impacted on people's sexual relations and activities. An initial analysis of the data was undertaken using Template Analysis. The first phase of the analysis identified how and why: long-term conditions, prescribed medications, relationships, experience of ageing and attitudes to sex impacted on sexual relations and sexual activities in later life. This paper will present the findings from the full analysis of the qualitative data set and will make recommendations for health care, practice and future research.

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Being a care home nurse in the UK: practicing in the juxtaposition of care and business

Background: 450,000 older people reside in care homes in the UK. It is estimated that by 2030, this figure will rise by 49% to 670,000. Consequently, there is an increasing need for registered nurses to work in care homes. However, the care home nurse role has proven to be less attractive than the acute care nurse role, to potential staff. Aim: This study investigated experiences and views of care home nurses, in order to identify appealing/unappealing aspects of the role. Methodology: The methodology was hermeneutic phenomenology. 13 nurses from 7 care homes were each interviewed 5 times using an episodic interview technique. Interviews were analysed using a literary analysis approach. Finding: A major emerging theme concerned the challenges of reconciling philosophies of 'care' and 'business'. Although 73% of care homes

are privately owned, and 40% of residents fully self-fund their care, nurses feel uncomfortable with, and unprepared for, the business aspects involved in care home nursing. This lessens the appeal of the care home nurse role. Difficulties identified include: Tensions exist between the caring-orientated 'nurse' role and the profit-orientated 'salesperson' role. Residents'/families' expectations of care change when care becomes privately funded. Changing expectations impact upon nurse/resident/family relationships. When 'takeovers' occur (establishments are acquired by other companies), it becomes difficult to negotiate and implement new practices while maintaining care standards. Conclusion: To resolve these problems, 'business' as well as 'care' elements of service provision need to be addressed by nurse educators and service providers.

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[Jay Ginn, Eloi Ribe]

Revolutionising long term care: lessons from abroad

Background: The applicants undertook research on long term care in mainland Europe as a scoping study for the Technology Strategy Board on revolutionising long term care followed by a case study of the Netherlands. Research objectives: To provide relevant information about how support is provided to older adults in need of long term care, in their own or alternative homes. Methods: An analysis of the literature, evaluated initiatives and policy documents together with visits to interview key people in the Netherlands. Main results: We identified practical evaluated examples of care provisions with home at the heart of them. The key role of housing was shown to have a preventive role. Home modifications and extra care housing were shown to be of importance together with community run schemes such as co-housing. Technology has an important role especially the use of the internet and simple gadgets. Lessons from the Netherlands included the dropping of personal budgets due to problems including expense and fraud. Innovations were found including provision for people with intensive long term care needs including dementia, which included not-for-profit care complexes enabling older people to live with a degree of normality and autonomy in family-like households. Conclusions: More attention needs to be paid to placing the older person at the heart of decisions. The initiatives have been motivated by a

desire to enable active ageing in place and key factors were the importance of social relationships, the value of environments and community belonging, listening to users and opportunities for business.

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[Nesar Gilani, Alexander Howells, Zaid Kureeman, Isabella Luthra, Olamide Oshunniyi, Olivia Richardson]

The hierarchy of invisibility in older people

Policy makers and academics are becoming increasingly aware of the dangers of generalising about older people. It has long been argued that generalising about an age group who may range from 60 to 100 is not realistic. Many people in this age category are deemed invisible, not only because of their age but also due to being non-heterosexual, homeless, in prison or having a mental illness, physical or learning disability. These groups are both increasing in numbers and in importance as the population ages, yet research and provision tends to focus on younger groups. This presentation is based on literature reviews undertaken by the Intercalated BSc in Gerontology students at King's College London. It compares and contrasts which groups have come into prominence recently (such as those with dementia), those who are beginning to be recognised (such as those who are non-heterosexual or homeless), those who are still largely ignored (such as older prisoners) and why this is the case. It examines statistics in each category, the problems they experience, policies and services (if any) and what can be done to improve their options. It is argued that it is important for the medical profession (and probably for other professionals) to consider these so called invisible populations in order to see their health and other problems in context. The groups will be compared and contrasted.

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The acceptability and feasibility of a staff feedback intervention aimed at improving residents' social care-related quality of life: results of a pilot study

This paper presents the results of a feasibility study conducted in four care homes for older people in England. The aim of the study was to give care home staff feedback about residents' social care-related quality of life (SCRQoL) and explore the feasibility of conducting a cluster-randomised control trial of the impact of the feedback in the future. In evaluating feasibility, we examine the acceptability of the data collection to those living and working in the homes and discuss how care home staff responded to the feedback. SCRQoL, measured using the care homes version of the Adult Social Care Outcomes Toolkit (ASCOT), was collected at baseline and used to give outcomes-focused feedback to care homes staff. Three months after giving the feedback, researchers returned to repeat the data collection and interview managers about any changes they might have made following the feedback. Unfortunately, one home had to be excluded from the analysis due to a sudden change of ownership which was underway during the time two data collection. Whilst overall sample sizes are small (n=51 residents across three homes), attrition in the remaining three homes was unusually low - nobody withdrew from the study for any reason. The baseline and follow-up scores of 51 residents across the remaining three homes are presented and discussed. We end by considering the challenges of delivering researcher-led interventions in care homes and discuss alternative study designs for future research.

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Dress and age: what about men?

It is often assumed that men are not interested in clothes; and under the guise of 'fashion' this is probably so, certainly in regard to older men who have not been influenced by the rise of Metrosexual Man and related visual and consumption culture that has affected how younger men engage with dress. But older men also get dressed, select garments to wear, buy clothes in the market (though often under the influence of female partners). Dress is just as much part of their day-to-day experience of embodiment as it is for women, forming the vestimentary envelope that presents them and their identities to the social world. This paper presents the argument for looking at the clothing and dress of older men. It builds on earlier empirical work on older women and dress, published as *Fashion and Age: Dress, the Body and Later Life,* and work on dementia and dress.

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At the heart or at the margins of *Active Ageing*? Exploring the institutional determinants of women's retirement preferences in an ageing Europe

For almost three decades, European welfare states have included incentives towards early withdrawal of older workers before reaching mandatory pension ages through a combination of pension schemes and labour market policies. Yet, faced with future demographic ageing, early retirement is increasingly being regarded as financially unsustainable, and detriment to the policies of active ageing. In order to raise employment levels among the older workforce, European societies have set themselves ambitious targets and started to implement various reforms in pension and labour market policies as well as lifelong learning policies, a policy discourse often summarized under the notion of "active ageing", jointly aiming to foster not just longer working life but also promoting activity in general. In this respect, both women and older workers were identified as problematic labour market groups, currently exhibiting particularly low employment levels. Consequently, raising labour force participation among older women can be considered particularly important for promoting higher employment levels and longer working lives within the EU. This result has been highlighted by the results of the active ageing index of 2012. Yet, until now little research has explored empirically how both the employment conditions of older women's employment as well as their desire to continue working up to their mid- and late-60s have changed during the transition from previous early exit to current active ageing paradigms. The proposed paper aims to fill this gap based on the analysis of most recent institutional and survey data. In the first step, the paper will provide a systematic review of relevant nation-specific institutional contexts that promote or hinder the employment of older women in European countries. To this end, we use information on labour market, pension and welfare policies affecting women's employment chances and retirement decisions. We contrast these 'structural' indicators with selected 'cultural' evidence from European survey data (Eurobarometer) reflecting recent trends in attitudes and stereotypes towards women's employment and retirement. Available data allow for an unusually broad geographical scope, encompassing both Western and Eastern European societies. Using this data, we identify specific types of 'female work and retirement regimes' in contemporary Europe. A specific focus will be placed on how eastern and southern European countries differ from the Nordic and western European countries. In the second step, we will draw evidence the fifth and sixth waves of the European Social Survey, fielded in 2010 and in 2012. We use this data to provide a comparative description of prospective retirement preferences among women approaching late-career in 28 European countries. In a multilevel regression model, we relate these patterns to the institutional patterns explored in the first part in order to identify which institutional contexts respectively constellations promote a higher desire for continued employment up to or beyond regular retirement ages. Based on these analyses, we provide a critical discussion of current support for older women's employment and potential strategies to further enhance their labour market attachment in future years.

