

# Generations Review

## The Newsletter of the British Society of Gerontology



British Society of  
Gerontology

### News and Reviews

#### Message From the President

Robin Means



Robin Means  
President

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#### Open Access Publishing

This issue of Generations Review gives me the opportunity to update members on important developments relating to the move towards open access publishing and some of its implications for BSG.

The Finch Group's Review of Open Access Publishing was published in June 2012 (<http://www.researchinfonet.org/publish/finch/>) with its core recommendations on how to move to an open model approach being quickly endorsed by first RCUK and then by BIS with HEFCE expected to produce a consultation paper in early 2013. Put crudely we are moving from a model where journals make a profit for their publishers via subscription costs to individuals and to libraries to one where the individual (or their institution) whose work is being published meets the publication costs of their article. This is seen as creating open access for those who wish to read the material in question which the Government, RCUK and HEFCE see as essential where the research funding has come from public monies.

In practical terms Finch argued that open access should be delivered through a combination of what it called the gold and green options. In the gold option, an author pays the article processing charge (APC) and the article is immediately free to all on publication. With the green option, the traditional journal subscription charge still exists but it only buys privileged access for a limited embargo period prior to the article becoming free to all through a repository.

The main implications for BSG are twofold, namely:

- (A) It receives income from two journals (**Ageing and Society** and also the **Journal of Population Ageing**) based on being able to offer a reduced

subscription rate to BSG members while receiving the full rate from the publisher. This option would collapse if individual subscriptions are phased out by the publishers wishing to only pursue the gold option. Fortunately, journal income remains a relatively small percentage of BSG annual income unlike those learned societies who fully own journals.

- (B) Individual members will become dependent upon their HEIs being able (and willing) to meet publication costs under the gold option.

A number of critical issues are beginning to emerge which include:

- (A) What will journals charge academics as the APC for their journal and will individuals/HEIs be able to afford this?
- (B) What protection should be available to academics unable to afford the APC?
- (C) How long should the embargo last related to the green option before the article becomes open access?
- (D) How quickly and how widely will the hardback version of journals cease to exist?
- (E) Will open access be used as another weapon to encourage research concentration through the Government selectively supporting the costs to HEIs of the move to open access by being more generous to research intensive universities?

#### GENERATIONS REVIEW

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- (F) Will researchers not linked to universities still be in a position to get their articles published?

As President I will be working with the Centre for Policy on Ageing to refresh our agreement with Cambridge University Press with regard to **Ageing and Society**. I am also prioritising attendance at the CEO/Chief Officers of Group of the Academy of Social Sciences in order to keep up to date with this fast moving debate in terms of its implications for BSG and for BSG members.

I am keen to get feedback from members on how your universities (and other employers) are responding to the challenge of open access publishing so please feel able to e mail me (robin.means@uwe.ac.uk) although I will also be setting up a debate on BSG's Ageing Issues blog.

### Message From the Honorary Secretary

Sue Venn

First of all I would like to wish a very Happy New Year to all our members, and to thank everyone on the committee for their efforts on behalf of the society with special thanks to Rachel Hazelwood for her continuing hard work and support.

At our November Executive Committee meeting we welcomed new committee members Louise McCabe (University of Stirling), Mo Ray (Keele University) and Atulya Saxena (Oxford) onto the committee. Louise has joined the ERA strategy group, Mo the Social Media and Communications Group, and Atulya has been co-opted onto the International Relations group. I very much look forward to working with them and all committee members in 2013.

We received 9 applications to the **Averil Osborn Award** in 2012, which are currently under assessment by the Awards panel. Successful applicant(s) will be informed in the New Year and information about the projects will be circulated in the next e-bulletin update. We are delighted that the award is generating so much interest, both in terms of applications, but also in terms of projects that have been funded. This year, Rachel, myself and the awards panel will be working to update the website to include more information about funded projects and to create materials to advertise the award, which relies solely on donations.

Some early reminders for you: firstly the Annual Conference will be held at Oxford this year please note the different dates of **11-13 September 2013**. The conference website is up and running so please visit <http://www.ageing.ox.ac.uk/bsg> for details on submission of abstracts, important dates and how to register. We will also be sending reminders through the regular membership e-bulletins.

Secondly, and linked to the conference, a reminder that we offer a number of **Bursaries** each year to attend the annual conference. These are designed to support the attendance of students, early career researchers and those who are unwaged. Please do look out for the call for applications for Bursaries which will include important dates and updated information about the eligibility criteria. Further information can be found on the conference website and in the Members' area of the BSG website, or alternatively please feel free to contact me directly.

Thirdly, now is also the time to start thinking about potential nominees for the BSG Outstanding Achievement Award which is awarded at the annual conference to an organisation or individual who has helped improve the quality of life of older people. Details on previous recipients of the award, and how to nominate someone can be found on our website <http://www.britishgerontology.org/membership/bsg-outstanding-achievement-award.html>. Again reminders will be sent through e-bulletins. Remember too that this award isn't just about recognising academic achievement, it is also to recognise significant and lasting contributions to British Social Gerontology whether through campaigning, teaching, lobbying, service provision, fundraising, journalism or research.



Sue Venn  
Secretary

Please also start thinking about potential nominees for Academicians of the Council of the Academy of Social Sciences (AcSS). Any BSG member who has made a significant contribution to Social Science and its promotion (including research, teaching, professional practice, consultancy and the promotion and dissemination of social science knowledge) can be nominated. Details about the nominations process will be sent out during the year.

Finally, we are conscious of the need to adapt to an ever changing social media environment and so Rachel, and members of the committee have been working hard to monitor the web site, make amendments, and streamline update processes. Please do feel free to give us feedback on any issues, or advise us of amendments. Our blog 'Ageing Issues' <http://ageingissues.wordpress.com/> is evolving and developing so do consider signing up to it either to contribute, or just to watch debates by other members. Also, do not forget our twitter presence (@britgerontology) which we would encourage you to follow.



Not a member of BSG?  
Visit <http://www.britishgerontology.org>

## Dignity and Elder Abuse Conference, Brunel University

Oz Fitton-Brown and Lorraine Lisk  
Brunel University

On the 19th of October 2012 Brunel Institute for Ageing Studies held a workshop to explore dignity and elder abuse. Speakers from the around the country engaged an audience of practitioners, researchers and older people in a thorough examination of these two related topics.

Gary Fitzgerald from Action on Elder Abuse focused on the statistics around abuse of the elderly in

England and Wales. He described what abuse means and how the majority of victims are women over the age of 80 who are dependent in some way. The main message it put across was that people need to take more of a common sense approach in terms of treating people with decency. Treating them with decency is defined as combining an empowering approach with the professional duty to act to safeguard vulnerable adults. A further concept he introduced was the idea of capability alongside capacity. The idea was that just because somebody has capacity to make a decision they may not have the capability to make it, and professionals can lose sight of this when focusing too much on capacity.

Louise Hughes presented safeguarding in Wales. Even though the number of elder abuse cases appears to be low in Wales, there is a high percentage of people being abused. The focus of her talk was about a Welsh campaign to promote awareness highlight the importance of advocacy for those who are being abused. Winn Tadd looked at a new project designed to improve advocacy services for older people in Wales. The project involves one voluntary advocate per 9,500 elderly people covering four NHS Trusts. The project is currently being evaluated using a mixed methods approach with interviews, focus groups, document analysis and surveys. She discussed the concept of dignified care and looked at the patient perspectives and drawing out 4 fundamental areas: toileting, nutrition, pain relief and communication. Louise and Winn highlighted that although these areas were basic, hospitals were failing in all four areas. Based on their surveys the main themes that came out were the importance of respect, individual treatment, involvement in decision making, privacy, fair treatment, care and support. Being treated as an individual came out as the most important factor. The speaker went on to highlight a number of problems older people encounter in acute wards: lots of boredom and dejections, days punctuated by meals and

a generally disempowering experience. It also looked at staff ideas that they the older people shouldn't be there.

From an Irish perspective, Amanda Phelan looked at nursing homes run by the NHS in Ireland (30%) and how case workers are prescribed to cover these across localities (32 localities). The session looked at how they utilise social workers to specifically tackle elderly abuse within these homes and how this is organised. For more information visit their website at <http://www.ncpop.ie>.

Dr. Attracta Lafferty discussed a large scale research project in Ireland. The project involved a number of interviews with older people with experience of abuse. The objectives of the study were to examine extent and impact of abuse, decision making pathways in response to abuse, coping strategies and support needs of people who had experience of abuse. They found that there were deep, negative, far reaching and long lasting physical, emotional and social consequences for their interviewees and whilst the support they had received was praised, there was a consensus that there were a number of obstacles in seeking help. Finally, it appeared that the majority of people never sought help for themselves as they were unaware that they were being abused.

Michael Watson from the Patients Association presented a very critical review of the Care Quality Commission and how it is being insufficiently funded. He emphasised the need for compassionate communication, and assistance with core care needs including effective pain relief and adequate nutrition. Michael introduced the helpline for elderly care issues and a campaign they are running to promote the idea of CARE (Compassionate communication/Assistance with toileting with dignity/Relieving pain effectively/Encouraging adequate nutrition).



Gary Fitzgerald  
CEO, Action on Elder Abuse

Finally, David Oliver who is England's National Clinical Director for Older People looked at the English NHS as a whole with a strong focus on dementia (1 in 4 NHS beds has someone with dementia). He had strong ideas that there was enough information about how to deliver dignified care; the problem was that whilst it does happen in some places it does not happen enough. He also discussed the importance of managing people's expectations as no institution can get it right all the time. A key message was that looking after older people is not about common sense; it requires skills and knowledge. Recruiting compassionate people was only the start. His evidence base comes from the King's Fund, Alzheimer's Society, Royal College of Nursing, NICE Guidelines and Dementia UK.