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Exploring change in everyday food related practices through the transition to retirement

Lifecourse transitions are known to bring about changes in everyday household practices, such as grocery shopping, eating and food wastage. In addition, it is suggested that transitions may be points at which individuals consciously reflect on the lifestyles they want, and review what matters most to them. It has been suggested, therefore, that those going through transitions may be more open to interventions, such as eating healthily. Nutritionally healthy food choices are important, yet they need not necessarily be environmentally unsustainable, as in reducing meat consumption is known to be beneficial for health and for reducing greenhouse gas emissions. There is, therefore, potential to combine these two targets for interventions at points of transition. This paper presents data from a qualitative longitudinal household study and explores the narratives accompanying the everyday food related practices of those transitioning to retirement. In-depth interviews with 40 men and women in the UK were conducted at three points in

time, prior to retirement, following retirement, and eight months later. We suggest that the performance of retirees' food practices was influenced by (a) social norms and inherited values which led to a focus on thrift and frugality, and an abhorrence of waste, and (b) the influence of household context on consumption choices. Furthermore, we will show that changes to shopping practices did take place through the transition to retirement, and were influenced by the reshaping of daytime routines, and perceptions of risk pertaining to current and future health concerns. We reflect on potential environmental implications.

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Characteristics of and living arrangements amongst informal carers in England and Wales at the 2011 and 2001 censuses: stability, change and transition

Informal caring in England and Wales has become a key social policy issue in relation to population ageing and expenditure cuts in local services of adult social care. At the 2011 and 2001 Censuses a question on the provision of informal (unpaid) care was included. Headline results from the 2011 Census showed that more people are likely to become informal carers at some point in their lives and informal caring of 20 hours or more per week had increased in prevalence from 2001. Using a 1% sample of England and Wales 2011 Census records matched to the 2001 Census responses from the same individuals (the Office for National Statistics Longitudinal Study) this paper investigates the characteristics of informal carers at 2001 and 2011, identifies transitions between caring intensities and for carers at 2001 identifies characteristics associated with repetition of informal caring at 2011. This is the first study to present results for informal caring transitions between 2001 and 2011. Results suggest that a greater number of people started caring at some point between 2001 and 2011 than stopped caring. Characteristics associated with informal caring at 2001 or 2011 show remarkable stability. Around a third of those caring at 2001 were also caring ten years later. Multivariate analyses to predict informal caring at 2011 among the carers at 2001 show that those providing 50 hours or more care in 2001 were the most likely to be caring at 2011, suggesting that past provision of care is crucial in predicting future caring.

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Ethnicity and occupational pension membership in the UK

Reflecting a relatively low-value Basic State Pension, occupational pensions have historically been a key aspect of pension protection within Britain. Existing research shows that minority ethnic groups are less likely to benefit from such pensions and are more likely to face poverty in later life, as a result of the interaction of their labour market participation and pension membership patterns. However, the lack of adequate data on ethnic minorities has so far prevented the direct comparison of different ethnic groups, as well as their comparison to the White British group. Using data from the UK Household Longitudinal Study, this paper explores patterns of employment and the determinants of membership in an employer's pension scheme among working-age individuals from minority ethnic groups and the White British population. The analysis provides clear evidence that, after controlling for key demographic, health and socio-economic characteristics, ethnicity remains a strong determinant of one's pension protection prospects through being in paid work, being an employee and working for an employer who offers a pension scheme. However, once an individual is working for an employer offering a pension scheme, the effect of ethnicity on their odds of being a member of that scheme reduces.

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Relational decision-making in the care context: a comparative perspective on England and Japan

The demographic trend of an ageing population and the impact of globalisation have increased interest in comparative research on care policy and practice. One key feature of globalisation is the diffusion of certain norms and values, underpinned by market rationality. In globalised societies, these values are often uncritically applied within policies in general, and care policies in particular. Responding to market rationality, there has been, in recent years, an increasing emphasis on choice for service users in long-term care policies in both England and Japan. Choice

in long-term care policies in both countries is based on the assumption of autonomous, self-interested individuals in a neutral context. Thus, these policies have often overlooked the specific social and cultural context in which they are operating, and care which entails a contextual and relational perspective tends to be left out of the discourse. Given this policy background, this paper will highlight the difference in the nature of 'choice' between care practice, which reflects relational decision-making, and in policy, which promotes choice as an abstract concept. Drawing on the findings of my PhD research, the paper will discuss comparative elements in decision-making, in care contexts in England and Japan. This will entail consideration of the theoretical framework of the ethics of care (Western feminist ethics of care) and Confucian ethics, which are both characterised by relations-based moral reasoning, supported by a critical awareness of the liberal model of welfare service development.

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Gender differences in the characteristics of the older health and social care labour force

Understanding the characteristics and circumstances of the health and social care labour force is critical in the context of population ageing and policy changes relating to extending working lives. The changes to current legislation, such as raising the age at which state pension can be claimed, challenges social expectations and have implications for organisations and individuals. However, the existing literature suggests that gender has an impact on working patterns across the life course and especially in later life, for instance, many women choose to delay their retirement to coincide with their (male) partner's retirement. This research focuses on the health and social care labour force aged 50 years and over in England and considers gender differences in key demographic, health and socio-economic characteristics through secondary data analysis of the Labour Force Survey. Preliminary results demonstrate that over 80 per cent of the older health and social care labour force are female (compared to 45 per cent in the general older labour force), and that women are more likely to work in health and care support occupations than in health and care professional occupations. Such results will inform further analysis on factors associated with working beyond the State Pension Age for men and women, and can feed into policy recommendations about the future composition and training of the health and social care labour force in England and beyond.

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Spiritual learning in later life – key issues in early doctoral studies

Learning to develop spiritually is essentially learning about oneself, relating to others and society, and to an 'ultimate reality' (however conceived). There appears to be a growing imperative to do so in later life. The salience of spirituality is now increasingly under investigation in the lived experience of older people, their wellbeing and health, their resilience and 'meaning making' processes but this study focuses on factors that can support spiritual learning. Key issues arising from literature searching relate to both social and psychological findings. Lifelong developmental theories illustrate the possibilities of spiritual development in later life, but social and cultural factors may encourage or inhibit such growth. Lifelong learning sheds light on how and why older people might seek support for spiritual exploration. Social gerontology shows how narratives of the self both construct and mediate people's experience in later life, including any spiritual dimension. Some particular questions this paper will seek to address include: In what ways do the 'big questions of life' arise, perhaps in response to diminishment and finitude and a search for meaning? How might this propensity to 'make sense' affect our understanding of 'successful ageing'? How do previous experience and beliefs undergo radical re-framing, as later life experiences both challenge and bring fresh insights? In what ways can activities such as life review and shared stories facilitate an evolving sense of self in later life? Whilst research literature offers an increasing range of evidence on these matters, the wider social and cultural context of faith and spirituality is also undergoing significant transition. The Religion and Society research programme (2007-2011) discussed two major but paradoxical trends; that of increasing secularisation *and* spirituality (as opposed to religion). It seems that today's older generations are grappling not only with their own life-course spiritual trajectories but doing so in a rapidly changing context of beliefs, values and spiritual practices.

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[Liesbeth De Donder, Chang Zhu, Sarah Dury, Dorien Brosens, Sofie Van Regenmortel, Koen Lombaerts]

Overcoming ageing stereotypes in a Chinese cultural context: opportunities for enhancing educational participation in later life

Stereotypes about older adults are formed under the influences of traditions, society and media, which are closely related to culture. Such stereotypes affect expectations of older individuals and beliefs about their personalities, preferences, capabilities, and weaknesses. It is hypothesized that it also influences opinions on elderly learning, the external ideas toward universities of the third aged (U3As) and the curriculum design of U3As, etc. This study aims to examine which stereotypes relate to older people's learning experiences and how they attempt to overcome these stereotypes in the Chinese culture. Derived from a literature review on the development of aged education and consequent policies in China, an interview scheme was constructed around ten questions about respondents' learning experiences, learning preferences and perceived barriers during the learning process. The present study collected data of five single-sex focus group interviews with in total 42 older adults of the Xi'an region of China. The perceived stereotypes can be categorized into a positive and a negative category. Results show to affect the perceptions of older individuals, their families, teachers and policy makers on learning. Respondents consider the teachers to fulfil a key role in overcoming such stereotypes and prejudices. The way one can cope with existing stereotypes from families, communities, and U3As will be discussed. The research concludes by discussing policy and practical issues towards stereotypic expectations in China.