**Gerontological Society of America, 65th  
Annual Scientific Meeting, San Diego  
14-18 November 2012**

**Kate Bennett  
University of Liverpool**

I always have such a great time at GSA, and this year was no exception. It's a time for recharging my academic batteries, and in the case of San Diego, my non-academic ones too. The beauty of GSA is the opportunity to meet with old friends and colleagues, to get up to date with my field, and to push out the boundaries of my knowledge. Talking about the first and second, I got to meet with colleagues working in bereavement



From L to R—Debbie Price, King's College London, Suzanne Moffatt, Newcastle University, Mary Gilhooly, Brunel University

from Utah and California, and with Ed Thompson from Massachusetts. We were all presenting in the same poster sessions, along side my former student Laura Soulsby. So not only did we get to talk to the passers-by but also to each other. I also met some new scholars working in the field, and that is always refreshing. GSA is always one of the places where bereavement and widowhood research gets pushed along. I also got to find out more about the loneliness scene, and that is always thought-provoking. This year I extended my knowledge by attending sessions on intergenerational ambivalence. I found this area really interesting but also somewhat frustrating. In part this is because the term 'ambivalence' seems to have been hijacked and it's not possible to use in other contexts. It was also because, it seemed to me, that people were not really clear whether it differed from negative affective relationships with parents.

On the social side I got to eat some lovely food, sea-food especially, and in great company, both with British and North American colleagues. It is always an absolute delight to chat with, and hear the research of Sid and Miriam Moss, great heroes of mine. Finally, the weather was great, and all in all I came home refreshed, ready for another year.



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## Ageing & Society Special Issue Proposal Competition

Suzanne Moffatt  
Newcastle University

Ageing and Society has introduced a new system for commissioning, evaluating and selecting special issue proposals, via an annual competition. We are inviting proposals for special issues that fall within the remit of the journal and which have empirical, theoretical, methodological or policy relevance, particularly on original or topical themes. Proposals which involve authors from a range of disciplines and/or countries are particularly encouraged and the special issue must demonstrate clear added value in advancing an understanding of ageing and later life that is more than the sum of individual papers. Selection is a competitive process and, in general, Ageing & Society selects only one of the proposals received each year for publication in the journal. It is expected that the chosen special issue will be published the following year.

Proposals should be submitted by 28 February each year. Proposals are evaluated by the Ageing and Society Editorial Board and International Editorial Advisors who make an initial decision as to whether the proposed special issue will be pursued further. Guest Editors will be notified of this initial decision by 30 April of the same year.

Proposals should be submitted by the co-ordinating Guest Editors by email to the Editor, Christina Victor, at: [christina.victor@brunel.ac.uk](mailto:christina.victor@brunel.ac.uk).

For more information about submitting a special issue, please visit the website, <http://journals.cambridge.org/action/displaySpecialPage?pageId=4288>



## The Cost of Our Ageing Society ILC-UK and Actuarial Profession Joint Debate 16 October 2012

Felicity Jowitt  
Brunel University

The International Longevity Centre (ILC) – UK, a think tank on longevity and demographic change, in association with the Actuarial Profession, the ILC-UK organised a joint debate to discuss the cost of our ageing society. This free and heavily oversubscribed evening event was hosted by the The Actuarial Profession in Staple Inn Hall, High Holburn, London and was sponsored by Milliman.

Baroness Sally Greengross (ILC-UK) chaired the event and introduced the session by discussing the impact of our ageing society. She introduced the concept of the European Economic Sustainability Index (*EESI*) which is a measure designed to enable a comparison of the long term economic sustainability of EU Member States. Each EU country is simultaneously assessed according to six criteria (deficits, national debt, growth, competitiveness, governance/ corruption and cost of ageing) and then ranked against the other 26. In her opening address, she highlighted how our ageing population has the potential to cause a financial crisis with many times more impact than the current financial crisis. This was to be the common theme of meeting.

Following Baroness Sally Greengross's introduction, there followed four, 30 minute presentations. The first of these was from Emma McWilliam (Milliman actuary). She discussed longevity risk, annuities, the importance of the reduction in the old age dependency ratio (the number of working people to aged 65+ people) and mortality inequalities. Next, Per Eckerfeldt (European Commission) provided an EU perspective on the cost of ageing and fiscal sustainability. He reported on the potential economic and budgetary impact of the ageing population from the 2012 EU "Ageing report" which gives a 50 year forecast. He reported that whilst 40-44 year olds are the currently the largest.

EU age group, this is predicted to be replaced by the 74-79 age group by 2060. Currently, the number of people of working age is reducing, there is rising unemployment and a low growth rate of productivity. Consequently, it is estimated that to support pensions in 60 years time, there will need to be a growth in GDP of 1.5%. He made the point that to ensure financial sustainability of an ageing population it will be necessary to introduce policy changes. For example, to maintain the old age dependency ratio at 25%, "old age" could be redefined as 75 rather than 65. In short, people would have to work longer. He also noted that there will be a need to make healthcare more effective and more efficient and to boost the employment rate of young people. Philip Simpson (a Milliman actuary) then provided an actuarial perspective. Interestingly, he reported that only 60% of every extra year that we are living, we are regarded as being in good health. For the other 40% of extra



life we have greater healthcare needs. Whilst the ratio of people of working age to those at retirement age (old age support ratio) is currently 2, it is expected to be 3.16 in 2060, with the 85+ age group requiring the greatest level of care. Currently the cost of health to the nation is 6.8% of GDP. It is forecast to increase to 9.1% of GDP by 2060 if there is a productivity increase in the healthcare sector of 2.2% per annum. At the current productivity, healthcare is forecast to cost the UK a staggering 23% of its GDP. However, Philip Simpson acknowledged the difficulty with long term modelling.

The final presentation by Daniela Silcock (ILC-UK) focused on policy implications such as the need to make the labour market accessible to older people by reducing discrimination and increasing flexible working. She also advocated the need for safe guards for people who can't work. Furthermore, she pointed out that it was important for Government to remember that older people have a lot to offer including experience in the labour market, informal care and volunteering. Policies must focus on active ageing and there must be more research in ageing, and longitudinal research.

The formal presentations were followed by a panel discussion with the presenters and Mark Gorman (HelpAge International), Michelle Mitchell (Age UK) and Colin Redman (The Actuarial Profession). Colin Redman touched on the subject of policy and social change, as illustrated by the situation in Japan where 23% of Japanese are over 65. The Japanese have had to pay into mandatory long term care insurance for the past 12 years and people stay in work after the age of 65. He questioned whether the UK GDP will be high enough to give people reasonable levels of quality of life. He said that in the EU there is a relatively low number of private pensions and that there is still a mandatory retirement age in 13 EU countries. To provide some perspective on the crisis facing developed countries, Mark Gorman commented that 2/3rds of older people worldwide have to work until they die. Also, the reason that the cost of ageing is lower in poor countries is because there are less older people and there is almost no care structure. On a more upbeat note, he also highlighted positive contributions of older people in other countries. For example Korea has seen some recent economic growth stimulated by a large number of newly retired people using their experience and new found time to create start-up companies, whilst in sub-Saharan Africa, grandmothers are looking after AIDS orphans. Continuing on a positive theme, Michelle Mitchell commented that the fact that people are living longer should be seen in a positive light. It demonstrates the progress that our society has made in improving the health of the nation. Furthermore, she echoed the comments made by Daniela Silcock that older people have a lot of skills to offer and should not be viewed as a burden. Besides, she also pointed out that the gloomy predictions of disaster would probably be wrong and emphasized the need to develop high quality, low cost healthcare and tackle the crisis.

In conclusion, the meeting highlighted that we have an unprecedented growth in our ageing population. If nothing is done to address it, the negative financial impacts are predicted to start becoming apparent within the next 10 years. Therefore, now is the time to be looking at the policies needed to address these future financial concerns. ILC-UK will publish a policy brief following the event, summarising the latest thinking on the cost of our ageing society, drawing in particular on the EU 2012 Ageing Report and the Office of Budget Responsibility's (OBR) Fiscal Sustainability Report.

## BSG Annual Conference 2013 @ Oxford University

**Wednesday September 11th -  
Friday September 13th 2013**

We are delighted to announce that the **Oxford Institute of Population Ageing** will be hosting the **British Society of Gerontology's 42nd Annual Conference**. The conference will take place from 11th to 13th September 2013 at **Keble College**, a Victorian setting with modern ensuite accommodation, beautiful gardens and a wide variety of meeting and social spaces.



For more information visit:  
[www.ageing.ox.ac.uk/bsg](http://www.ageing.ox.ac.uk/bsg)



## Who's Who

**Robin Means**  
University of the West of England

### Describe yourself in three words.

Committed, supportive, and impatient.

### How did you get here today?

I decided to take a social policy degree at Nottingham University with a view to becoming a social worker. However, after graduation, I moved to Birmingham University to carry out doctoral research on the role of family advice centres with families deemed only worthy of short life property within the comprehensive redevelopment areas of the city. After obtaining my Ph.D. I reverted to my plan of having a career in social work and hence became a trainee social worker with Birmingham City Council which was the point where I became fascinated by the potential of work with older clients. After qualifying from Warwick University, my frustration at the lack of scope to still work with older people as a qualified social worker was a key factor in my decision to leave social work in autumn 1979 and take up a post as a Research Assistant at the School for Advanced Urban Studies (SAUS), University of Bristol to work on a project on rights and discretion under Professor Michael Hill.

Initially a jobbing contract researcher at SAUS, I was encouraged by a colleague Randall Smith to pursue my interest in what I was starting to realise was social gerontology. This led to me to join BSG (my first conference was at Aberdeen in 1981) and to a successful application with Randall to then then SSRC to study the development of welfare services for older people from the outbreak of the Second World War through to the introduction of the Seebohm reforms in the personal social services in April 1971. The next 15 years saw me involved in numerous research projects, many of which had a focus around older people including several on housing and community care and on personal finance issues. In this period I was also an Executive Member of BSG for six years in the mid-1990s.

In February 1998, I moved to the University of the West of England (UWE) to take up an Associate Dean post in its Faculty of Health and Social Care where my core responsibility was to build up its overall research profile from a very low base. This large faculty covered nursing, several of the allied health professions and social work while its subsequent amalgamation with Applied Sciences saw my brief extended to biomedical and bio sensing sciences as well as psychology. In this period, it has been a great joy to see so much world class research take root.

Despite the pressures of being an Associate Dean, I did manage to remain an active researcher in ageing with my last major project being as a co-investigator on a large rural ageing project funded through the New Dynamics of Ageing Initiative. In July 2012 I stepped down as an Associate Dean and I am now employed by UWE as a Professor of Health and Social Care.



### What is the best piece of advice you've received?

In the mid-1990s, I had just taken over as Programme Director for a Masters in Housing Studies at a time when my funded research was mushrooming to a point at which I was struggling to cope. My new Head of Department (Professor Julian Le Grand) told me to follow the principle of the three D's ie Do, Delegate or Ditch. This helped me

sort out a viable work programme at the time. Subsequently, it helped me on numerous occasions as an Associate Dean and it has often been used by me to help others manage their own overload challenges.