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Families and photography: an everyday lens on end-of-life

Over the next 20 years, the number of deaths per year in the UK is predicted to rise by 17 per cent, due to an increasing older population (Foster and Woodthorpe, 2013). Therefore in forthcoming years, a growing number of older people will experience the loss of a partner, and more families will find themselves bereaved of their older relatives. Yet as Ellis (2013) has argued, there is a lack of knowledge about the everyday aspects of how dying is negotiated. This is particularly the case in gerontology (Richards, 2010); in spite of the fact that death is typically encountered in social contexts involving older people (Swane, 1993). As one way of examining this everyday context, our paper will consider a particular aspect of the everyday as a means of negotiating death and dying – family photography practices. Specifically, it will consider the role that images play in the constitution of families across the life course, experiencing illness, dying and bereavement. This positioning paper will use personal family stories to explore research questions we have been developing as part of a project scoping process. It will consider how the knowledge of impending death affects the photography practices of 'ordinary' families and ask what images, if any, are taken during the illness and dying process, in what circumstances and where they subsequently 'live' or get displayed. In conclusion, we identify these practices as a new analytical lens through which to explore how experiences of ageing and life course transitions are woven into the fabric of everyday lives.

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From positive ageing to positive living; a changing perspective from the Beth Johnson Foundation

In July 2013 the Beth Johnson Foundation launched its' report: *A life course approach to promoting positive ageing* based on the evidence and learning from its work over a ten year period.

The report recommended the use of a model based on life transitions and life events to initiate a self-reflective process in people in mid-life and beyond so that they would plan and prepare for later life. Retirement is identified as one of those key transition times in life when opportunities taken and choices made can positively impact an individual's experience of ageing. But since the demise of the default retirement age and the discussions around Extending Working Lives, the language and expectations around this stage of life are changing (and dare we suggest a little muddy?). In October 2013 the Foundation worked with the Shaftesbury Partnership to deliver the pilot stage of a Retirement Transitions

Initiative – a community approach to planning for this stage in life. One of the participants said 'At what point did people aged 50+ become known as older people?' and another expressed 'horror' at having reached the stage in life when he had to 'start thinking about these sorts of things'. In recognising the importance of language and of perceptions around ageing, the Foundation is on its' own journey to explore how we develop our work around the notion of positive living and, therefore, place ageing where it should be as a natural part of the life course.

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[Sinead Rider, Ann-Marie Towers, Nick Smith]

Living in a care home for older adults: the family members' experience

Moving into a care home is a life changing event, not just for the resident but also for the family member who may have previously acted as carer. This paper looks at focus groups that explored their experiences of moving a relative into a care home: their feelings during the process; their opinion of the quality of care that their relative receives; and factors they viewed as crucial for ensuring a good quality of life for their relative. These focus groups formed part of a wider study conducted by the Personal Social Services Research Unit (PSSRU) on the quality of life of residents in care homes for older adults. Two rounds of focus groups were held in each participating care home in order to gain an understanding of the family members' experiences. The first round gave family members the opportunity to discuss any issues arising from the care that their relative was receiving, or concerns about the home itself. It also enabled them to debate what they felt constitutes a good quality of life for a resident of a care home. The second round enabled deeper exploration of the key themes that arose from the first round. This paper will discuss these themes, while also reflecting upon the practical issues arising from discussion of such an emotionally charged topic.

Leo Westbury

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[Holly Syddall, Cyrus Cooper, Avan Aihie Sayer]

Self-reported walking speed: a useful marker of physical performance among community dwelling older people?

Background: Slow measured walking speed among older people is a risk factor for disability, cognitive decline and mortality. It is unclear whether self-reported walking speed is a good marker of measured walking speed. We investigated the relationship between self-reported and measured walking speed and their associations with socio-demographic, lifestyle and clinical characteristics and mortality using data from 730 men and 999 women who participated in the Hertfordshire Cohort Study. Methods: Walking speed was measured over 3 metres. Participants rated their walking speed as: "unable to walk"; "very slow"; "stroll at an easy pace"; "normal speed"; "fairly brisk" or "fast". Results: Self-reported walking speed was strongly associated with measured walking speed among men and women (p<0.001). Average walking speeds ranged from 0.78m/s(95%CI:0.73-0.83) among men with "very slow" self-reported walking speed to 0.98m/s(95%CI:0.93-1.03) among "fast" walkers (corresponding figures for women: 0.72m/s(95%CI:0.68-0.75) and 1.01m/s(95%CI:0.98-1.05)). Among men and women, slower self-reported and measured walking speed were strongly associated with increased likelihood of low physical function, having more systems medicated and with increased mortality risk (hazard ratios for mortality per slower band of self-reported walking speed, adjusted for socio-demographic and lifestyle characteristics: men 1.44[95%CI: 1.11-1.87]; women 1.35[95%CI:1.02,1.81]), with and without adjustments for socio-demographic and lifestyle factors (p<0.05). Conclusion and Implications: Self-reported walking speed is a good marker of measured walking speed and is similarly associated with clinical outcomes. Self-reported walking speed could be a useful marker of physical performance when direct measurement is not possible.

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[Andrew Jenkins]

Educational trajectories across the lifecourse and wellbeing outcomes at age 50

This project builds upon our previous work and presents new quantitative evidence on the relationship between individual histories of learning and subsequent well-being for a large sample of individuals as they enter the 'Third Age'. The research questions which we investigate are:-

How do patterns of advantage and disadvantage established at birth and in childhood influence educational and occupational attainments through mid-life? To what extent, if at all, can participation in adult education ameliorate the effects of early disadvantage and enable people to catch up by the time they are entering their Third Age? What is the relative importance of early and late educational attainments on key outcome measures in early old age? The outcomes of interest in our analyses will be occupational status and subjective wellbeing, both measured at age 50. The data are from the UK's National Child Development Study (NCDS). This is a large-scale survey which contains information on all those born in Britain in one week in 1958. Follow-up data collection has taken place at various points in childhood and adulthood, and data up to the age of 50 are currently available for analysis. The research adopts a lifecourse perspective in considering participation in learning and the potential benefits of learning. Structural equation models relate factors set at birth or in early childhood such as social class and parental education to the child's attainment by age 16 and subsequent educational participation in their 20s, 30s and by age 50.

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Person-centred care in older people's community services: a review of meaning and measurement.

Person-centred care is internationally regarded as a central component of modern health and social care services. In England it is a key component of the NHS Constitution, the recent *Equity and Excellence* and *Caring for our Future* White Papers, and is also a common thread running through a number of reforms including Personal Budgets. Despite attaining such prominent status, `person-centredness' is notoriously difficult to define and conceptualise. It draws on a range of well-established constructs such as personhood, the social model of disability, citizenship, choice, consumerism and integrated care; yet in practice the more often its virtues are espoused the less clear its meaning has become. Despite an encouraging evidence-base linking person-centred care with positive outcomes, the results for older people appear more varied implying a misalignment of delivery with the priorities of those in later life. This phenomenon is explored through a narrative review which first synthesises the many attributes of person-centred care that have been established within the medical and sociological literature, together with their conceptual roots. A consideration of how each accord to the priorities of older people is then presented, providing insights into how evaluations of different person-centred approaches have generated seemingly contradictory results. Finally, summary findings from a systematic review of care quality measures will identify the need for new instruments for care providers and regulators, reflecting those attributes of person-centredness most valued by older people.