### Who's the most influential person in your life and why?

I feel it is wrong to single out an individual or individuals since so many people provide support, encouragement and insight over a life course. One of the first influences was my Grandfather who found quality time for a shy young boy who felt rather lonely in his isolated farmhouse. I sometimes feel that this was the roots of my commitment to social gerontology but lots of others contributed to this in future years some of whom have been mentioned in this piece.

### What's the best book you've ever read?

I would have to go for the novel *Waterland* by Graham Swift since it helped me embrace and cherish my upbringing in a Fenland Village for the first time. The Observer review called it at once a history of England, a Fenland documentary and a fictional autobiography in which the strangeness and strange effects of a landscape which, most approximated to 'Nothing are superbly done.' Until reading *Waterland* I had never reflected upon the landscape of my childhood which was 90 per cent sky because of the flatness of the land and only above water because of the extraordinary drainage feats of the Vermuyden and his fellow Dutch engineers in the 17th Century.

### What do you do when you are not doing ageing research?

Until recently I would have said being an Associate Dean with a central focus on trying to think through how the great research progress of his faculty can be sustained despite all the pressures to concentrate research into less and less universities. Since July, the answer is more about bewilderment as to where time goes although part of the answer has to relate to being in the middle of a large family that includes six children/step children and soon to be ten grandchildren/step grandchildren!

### What's the future of ageing research?

Despite assorted funding cutbacks, it can be argued at a very crude level that ageing research is probably under less threat than some other areas. This is because government perceives the ageing of the British population as more of a threat than a great achievement and hence wants evidence about how these threats can best be managed. This may provide us with some protection although at the cost of being asked to often answer the wrong questions. Having said this, the next comprehensive spending review could result in major cutbacks to the budgets of ESRC, AHRC and EPSRC and hence have a huge negative impact upon all of us.

What we need to do is to continue to make the case for social science research in general and for social gerontological research in particular. Mechanisms for doing this include the Campaign for Social Science run by the Academy of Social Sciences (AcSS) but we also need to make maximum use of the British Council of Ageing (BCA) which represents the three UK learned societies in ageing (ie BSG, the British Geriatrics Society and the British Society for Research on Ageing).



BSG Scotland Networking Seminar  
6th March, 2013

Godfrey Thompson Hall  
Moray House  
University of Edinburgh

For more information contact:

Louise.mccabe@shir.ac.uk

Or go to the BSG website.

## 5th International Conference on Ageing and Spirituality

7-10 July 2013

Edinburgh



The conference will explore resilience and creativity and their role in supporting the Spiritual lives of older people.

Speakers include Professor Elizabeth McKinlay, Professor John Swinton, John Killick, Claire Craig, Baroness Neuberger and Professor Phil Hanlon.

For more information: [info@fiop.org.uk](mailto:info@fiop.org.uk)

Sponsored by MHA and CTPI  
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## Cutting Edge

### Mobile, Connected and Included: The Role of Information and Communication Technologies In Supporting Mobility And Independence In Later Life

Michelle Heward  
University of Southampton

#### PhD Abstract

Mobility in later life can take various forms, as a re-sult of changes in personal circumstances, such as physical impairments and driving cessation. Therefore, understanding the concept of mobility in later life is complex and challenging. Through an interdisciplinary qualitative approach, this thesis examines the role of information and communication technologies in supporting later life travel based mobility, including virtual mobility. The research highlights a gap in the theoretical understanding of the concept of mobility, and uses insights from the three thematic areas of transportation, technology and older people, as well as key concepts such as social inclusion and independence, in order to develop a new conceptual framework to study mobility in later life. Research that brings these three areas of transportation, technology and older people together, is largely absent from the study of mobility. The methodology of the research included two phases: firstly, the Mobilisation and Accessibility Planning for People with Disabilities (MAPPED) project, which focused on the field trials of tailored handheld navigational devices by older people; and secondly, the Getting Out and About project, which involved in-depth semi-structured interviews with older people. The results highlight the importance of mobility in maintaining independence in later life, whilst recognising the heterogeneity of older people by demonstrating a variety of attitudes, experiences and perceptions towards travel behaviour and information and communication technologies in later life. The thesis argues that such technologies can offer older people an important alternative to physical mobility through the facilitation of virtual mobility, which can be further explored in the future design and implementation of policies aimed at supporting older people and improving their well-being and social inclusion.

### Poetry, High Heels and Dementia

Hannah Zeilig  
University of East Anglia  
Kings College, London

It was January 1997 and in my hot little hands I had a letter. The letter was confirming an award that would enable me to pursue a doctorate at King's College, London University. I was planning to explore age and ageing as it had been imagined and written about, in short through stories. I was almost young and definitely enthusiastic: I didn't imagine that finding an academic home would be difficult. After all, the great (and mysterious) powers that award funding considered my subject matter worthy. I'd even had my photo taken for the college magazine.

However, I was met with incomprehension, even a slightly veiled hostility when I approached the literature department at KCL. They advised me to stick to my own turf. This caused me a great deal of confusion. I had always identified myself as a student of literature – albeit one who had recently strayed into gerontology. I spent some anguished time wondering about which patch of turf was truly my own.

As an aside, I should mention that I still feel oddly amorphous in academic circles and struggle to define what I research in terms that are pithy. I envy my colleagues who can say with assurance I'm an old age psychiatrist or I study early modern drama.

It is much easier for me to say what I am not: I am not a sociologist (which relieves some and confuses others), I am not a literary scholar (although I do engage with literature and the arts), I am not even sure if I am a gerontologist (although my work persistently investigates age and ageing) (1).

Nevertheless, in 1997 it was the (still relatively new) gerontology institute at KCL who were most supportive of my interests. After all, the study of ageing is a necessarily hybrid pursuit. However, no one quite knew what to do with my interests in imaginary stories. At this point in the UK, the study of gerontology was still dominated by pragmatic concerns that were most comfortably explored through social policy, medical and sociological avenues.

1. I think that these difficulties of definition are partly due to the way that academic disciplines persist in defining themselves in opposition to one another. So for instance: a Professor of Shakespearian drama is resolutely *not* a scholar of age or ageing although she might have written a tome on ageing and late style in Shakespeare's dramas. Equally, there are often problems with the language of different disciplines. The language used by sociologists for instance, or the taxonomies devised by gerontologists to classify age are alien to scholars from the humanities and vice versa.



Ageing Issues Blog:  
Visit <http://www.britishgerontology.org>

A compromise was eventually reached and my thesis focussed on what popular 1920s fictions revealed (or did not reveal) about age and later life in post-war Britain. I completed my doctorate successfully but after several years spent in the reading room of the British Library, I was curiously unprepared for the rigours of finding a position in academic life.

Above all, there was no obvious resting place for me and so I shelved my abiding interest in understanding age via art for many years in favour of investigating the role of grandmothers in single parent families, the thorny problems besetting women with their pensions and ageing policy across Ireland.

These are (and were) subjects that interested me and that the ESRC and others funded. I was happy to do research that had tangible outcomes. Yet I was still occasionally tempted into musing about how literature might illuminate the study of age and ageing. A bit like the lure of a guilty pleasure, the odd sneaky cigarette, a penchant for designer shoes – I kept being drawn back into imaginary realms. On occasion, I was even asked to talk about this esoteric subject.

At the end of one lecture given to a group of medics, I was met with brazen antagonism. *I completely fail to understand* spluttered a GP who had spent the seminar staring at me goggle-eyed *why reading a novel about old age would be any use to me at all.* She pronounced the word novel as if it were an obscenity. As if I had been urging them to think about the merits of pornography for illuminating ageing. To my dismay, the other students all murmured their assent. I remember brooding that at least she had been honest with me. I had an inkling that many of my UK colleagues felt the same but were too polite to share their misgivings. Of course, this was some years before the Medical Humanities had come into being as a valid area of enquiry.

Things seemed rather different across the Atlantic. In the US, there was a much more enthusiastic audience for research on cultural manifestations of ageing and studies that critiqued gerontology. I read the work of Margaret Morganroth Gullette, Stephen Katz, Kathleen Woodward and others and wondered how I could even begin a conversation with them.

Strangely it was a period of brief unemployment that gave me the freedom to explore ageing through literature once again. I had nothing to lose. After years of doggedly pursuing research grants and being subject to the vagaries of funding bodies, I felt a little giddy with the sense that I could please myself for once.

I also had the great good fortune of meeting a Professor based in Sweden who became a long distance mentor, instilling me with a sense that my interests were interesting. I cast aside policy papers and read a lot of contemporary poetry. This resulted in a fascination with the ways that the poetic form articulated the dislocations often associated with dementia. I drew on my years of hands on work with people living with a dementia as well as the new and vast academic literature dealing with dementia. Above all I concentrated on a handful of powerful, poignant and sometimes unsettling poems by British poets.

The resulting paper was called 'Gaps and Spaces' (2). The complex poetic representations of dementia (in particular The Incredible Shrinking Brain by Valerie Laws) take the reader almost right into the brain, finding a bridge between the pathology of dementia and its sensed experience. Dementia is shown as it is conjoined with, rather than opposed to, normalcy and as a state of mind rather than a state of mindlessness. The paradox of poetry (which necessitates a complex use of language) exploring dementia (which involves a progressive deterioration in the use of language) continues to intrigue me.

I was awarded a British Academy grant to investigate the subject further and was invited to the conference Aging, Old Age, Memory, Aesthetics (Toronto, 2011). Scholars from disciplines as disparate as medieval studies and medicine gathered here to investigate the cultural processes of ageing. Professor Kathleen Woodward gave the plenary address. She called for a critical examination of the cultural anxieties that beset ageing and considered alternate conceptions of old age and care in recent fiction and documentary film. She concluded by calling for new narratives of ageing. After years wondering where my research interests would fit, I finally felt at home.

I was subsequently asked to present my work on poetry and dementia at the Royal College of Psychiatry annual meeting. On arrival at this three-day residential affair I read the programme and felt my knees buckle. There had been some crazy administrative mistake. The papers were all about biomarkers, dopamine levels or the use of antipsychotic medication – no one else was discussing anything even vaguely cultural never mind poetry. I hastily sought out Professor George Tadros who had invited me to speak and pointed out his error. He smiled kindly and assured me that the psychiatrists did want to hear about poetry. I had flashbacks to the fateful lecture given to medics at KCL. But it seems that times really have changed, the old age psychiatrists were also interested and I gained a brand new sense of confidence. This confidence, a bit like a new pair of high heels, sometimes makes me feel a bit wobbly – and I suspect I will never be a totally poised academic.