Camilla Williamson

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The impact of changes to the state pension age on people in routine occupations and their thoughts and feelings on linking it to average life expectancy

Purpose: Population ageing in the UK has led policy makers to make changes to the State Pension age (SPA) to ensure future sustainability of the State Pension. Legislation currently before Parliament proposes a system for reviewing SPA regularly with a view to linking it more closely with average life expectancy (ALE). This threatens to have a disproportionate impact on those in lower socio-economic groups. This research explores the thoughts and feelings of people in 'routine occupations' on: the meaning of the State Pension, the relevance of when it is received, the impact of raising the SPA, and the idea of linking it to ALE. Methods: A qualitative study was carried out. Eight individuals in routine occupations, aged between 50

and SPA, and living in South West London, participated in face-to-face, semi-structured interviews. Results: Individuals felt strongly about SPA changes, describing the significant impact they had upon their lives. Their ability to continue working, the effect of changes on their aspirations for retirement, and feeling trapped and stripped of choice were dominant concerns. Individuals were shocked at the idea of linking ALE more directly with SPA, objecting to the use of an average; they felt this did not adequately reflect differences in people's circumstances, particularly in terms of health, employment and contributions. Conclusions: The study highlights the desire for greater flexibility in the SPA and the need to better represent those who are most affected by changes in the decision-making process. It argues for the importance of qualitative research in this.

Rosalind Willis

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[Priya Khambhaita, Pathik Pathak, Maria Evandrou]

Differences in satisfaction with social care among South Asian and White British service users and carers

The use of social care is associated with age, with older people being more likely to have a need for social care services. In England, national user experience surveys show that people from Black and Minority Ethnic groups tend to be less satisfied with social care services compared with the White population, but the nature of the survey methodology does not allow an explanation of why this difference occurred. In this study 82 in-depth interviews were conducted with adult service users and informal carers from South Asian and White British backgrounds, modal age range 60-79, to explore potential differences in their experiences and satisfaction levels. The majority of participants reported high satisfaction levels despite some aspects of poor care. As expected, language was an important facilitator of good care for South Asian participants, but ethnic-matching with care staff was considered less important. Participants with a good understanding of the social care system were better able to achieve control over their care. Participants with a poor understanding of the social care system were uncertain about how to access further care, or why a service had been refused or withdrawn. More White British than South Asian participants had a good understanding of the social care system. Recommendations for services are to have better communication throughout the entire social care process to ensure service users and informal carers have accurate expectations of social care services.

Bethan Winter

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[Vanessa Burholt]

Disadvantage and advantage among older people in rural communities: a multi-level and life-course perspective

Introduction: Wales, the UK and Europe are facing many challenges related to demographic changes and current economic conditions with increased social inequalities and levels of deprivation. Aim: To assess the strengths and weaknesses of a multi level and life course perspective to gain a broad and original understanding of the development and experience of social exclusion among older people in rural areas in Wales. Method: Using a case study method, rich data was obtained through life history interviews with 30 older people in rural areas that have experienced significant community change. In addition, workshops (N=3 x 10) with older people explore changes in the communities over time. A Life History Calendar (SHARE 2010) was adapted to present both types of data in a way that intertwines individual histories with community change. Results: Organising the life history data alongside the community data in this way makes it possible to explore the extent to which advantage/disadvantage accumulates through the life course, or are driven by cohort, age-related or other individual or structural (e.g. policy-related, economic recession and community characteristics) change. Implications: In the next steps of the research the lessons learned from lives played out in different contexts, life stages and economic cycles will be applied to the current economic situation. This will provide a strong basis for policy makers to formulate strategies to reduce or tackle disadvantage and to respond adequately to the conceptual and practical problems associated with contemporary forms of social exclusion.

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[Mai Stafford, Anne McMunn, Elizabeth Webb]

Marriage and physical functioning among older people in England

Married people have lower rates of mortality and report better physical and mental health at older

ages, compared to the unmarried. Few studies have investigated marriage and physical functioning at older ages and only one has investigated the association using objectively assessed physical functioning. Given declining marriage rates and increasing prevalence of divorce in the last 40 years, more people are now entering older ages unmarried, or with varied marital histories. Marital history comprises previous marital statuses, transitions in and out of marriage and duration spent in each marital status. The aim of this paper is to investigate marriage and marital history and its association with physical functioning among those aged 50+ using nationally representative data from the English Longitudinal Study of Ageing (ELSA). ELSA began in 2002 and comprises approximately 10,000 people aged 50+ in England. Physical functioning was captured in 2008 objectively by measuring grip strength (in kgs) using a dynamometer and walking speed (in metres per second) by timing respondents walking a distance of 2.44 metres. Initial results from regression analysis indicate gender variations in the association between marriage and physical functioning. Marriage may be protective for men's physical functioning as never married men displayed poorer physical functioning than men who were continually married, however there were no such differences among women and never married women had comparable physical functioning to those who were continually married. Alternatively better health in earlier life may select men into marriage, resulting in better physical functioning at older ages.

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Ageing embodiment and time

In recent years, ageing studies has developed a newfound interest in the body. Time, including and beyond chronology, generation, rhythmicity, and history, is a growing edge in sociological literature. To date, no one has tackled ageing bodies embedded and embodied in time. My research centers on the primacy of time and ageing as people come to know, experience and conceive of the bodily ageing process. The cohort, coming of age in the 60's timescape were in the centre of a social rupture. That era starkly exemplifies the importance of time but is, by no means, a stand-alone event. The collective experience of the post-war generation including the Cuban Missile Crisis, Cold War, Earthrise, music and dance, the Pill, and the liberation movements have influenced expressions of physicality throughout the lifetime of this cohort. For this generation, the experience of these events is now influencing the embodied meaning of ageing. Body, time and the times of the post-war cohort are explored in this presentation. The inclusion of the intersection of time and body adds to our understanding of ageing. This paper reflects research that included interview data from a cross-class study of thirty adults born between 1945 – 1955. Participants come from diverse backgrounds. While some interviewees were deeply involved in the 60's, others were on the sidelines, and another group were somewhat perplexed by the ruckus. Seen through the lens of time, ageing body creates new meanings for the post-war generation. Their embodied experience exemplifies the chiasm of time and body.

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[Guy Daly, Katrina Ritters, Nicole Steils]

Do Direct Payments improve outcomes for older people who have a personal budget? Differences in outcome between people aged 75+ who have a managed personal budget or a direct payment.

Personal budgets and direct payments are now the main way through which people who have social care needs receive care and support in England. Following needs assessment, those eligible for social care have a sum of money allocated to meet their assessed needs. This can be taken as a direct payment (money paid into a bank account controlled by the person needing the care or support) or as a managed personal budget (where it is spent on their behalf by someone else – for example, a relative, or by a local care management team). Advocates of personal budgets and direct payments claim better outcomes for people who use them and there is evidence to suggest that they can work well for younger adults. However, there is less evidence that personal budgets and direct payments deliver good outcomes for older people with social care needs. This presentation will report on findings from an SSCR/NIHR funded study that compared outcomes amongst older people (aged 75+) who used direct payments or managed personal budgets in three local authority sites. Postal survey data collected in the three sites, yielding over 300 responses, found that though respondents liked the sense of control that possession of the budget conferred, there was little evidence that direct payments led to better outcomes.

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[Ashok Ranchhod, Maria Evandrou]

Investigation of older consumers' overall shopping experience in the UK

The population of the world is ageing. It has been forecasted that, by 2050, 34% of the UK population will be aged over 60. Due to such a dramatic demographic trend, many researchers have been devoted to improve the quality of older people's life from multiple perspectives, such as health and social care, social policy, pension, service design. Although results from the existing research are notable, very few studies that have deeply investigated older consumers' shopping experience in supermarkets. Therefore, this proposed project aimed to investigate challenges and difficulties that older consumers face during their supermarket shopping process, and in turn to understand the way in which supermarket service and environment design can improve older consumers' shopping experience in the UK. Focus groups, ethnographic user studies which include a Culture Probes information-gathering package, video-based direct observation and in-depth interviews will be conducted in the regions of West Somerset, South Shropshire and Berwick-upon-Tweed to investigate the UK older customers' overall shopping experience and identify challenges that they face during their shopping process. These three regions have been selected because they have a comparatively high proportion of people aged 65 and over in the UK. Four focus groups with 22 older consumers have been conducted to investigate key elements, which influence their shopping behaviour and experience. Subsequently, 10 elderly consumers from each region will be invited to participate in the ethnographic user studies within a two-month period, which supports the researcher to discover shopping related issues with older customers.