Nonetheless, I shall only hint at the pleasure of finding (in my middle age) that literature departments now want to mine my knowledge of gerontology and that those who raised eyebrows about my interest in using the arts to understand dementia are now a little less sceptical.

This is not, kind reader, to suggest that the rest of my personal story about age and ageing will be unproblematic. In a climate of mindless cutbacks and with increasing uncertainty about the fate of whole academic departments and indeed universities, this could never be the case. However, just for today I am enjoying a little personal success. I found funding and am working with a fascinating team at UEA to find ways

2. H. Zeilig. Gaps and Spaces: Representations of dementia in contemporary British Poetry. De-mentia. published online 17 August 2012 DOI: 10.1177/1471301212456276

of using film, novels, memoirs and poetry with dementia care staff and I was recently appointed to a fellowship at the University of Arts, London. This post is about investigating the way in which age, culture, representation and fashion inform one another. Finally, it seems that the time is right for me to pursue my lifelong interests in stories of ageing.

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## Reflections on the Successes and Challenges of the Welsh National Service Framework for Older People

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### Summary

The NSF for Older People was launched in 2006 and it set out 10 evidence-based standards to improve the health and social care of individuals aged 50 and older. The Welsh dignity in care programme, which ran from 2007 – 2011, arose from the NSF. In 2012, Health Inspectorate Wales and Care & Social Services Inspectorate for Wales published their joint evaluation of the NSF. The evaluation found evidence that the NSF has impacted positively, but more work was needed with respect to a number of issues, including health and social care service integration, reduced hospital admission and medication usage. The next phase of the NSF might therefore be focussed on practical action to convert evidence into practice rather than writing another strategic document. The next phase of the NSF may therefore align to the work of the forthcoming *Welsh Best Practice and Innovation Programme Board*. Concerns of leadership and authentic practice also need exploration.

### Introduction

The Welsh NSF for Older People was launched in 2006 and it set out 10 evidence-based standards to improve the health and social care of individuals aged 50 and older. These were rooting out age discrimination, person centred-care, challenging dependency, health promotion, hospital care, intermediate care, falls and fractures, stroke care, mental health and medicines management. The NSF set out a 10 year timeline and the first phase was about bringing together health and social care partnerships across Wales. These partnerships were established in each of the 22 Welsh Local Health Board and Local Authority areas, which then had co-terminus geographical boundaries. The NSF was performance measured by a Self-Assessment Audit Tool (SAAT) and also a dedicated Project Manager. After 2-years, an evaluation was undertaken on the underpinning policy foundations of the NSF (1). This evaluation provided some initially assuring results, not least that all health and social care sectors were properly engaged in the delivery of the NSF.

Regional Meetings were held quarterly in north, south east and south west Wales. These meetings allowed peer-review of the SAAT returns and wider networking of professionals. The former allowed colleagues to share practice and solutions across Wales

while the latter led to some direct outcomes, for example the expansion of a service to support isolated older people in northwest Wales. The quantitative and qualitative returns SAAT were also amenable to evaluation, for example on the health promotion standard where returns showed variation in service provision (2).

### NSF related initiatives

The NSF also held wider influence. Most notably, the dignity in care programme, which ran formally from 2007 – 2011, arose from the NSF. The Welsh Government sponsored this programme, both financially and administratively, with the delivery over-seen by a multi-agency Dignity in Care National Co-ordinating Group (DCNCG). The DCNCG utilised the sponsorship provided to commission 22 small grants, deliver 6 training events to about 600 health and social care staff and engage in wider dialogue through 3 listening events (3). This programme momentum continues through the work of the Welsh Commissioner for Older People (3) and there were clearly a number of successes to the work, particularly around health and social care joint working (4). A north Wales survey with nearly 500 respondents, however, noted more work is needed regarding independence, respect and personal care (5).

Research related to the NSF also arose. For example, in another community based survey of similar size, this time in south Wales, older people were asked about their perceptions of health and social care services (6). Although overall service perceptions were positive, there was some dissatisfaction expressed. Perhaps of most concern was that only 1 in 7 respondents knew of the NSF (6), which suggests that more needs to be done in terms of engagement with older people in Wales.

This survey, through the Ageing Well - Feel Good' cohort study, invited older people to contribute their views via the internet and this mechanism may offer one helpful channel for expanded engagement, although digital inclusion' is a complex issue.

### Successes

As well as the experience and evidence presented previously, there are further successes to highlight. For example, in a critical review of Welsh health and social care service integration, set in context of the international experience, Wales has strengths on which to build on such as strong networks and partnerships (7). The NSF and dignity programme may claim to be a major contributor to this achievement.

Another of the strengths to the NSF is the coherence that has been brought to a number of key developments in Wales. For example, the field of falls and fractures evolved in policy terms and now there is a coherence being brought to the entire pathway. This ranges from hip fracture, fragility fracture secondary prevention, modifying osteoporosis risk factors and the primary prevention of falls occurring (8). This coherence recognises the key challenges of this work, the essential role of social care and the imperative to expand what works with respect to fragility fracture.