Hannah Zeilig

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[John Killick]

Mark Makin g

In the last decade, there has been increasing interest in the participative arts for people who are living with a dementia. Similarly, there has been a burgeoning of arts initiatives targeting this population; these initiatives are diverse and include (to name a few) music and drama groups, creative writing programmes, dance groups, painting classes and visits to art galleries. The flourishing of the participative arts for those with a dementia can be understood in the socio-political context of the limitations of biomedical approaches to dementia. In addition, there is widespread awareness that in the absence of cures for dementia, non-pharmacological interventions are important. Participative arts activities and the possibilities that these present for enhancing and enriching the lives of those with a dementia have thus been attracting increasing attention as representing beneficial interventions. The growth in understanding about residual creative ability that exists in people living with a dementia has added to interest in researching and initiating arts projects for this group of people. This presentation will provide an overview of Mark Making, an AHRC funded study exploring some of the ways a wide variety of artists have been working with people living with a dementia. The questions central to Mark Making include: *What is the value of the arts for people living with a dementia? How can the opinions and views of people living with a dementia be privileged? How should arts projects be evaluated?* This presentation will address these questions and present findings from the Mark Making project.

Poster presentations

In alphabetical order of first author's surname

Sally Dawn Boyden

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Perceptions of care home staff on the effect of the care home environment for individuals living with dementia

The purpose of this qualitative study is to establish which elements of the care home environment care home staff perceive to have an impact on the social and psychological wellbeing of the residents living with dementia. This study is important to show what parts of a care home make it 'dementia-friendly' and how these connect with the common characteristics of dementia. This means making the day to day lives of individuals living with dementia easier to understand. Firstly, a literature review was conducted to discover recent literature findings and current legislation around the topic of dementia and different environments. Semi-structured interviews were used to allow care home staff to expand on their answers in depth and reveal their feelings about the role of the environment in relation to the residents' wellbeing. The main findings were that staff perceive social interaction and staff presence as the two most important elements that have an impact on the residents' wellbeing in their care home. This study only involved four participants due to the staff restrictions occurring in the home at the time of conducting this research. This in itself demonstrates the difficulty conducting research in care homes. In regards to the implications this research has on policies, it suggests the need to focus more on the role of staff. This is because findings from this research show that staff appear to have an impact on how much residents engage with their physical care environment and consequently, affecting their quality of life.

Julian Buxton

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[Nicola Rogers, James Warren]

Life Courses 1971 to 2011: The ONS Longitudinal Study

The ONS Longitudinal Study (LS) contains linked census and vital event data for 1 per cent of the population of England and Wales. 2011 Census data have now been added to the study meaning that the LS now holds information on general health and caring for the second consecutive decade as well as linked data from five successive censuses that will support studies on ageing, life course, migration, deprivation and inter-generational change. This poster will give an overview of the LS and the key variables it contains and its potential use in furthering understanding of ageing and life course. Results will be presented from an exemplar research project that followed informal care givers in 2001 and examined their caring and other characteristics ten years later. The 2014 BSG conference presents a timely opportunity to highlight new data that will be available as the result of inclusion of 2011 Census data and will help researchers decide whether the LS is appropriate for their research.

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Living longer, working longer: Implications for health, well-being and policy

With life-expectancy rising and the State Pension Age (SPA) increasing, understanding patterns of retirement and drivers of working beyond the SPA is a key policy priority. Existing research has examined different factors affecting the decision to extend one's working life, indicating that health status and finances can both encourage and discourage individuals from working beyond the SPA. This research investigates

the determinants of working longer among women and men aged 50 and over. A quantitative approach is adopted through conducting secondary analysis of Waves 1-5 of the English Longitudinal Study of Ageing (ELSA). Bivariate and multivariate analysis is adopted to facilitate our understanding of the relative importance of demographic characteristics, health status , economic and personal circumstances, which have been identified in the literature as key influences upon the decision to extend one's working life. Preliminary findings analysing ELSA Wave 5 show economically active respondents who are above SPA more frequent report owning their houses outright, having excellent/ very good /good general health, being female and being married. Findings for associations such as these contribute to our understanding for which individuals are likely to extend their working lives. This can help inform policy-makers in the design of legislation in the area of retirement and pension provision. Furthermore such findings may help policy-makers in understanding the implications raising the SPA may have for future workforces.

Susan Carsley

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[Lee Williamson]

An introduction to the Scottish Longitudinal Study (SLS)

This poster will introduce the SLS and the datasets, the application process for researchers interested in using the SLS and outline research examples. The Longitudinal Studies Centre – Scotland (LSCS) was established in 2001 and hosts the Scottish Longitudinal Study (SLS). This study links together routinely collected administrative data for a 5.3% representative sample of the Scottish population (about 270,000 people). It currently includes a wealth of information from the censuses starting in 1991, vital events registrations (births, deaths and marriages), Scottish education data, and with appropriate permissions can be linked to NHS health data including cancer registry and hospital admission data. The size and scope of the SLS make it an unparalleled resource in Scotland for analysing a range of socio-economic, demographic and health questions. Additionally, the longitudinal nature of the SLS is particularly valuable, allowing an exploration of causality in a way that cross-sectional data collected at a single point in time does not. In this way, the SLS can provide insights into the health and social status of the Scottish population and, crucially, how it changes over time. The 2014 BSG conference presents a timely opportunity to highlight new data that will be available as a result of the inclusion of the 2011 Census data and will help researchers decide whether the SLS is an appropriate resource for their research.

Shiau-Fang Chao

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Validation the stress process model for predicting long-term mental health outcomes among disabled Chinese elderly: a cohort study

Objectives: This study adapts the Stress Process Model (SPM) and investigates how activity restriction, perceived stress, and social support affect the longitudinal relationship between functional disability and depressive symptoms. Methods: This longitudinal study of a Taiwan population analysed a nationally representative sample of 1,268 subjects aged 60 years and over. Path analysis was used to assess interrelations among functional disability, activity restriction, perceived stress, social support, and depressive symptoms over time. Findings: The analytical results supported the following relationships: (a) high functional disability were associated with high activity restriction, low social support, and high perceived stress over time, (b) high functional disability, high activity restriction, low social support, and high perceived stress were associated with high levels of depressive symptoms over time, (c) among the four factors, perceived stress exerted the strongest cross-sectional and longitudinal effect on depressive symptoms, and (d) the significant effect of prior functional disability on subsequent depressive symptoms substantially contributed to indirect changes in activity restriction, perceived stress and social support between waves. Conclusions: The findings indicate that functional disability may contribute to subsequent depressive symptoms by reducing activities and social support. Decreased activities and social support increased perceptions of stress, which then increased depressive symptoms during the 8-year follow-up study.

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[Pau-Ching Lu]

The protective role of leisure activities in the disablement process: a 14-year longitudinal study

Objectives: To present the effectiveness of leisure activity participation in mitigating the development of disability among older individuals in Taiwan. To examine the moderating role of leisure activity participation on the relationships between different stages of the disablement process and psychological distress. Background: As the longevity increases, the number of older adults living with disabilities and chronic conditions is growing. Relatively little information is available regarding the effect of leisure activity participation on psychological distress among older adults at different stages of disability. This longitudinal study explored how leisure activities affect the disablement pathways and the psychological outcome among Chinese elderly. Methods: The Disablement Process Model was used as a framework of this investigation. Data were from 1,743 elder study subjects who were repeatedly interviewed five times over a 14-year period. Hierarchical multiple regressions were employed for analyses. Findings: 1) The presence of chronic diseases at T1 was associated with greater physical impairments at T2, more functional limitations at T3, greater restrictions in daily activities at T4, and higher psychological distress at T5. 2) Involvement in leisure activities at each stage of the disablement process predicted lower levels of disability at follow-ups. 3) At each stage of the disablement process, leisure activity participation also moderates the impact of disability on current and subsequent psychological distress. Conclusions and Implications: Engagement in leisure activities can effectively reduce the risk of developing disability. The benefits of leisure activity participation against psychological distress were higher among older individuals with more severe disabilities.

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[Jan Dewing]

What is the current state of care for older people with dementia in general hospitals?

This poster provides a visual summary of a literature review that was carried out in 2013 on what is known about the current state of care for older people with dementia in general hospitals. We supplement this with details of an ongoing practice development project on an acute ward for older people with a cognitive impairment in a general NHS hospital. We outline our findings on the challenges and consequences of being in hospital for people with dementia, as well as the knowledge, education and attitudes of hospital staff in relation to dementia care. In addition, from our subsequent research, we briefly describe the effectiveness and limitations of three hospital service models: mental health liaison services, specialist dementia nursing roles and shared care/specialist wards. Based on the review of the literature, we argue that hospital cultures of care are task-focused, rather than centred on the individual. The evidence suggests that such cultures of care give older people with dementia a poor hospital experience, and they may have poorer health outcomes as a result. Derived from this evidence, and preliminary findings of our acute ward project, we offer recommendations for the care of older people with dementia that are anchored in principles of person-centred care.

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[Ian Shuttleworth]

The Northern Ireland Longitudinal Study

The poster introduces the Northern Ireland Longitudinal Study (NILS) and presents how the data can be applied to health inequalities research. The poster explains and visualises the structure of the data, its elements and possibilities of linkage. This presentation is useful and informative to researchers interested in using British longitudinal data, and Census-based data for population research, research

on ageing, particularly studies on health outcomes and inequalities. The large sample size makes the data useful for research on ageing. Also, comparisons with the SLS- and the ONS-longitudinal study are possible.

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[Karim Hadjri, Champika Liyanage]

An interdisciplinary approach to support age-friendly and inclusive workplace design in the National Health Service

Introduction: Like most industrialised nations, an increasing number of older people are opting to work beyond the state pension age in the United Kingdom. However, despite this demographic trend, not all work types and workplaces can accommodate people of all ages and capabilities. While a number of researches into the ecology of ageing suggest strong dependency by older people on the built environment, studies into how the built environment impacts on older workers are rather scanty.

Aims: As the single largest employer in the UK, this study will be conducted under the auspices of the National Health Service (NHS), by examining how the design, management and use of the workplace influence older workers' health and wellbeing and their work ability within the NHS. More specifically, this study will:

1. Establish the environmental characteristics of an age-friendly and inclusive workplace by identifying workplace design factors that affect the safety, health, comfort and productivity of older workers within the NHS; and

2. Develop design guidelines to achieve age-friendly and inclusive workplace in the built environment.

Methods: Following an in-depth literature review into the theoretical contexts underpinning the relationship between older workers and the work environment, a series of semi-structured interviews and focus group discussions will be undertaken with employees of the NHS. Expected results: This study will attempt to establish the link between workplace design and health and wellbeing of older workers in the context of the NHS, and will lead to the development of design guidelines to achieve age-friendly workplaces.

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[Itzhak Weiss, Iris Ban Mucha]

The meaning and quality of life for the elderly

The responsibility of the welfare of pensioners –retirees from the work environment, in Ramat Gan (Israel) is handled by the creation of unique frameworks of activities during leisure hours. This is accomplished by establishing an array of centers for the elderly, as is common worldwide, in which members convene for predetermined social activities. With the increase in life expectancy in the city (the mean life expectancy in Ramat Gan is 80.6 years for men and 84.3 years for women), an additional system was formed which includes another variety of leisure activities based on free selection from diversified activities open to everyone, which are not fixed from the sequential or locational aspects. These two forms of activities exist in Ramat Gan, serving the 32,000 pensioners, ages 65 and older, who constitute 20% of the residents. As director of a center for the elderly I examined the characteristics of participants in each type for promotional purposes and to reveal the unique needs for further organizational development. A total of 196 elderly men and women were randomly chosen, where 69 are members of the center and 127 patrons of the open activities. The participants were administered the Oxford Questionnaire of Happiness (Hills & Argyle, 2001) which includes 29 items on a Likert scale of 1-6 categorized according to: self-satisfaction, social-satisfaction, life-reinforcements, positive effect (emotion), environmental-satisfaction and control. The survey also relates to the connection between the elderly and the social service centers. Common characteristics and distinctions were revealed as presented with the implications.

Dr Aravinda Guntupalli

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Choosing between fuel or food in later life: Examining Poverty along older people in the UK.

Understanding food and fuel poverty among older people is crucial for policy makers in the UK. Very often studies focus on EITHER fuel poverty OR food poverty. This analysis goes a step further by considering the association between food, fuel and income poverty in

later life using the Living Costs and Food Survey (LCF) that interviewed 5,691 households in the UK in 2011. Based on the Minimum Income Standard (MIS) for fuel expenditure, 22% of households with solo or couple pensioners are fuel poor. Using the 10% definition (households that are fuel poor due to spending 10% or more of their income on fuel), the proportion of older people in fuel poor households increases to 31%. However, the households that reported fuel poverty according to the MIS approach are different from households that are fuel poor due to spending 10% or more of their income on fuel. Solo living pensioners are more vulnerable than couple pensioners. The food poverty rate based on the MIS is as high as 70% as very few solo pensioner households reached the recommended food spending. Food, income and fuel poverty measures are correlated with each other. About 10% of pensioners experience food and income poverty, 17% of pensioners experience food and fuel poverty and 4% of pensioners experience fuel and income poverty. Nearly 4% of pensioners experience food, fuel and income poverty. From a policy perspective, these are the most vulnerable pensioners. The analysis clearly showed that the definition of poverty plays a crucial in capturing the most vulnerable older people.

Trish Hafford-Letchfield

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[Hafiz Khan, Nicky Lambert]

Going solo: investigating the trajectories of non-partnered women without children in later life.

This poster will present findings from a scoping study into factors which impact on successful ageing for non-partnered women without children in the UK entering retirement. Little is known about the trajectories of non-partnered women without children as they grow older in post-modern UK society. Our interim statistical analysis using the British Household Panel Survey demonstrates growth of women living alone as they get older. We are using this data to examine how far society is able to ascertain the trends specifically in relation to 'solo' women and the potential different 'positions' occupied by this group through the examination of different variables as measured in the survey. Combined with a review of the literature, this poster will present interim analyses of this data and consider the key research questions needed for further investigation of solo women's ageing.

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[Takahumi Hikawa]

A study of the situation and issues of the family caregivers of underpopulated region in Japan: through focus group interviews and structured interview

Since public long term care insurance of 2000 year was started in Japan, the care burden of families has actually been decreased, but many family caregivers are still pressed for care. This study focused upon current situation relating to the care giving and activation and systematization among family caregivers. In this qualitative study conducted in two areas around Hokkaido Prefecture located northern Japan, the research method conducted focus groups and personal interviews with family caregivers. The data was enriched through personal interviews added to the structured questionnaire. This research focused on two points: 1) What is the situation around family caregivers in underpopulated region? 2) What are the points to activate the organization for the family caregivers? The data remarkably indicates that the most of family caregivers were so old which is called "old-old care" in Japan and the quality of life of them were affected by care giving in many aspects, for examples, not only health problems both either physical or mental but also daily life. Moreover young family caregivers sometimes might discontinue their jobs as well. However, refreshing chances on the way daily care giving at home and relationships among family caregivers through organization activities were making them encourage very much. This study indicates further realistic help for the family caregivers will become a vital issue in Japan.

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Exploring emotional readiness of new ageing population as informal caregivers

Worldwide there is evidence that progress in scientific knowledge, advanced medical provision and accessibility to information technology is helping to improve life. The outcome is increasing growth of

the population of older people with the likelihood of provision of more care particularly for sick older people. Studies have shown that older people have significant role to play as informal care providers. The study therefore, explored the emotional readiness of these new ageing populations as informal carers as an effort to promote positive ageing. Emotional readiness was explored with specific focus on emotional self-awareness, perseverance, self directness, self-regulation, and communication pattern in solving problems. Stratified random sampling was used to select 200 older people and grouped into rural and urban carers. Emotional Skills Assessment Process (ESAP) as an instrument of data collection was modified to align with the context of the study. Data was analysed with the aid of the SPSS Statistical package and the result showed among other things that older people are experiencing emotional pressure and their method of emotional regulation may pose danger to their health and social life. The impact of emotional pressure seems more after hospitalisation because of little support, lack of knowledge and skills to handle certain health condition. The impact was more in the rural communities because of the difficult terrain. It was recommended that educating older people as care providers would be of urgent need. The study proposed that policy supporting establishment of 'drop-in' Non-Formal Education Centre for older people should be considered as appropriate.

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Going outdoors: falls, ageing and resilience (go far)

Getting outdoors is a key factor in preserving good physical, mental and social health in all age groups but particularly as people move into older age (Sugiyama and Ward Thomson 2007). In the UK alone, it is estimated that the "cost" of sedentary behaviour is £8.3 billion per year to the economy (Department of Health, 2010). However, fear of falling is a key inhibitor of getting outdoors for older people, whether or not they have experienced a recent fall themselves (Wijlhuizen et al. 2007). Approximately one third of people aged 65+ living in the community fall at least once per year, with many suffering multiple falls (Skelton & Todd, 2004). Although about half these falls are away from the home (either internal or external locations) there is poor data on the actual number of falls outside. We know that outdoor falls are more common than indoor falls, despite the limited amount of time most

people spend outdoors; men are more likely to falls outdoors than women; and vigorous community dwellers (engaged in more demanding instrumental activities of daily living) are more likely to fall outdoors compared to their frailer counterparts, who are more likely to fall indoors. Falls are a common presenting condition in hospital emergency departments, and the leading cause of injury related hospitalisation in people aged 65+, and of accidental death for the over 75's. Furthermore, we know that falls can lead to disability and decreased mobility, and fear of falling, all of which will impact on a person's independence and quality of life (Skelton & Todd 2004). Yet, most research on falls and falls prevention for older people has focused on the indoor environment, yet the UK Department of Health Prevention Package (2009) highlights the need for work to prevent outdoor falls and decrease the barriers to physical activity that the environment poses. Many of the environmental risk factors (pavement quality, dilapidation, kerb height) associated with outdoor falls appear to be preventable through better design and maintenance. (Li et al 2006). This poster will explore the features of the outside environment that shape older people's resilience to falls by providing a brief overview of the recently published findings from the Go Far MRC funded pilot project.

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Modelling long-term care for older people in China

This interdisciplinary research discusses the design, building and use of an Operational Research model to plan long-term care (LTC) provision for older people in China. Many countries in both the developing and the developed world have been experiencing marked demographic change resulting in an ageing population. An ageing population offers both challenges as well as advantages to individuals, society and governments. The planning, provision and financing of health care and social care is a major challenge, particularly LTC for older people. This research is based upon the development and use of a Discrete-Event Simulation (DES) model to map and project the LTC system for older people in China. The model takes into account different pathways for alternative LTC services for older people in China, including hospital care, institutional care, community care, informal care, and unmet need. The DES model is implemented using Simul8 and Visual Basic Applications. The model inputs are estimated

using data such as the Chinese Health and Retirement Longitudinal Survey. Such research is policy relevant; facilitating policy-makers to better understand the LTC system, projecting the demand for alternative LTC services and the likely unmet need amongst. It can also be used to test a range of policy scenarios in order to better plan future LTC and assess the performance of the current LTC system in term of how well it is meeting the needs of older people in China, and in particular discuss how to address any unmet need. This research feeds into the EPSRC Care Life Cycle project at Southampton, which collaborates with policy stakeholders with the aim of planning services care more effectively, both in the UK and globally.

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[Maureen Ray, Miriam Bernard]

Sibling relationships in old age

Due to increased longevity, sibling relationships can potentially last for 80 years, representing the longest relationship most people are likely to have. The majority of people grow up with siblings, and many remain close to their siblings in later life. The usefulness of examining sibling relationships in old age has been recognised because of the potential for siblings to provide emotional and instrumental support to each other. This presentation outlines my doctoral research on this topic. In it, I consider the nature of the existing research and literature and explore how differing theories, models and approaches have shaped my own qualitative study. Early studies of sibling relationships centred mainly on childhood effects. During the 1980s, the significance of the adult sibling relationship began to be recognised. Overtime, emphasis shifted from: examining the developmental effects that siblings have on one another; to considering processes (how effects are caused); to examining the quality of sibling relationships. The application of theories (e.g. life course theory, family systems theory); the use of models (e.g. the convoy model of support; characterisations of siblings (typologies); and examining siblings' relationship maintenance behaviours have contributed to a greater understanding of this unique relationship. The context within which sibling research has been set is important (e.g. cultural, societal, family structures, and the ageing population). The main findings and theories that have influenced the proposed study which aims to examine in depth, the role that siblings play in contributing to the quality of older adults' lives, are outlined.

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Quality of learning, quality of life

The ageing of the world's population demonstrates a compelling need for compassionate and cost-effective strategies to sustain wellbeing throughout the life course. Learning in later life is advocated as just such a strategy. The aim of my research was to identify older people's perceptions of factors that contribute to quality learning experiences. My research question, 'what does quality learning, in later life, look like?,' was focused on informal and semi-formal settings, an area of later life research that has been under-researched. Within a Critical Educational Gerontology framework I was interested in the facets of learning that help older adults to remain engaged, empowered and independent for as long as possible. I carried out 10 focus groups with older learners engaged in a range of learning activities, including Tai Chi, philosophy and art. The key findings are all drawn directly from the voices of the older learners and provide new and valuable lessons for tutors, learning organisations, funding providers and for learners themselves. For example, older learners want to be inspired by their tutors, to be challenged to try new things, to know that they are progressing, to be respected for who they are and what they already know and not to be left behind by the rest of the world. These findings suggest that the adoption of simple strategies, such as the adoption of learning logs or the use of peer mentoring, can improve the quality of learning for older people, sustain their sense of purpose and, potentially, enrich their lives.

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A sense of dignity in later life: a qualitative study on the views of older women migrants from minoritised backgrounds

Research evidence indicates the need for studies that explore the salience of dignity from the perspective of older people from a range of ethno-linguistic and cultural backgrounds. Drawing on findings from a mixed-methods study on social-care expectations of community-dwelling older women from Black and minority-ethnic backgrounds, this paper will map the interrelationships between life-course

events (such as migration) and the roles adopted by the women throughout their lives, which shaped their understanding of dignity. Face-to-face, semi-structured interviews with 32 older women in Wales were conducted in the participants' first languages. The interview schedule was developed, piloted and peer-reviewed; it covered the themes of migration, perceptions of dignity, dignity in later life, perceptions of care, and care with dignity. Transcripts were analysed using thematic analysis. This paper focuses on what dignity meant to older women and how a sense of dignity was fostered in later life. This paper adds to our understanding of (1) dignity from a transnational, multi-ethnic perspective, (2) the potential impact of multiple social positions (being old, being a woman, being a migrant and being from a minority-ethnic group) on the perception of being treated and regarded as important and valuable, and (3) the need to raise awareness among policy-makers and practitioners of the importance of dignity from a range of perspectives, providing first-hand accounts that bring these to life and that can be used to help develop effective social-care interventions.

Joyce Sewell

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Attitudes of older people towards informal support within the Waterside area of Hampshire

A growing, ageing population continues to be of significant importance at a global and local level. This research endeavoured to ascertain personal attitudes, views and opinions from older people towards informal support (shopping, mowing a friend's lawn or changing a light bulb). In doing so, greater insight into the nature, availability and pattern of informal support could be a useful tool for those designing social policy at a local council level and within government departments. The literature review focused on population changes over the years and themes such as obligation, reciprocation, independence and re-adjustment in later life. These themes have been considered to be the foundation upon which to extend this investigation of informal support. To achieve the research objectives, the methodology included a quantitative and qualitative questionnaire survey. This survey was designed to observe views and opinions towards informal support and also to collate statistical data. Focus groups were also incorporated within this study in order to explore and gain further knowledge towards this research. The findings of this study revealed marriage, widowhood,

living alone or not having surviving children, impacts on informal support of older people. Evidence showed family support towards elderly relations whilst highlighting the role friends or neighbours played towards informal support within the area observed. To extend this research, it would be useful to further investigate the impact of an economic recession, redundancy and/or emotional well-being as these factors will play a significant part in developing a greater understanding of informal support in the future.

Rebecca Sheehy

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[Julia Barrand, Alan Suttie RNIB]

VISAL: Visually Impaired Seniors Active Learning Project

RNIB is part of an EU project funded by European Commission Lifelong Learning Programme. The project seeks to strengthen the inclusion of older people with sight loss in society and specifically their civic engagement. Partners include Sight loss organisations in Slovakia, Croatia, Austria, the Netherlands, the European Blind Union and Age UK.

The key activities:

– develop a VISAL guide which will act as a tool kit for facilitators to deliver a programme of sessions to older people with sight loss.

– hold VISAL workshops with older people with sight loss to support them to examine and expand their personal networks and empower them to influence service providers and decision makers.

– participants to organise and hold a national event in Austria, Croatia, Slovakia and the UK,

– to promote dialogue, and active collaboration between older people with sight loss and the broader community

Innovation:

– The project is using innovative international tools and theory. The guide uses the International Classification of Functioning (ICF theory) and the motivation theory of Dr JW Atkinson. These help to clarify the barriers that someone may face and how addressing these can increase motivation.

– The sessions also use the concept of having circles of influence placing the person at the centre.

Key outcomes

– increase the skills of older people

– value the experience of blind and partially sighted older people

– increase the participation and representation of older people with sight loss in civil society

– reduce isolation of older people with sight loss

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[Annette Dinnall]

Older People Taking Control OPTiC

There are almost two million people in the UK with sight loss and 80 per cent of these are over 60. OPTiC began in October 2012 to support older people with sight loss to manage the changes they encounter in later life. This 18 month project set out to reach isolated older people with or at risk of sight loss. Project design and methodology

The key activities were:

– Identification of those with, or at risk of, sight loss via eyesight screening delivered by the Fire and Rescue Teams in Staffordshire and York and referral to appropriate support for prevention of avoidable sight loss.

– Beneficiary-led and peer-support groups and programmes sharing practical knowledge and emotional support.

– Volunteer 'buddying' schemes.

– 'Change Exchange' self-advocacy groups - campaigning for improvements in local services and facilities.

Key Outcomes and Evaluation

– Approximately 30,000 people have been offered eye health advice and screening.

– The Staffordshire Fire and Rescue Service have referred over 1200 people to Action services.

– Over 2700 people with sight loss have engaged with support from Action and Age UK in Staffs and York BPSS.

Evaluation is measuring the impact of the project

against the key outcomes, that older people;

– have a better understanding of how to manage their eye health

– have increased awareness and take-up of support available to them

– make a difference to the lives of others through peer support or campaigning

– have improved confidence and self-esteem

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[Liesbeth De Donder, Dominique Verté and WeDO2 colleagues]

WeDO2: a European project for the wellbeing and dignity of older people

Over the last years, the issue of elder abuse and policies to improve quality of long-term care services gained importance at EU level and national level. This paper describes the framework of the European WeDO[2]-project aiming to improve the quality of life of older people in need of care or assistance. From September 2013 until August 2015 8 partners of 7 different countries cooperate in the WeDO[2] partnership. The project aims to strengthen stakeholders' (older people, informal carers, volunteers and professionals) ability to participate and cooperate as a partner in the process of long-term care. Based on the existing European Quality framework for long-term care services developed in the WeDO project (2010-2012) it will seek to develop with a participatory approach new educational tools: a train the trainer toolkit comprising different modules that can be used to train different target groups (older people, informal carers, volunteers and professionals). This paper discusses the framework of this project and highlights intermediate results. The variety of long-term care systems and the wide number of stakeholders involved across the EU makes it therefore more than ever important to support exchange of experiences and good practices between those at all levels. By exchanging knowledge, learning of each other's systems and experiences, the use and implementation of innovative solutions for older people in need of care can be greatly facilitated.

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Fuel food and income poverty among older people in England: evidence and policy implications

Existing research has provided evidence of older people's experience of fuel, food and income poverty, using a range of indicators and datasets. However, less attention has been paid to subjective indicators of measuring fuel and food poverty among older paper. Thi paper uses data from the English Longitdinal Study of Ageing to explore different dimensions of food and fuel poverty among older people in England. The paper finds that depending on the indicator used in the analysis, up to 5% of women above 60 and men above 65 experience fuel, food or income poverty, which corresponds to approximately 64,000 women and 155,000 men respectively. In addition, there are key associations between indicators of the same type of poverty. For example, of individuals reporting that their house was too cold in the winter, about 10% had no central heating. Policies aimed at alleviating poverty among older people need to define the different types of poverty more clearly and take such associations between different types of poverty into account.

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Negotiating social care support for older people: a study of the perspectives of older people, their families and policy stakeholders.

Little research has been carried out in England focusing on how older people arrange to receive support and assistance with daily tasks. The main purpose of this longitudinal, qualitative research is to address this gap in knowledge by seeking to understand how older people negotiate the practical process of organising support for themselves from both formal and informal sources. It also seeks to identify to whom older people refer when making care decisions and the extent to which family proximity and contact with non-kin influences that decision-making process, and to map how this alters over time. The current trend in social care policy is to promote 'choice and control' for service users in the shape of personal budgets, yet a review of existing literature suggests that personal budgets are a less than popular choice for older people. Further, most care is provided by informal means. This study reports on the preliminary findings involving analyses of case-study evidence. The main case-study participants are people aged 65 or over, who are users of services provided by a local charity in the South of England, as well as other individuals who were identified by the main participants as being instrumental in decision-making relating to the type of assistance required. Participants were interviewed using semi-structured interview techniques. Early themes emerging reveal a sense of powerlessness with respect to carer choice and the importance of maintaining physical and financial independence. This research has clear policy relevance by identifying the impact of local authority budget reductions.

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[Suzanne Moffatt, Dr Mark Pearce]

Retirement transitions in the Newcastle Thousand Families Study birth cohort

Ageing populations, retirement and the retirement transition are increasingly important policy areas. This paper uses the 2009 wave of the Newcastle Thousand Families Study (NTFS) to examine characteristics of a 'baby boomer' cohort as they enter the retirement transition phase. The NTFS is a birth cohort comprising all infants born between May and June 1947 within Newcastle upon Tyne, with rich longitudinal data, as yet untapped, of N=432 entering retirement . Analysis of occupational status, health and income showed heterogeneity in the retirement transition. Around 50% reported their occupational status as retired from paid work; however, nearly 64% reported themselves as having already retired. Over 17% of those still working in some capacity described themselves as retired. The most common reason given for retirement (34%), by both men and women, was to enjoy life while still young and fit enough. Those working in retirement and those who had retired to enjoy life were wealthier, healthier and had better psychological wellbeing than the cohort average. In contrast, the 14% who reported retiring due to ill health were poorer, reflecting disadvantages accumulated over the life course. Further analysis will examine antecedents of retirement including occupational social class, working conditions and

accumulated advantage and disadvantage. Planned qualitative work will explore the lived experience of the retirement transition, particularly the extent to which individuals can exert choice and control and plan for their retirement.

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[Stephanie Watts (Presenter), Kirsty Sprange, Sarah Cook, Gail Mountain]

Lifestyle matters for depression: a feasibility study for older people

Lifestyle Matters was developed from a US intervention called Lifestyle Redesign. This is a complex intervention, built on the principles of occupation/activity, and the needs and daily living experiences in later life. It has been shown to reduce and prevent incidence of depression and improve wellbeing in general populations of older people. Lifestyle Matters has not been specifically tested for use with populations of people with depression. The poster highlights some of the work which explores the feasibility of the Lifestyle Matters intervention for people aged 65+ with mild to moderate depression. The study sought to address two main objectives. The first focusses on how potential participants might be identified, and how they might be recruited to the study. The second focusses on the refinement of the intervention (undertaken during a workshop with stakeholders and the facilitators) and the acceptability of possible outcome measures. This poster highlights the methods and associated challenges of recruiting through primary care, community groups and local media. It reports on the participants' expectations of the programme and what they thought the impact would be on their mental health, their experiences of the intervention, their experiences of the recruitment procedures and the acceptability of the measurement tools. It concludes with suggestions for the next stages of research.

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44TH ANNUAL BSG CONFERENCE 2015
NEWCASTLE UPON TYNE

WEDNESDAY 01 – FRIDAY 03 JULY 2015

AGEING IN CHANGING TIMES:
CHALLENGES AND FUTURE PROSPECTS

CONFERENCE THEMES
- Health and wellbeing
- Age-friendly communities
- Methodological approaches to researching later life
- Society and economy
- Arts and culture
- Technologies for ageing

KEYNOTE SPEAKERS
Professor Tom Kirkwood OBE
Associate Dean for Ageing, Institute for Ageing and Health,
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Professor Bren Neale
Professor of Life Course and Family Research, University of Leeds, UK

Professor Yngve Gustafson
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