The NSF may also have had a wider impact by raising awareness of issue pertinent to older people. A questionnaire survey of the NSF health and social care networks, supplemented with some wider key stakeholders, broadly demonstrated appetite and readiness for age-equality legislation (9).

Notwithstanding the need for additional work to be undertaken on this issue, these initial findings are encouraging and provide further evidence of an engaged health and social care sector within Wales.

## Challenges

In 2012, Health Inspectorate Wales and Care & Social Services Inspectorate for Wales published their joint evaluation of the NSF\*, initiated in 2008. The evaluation addressed the question: *What impact is the NSF having on older people in Wales?*<sup>4</sup>. Using a variety of methods, including SAAT analysis, focus groups and direct observations, the evaluation found evidence that the NSF has impacted positively, but more work was needed with respect to a number of issues, including health and social care service integration, reduced hospital admission and medication usage. The influence of the 2009 NHS reforms was also explored via a complementary evaluation with the successor 7 Health Boards. The health and social care links were viewed positively, but the perception of *impact* overall was equivocal (10).

Perhaps another challenge to be overcome is that more work is needed to ensure evidence is converted into practice (11). In a review of Welsh literature, there was divergence of evidence and practice in many service settings (11). The importance of using the evidence is crucial to maximise benefit and good data has been collected on medication compliance post-vascular event. Of concern, many individuals who have had a heart attack or stroke fail to take aspirin, a proven prophylactic in this situation. Realistic estimates of boosting aspirin prophylaxis in Wales suggest a reduction in vascular events of 3-7% per annum (12), with savings in health and social care costs. While Welsh Government is committed to health checks for over 50's, increased aspirin prophylaxis might have larger benefits (13).

## Some concerns

The well recognised culture of corporate rhetoric is often played out through the media. How often do we hear of *lessons learned* and *improvements have been made*? Whilst accepting some claims may be genuine, there is perhaps a more fundamental position that can be adopted. When health and social care staff, where ever they are based, enter their place of work they remain citizens and service users. Reflective questions include: Is this service good enough for me? Is it good enough for my loved ones? Considerations of career progression and being corporate may not sit comfortably with *authentic practice* (14). Yet, the services professionals shape and deliver today are the ones they access tomorrow. So how can service provision be safely underpinned more by reflective practice and internal challenge?

Another question relates to leadership. In some ways, this extends the above point although there is also a supplementary issue. In Wales, there is often a highly fragmented approach to policy and delivery, which does have a positive dimension of showing initiative and energy.

It also suggests a distributed leadership structure and it is reasonable to question who takes the lead role, their behaviours and values. For example, there has been a lot of work in Wales on the potential contribution of prophylactic aspirin to healthy ageing programmes (15). The medicine balances benefits of vascular event reduction and probably cancer prevention against risks of bleeds. It is easy to hide behind an equivocal narrative of evidence or prevaricate due to knowledge gaps. Leadership may thus involve some self-disclosure (16).

## Closing remarks

Given the evidence and experience to date, the next phase of the NSF might be focussed on practical action to convert evidence into practice – and vice-versa (17) - rather than writing another strategic document. With the *Social Services Bill* in Wales setting out a programme for Local Authorities, the next phase of the NSF may focus on NHS improvement and integration between primary and secondary care. To achieve this, the next phase of the NSF could be aligned to the work of the new *Best Practice and Innovation Programme Board* and their concordat seems logical. The Board, which is self-explanatory, is working to the World Health Organisation definition of health, which may be difficult (18). So the Board focus might initially be pragmatic on *what works and consolidation*, where the evidence is compelling.

Some NSF standards are now mainstream initiatives in their own right. For example, the Welsh Stroke Alliance provides both focus and capacity to this work. The overall context, however, of healthy ageing and policy development is complex (1920), partly because it is set within financial constraints, increasing demand and reliance on carers. These complexities bring an opportunity to combine pragmatism with innovation, with the former preceding the latter in terms of achieving rapid benefit. The research and development agenda with respect to older people also continues to expand in Wales, for example on telecare, dementia and frailty. The experience and evidence from such initiatives helps research, practice and policy to work in a co-ordinated manner, so Wales can aim to be the best place in the world to grow old.

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## **We have an exciting opportunity to work with the BSG and are looking to recruit a Volunteer Archivist!**

### **Introduction:**

Over the past year, the Executive Committee has been working with the National Archives and Centre for Policy on Ageing to establish a framework to record and archive the Society's work. We view the preservation of our 'collection' of core documents and publications as fundamental in capturing the Society's contribution to knowledge development, advocacy and public policy around ageing and later life. An official record of the Society's work will also be a powerful asset for promoting our contribution to gerontology in the UK.

The Society is now in a position to begin work on effectively storing, conserving and developing our archives in a more systematic way. We aim to record the Society's work on an ongoing basis, and to ensure a formal system is in place so this record is accessible to historians, researchers and others. To this end, we are seeking to recruit an interested person (s) from the Society's membership to act as a volunteer archivist.

### **Position Description:**

Working with the Executive Committee's Publications Group and the BSG Administrator, the volunteer archivist (s) will work on average 1 day per week (additional time may be flexibility negotiated) for approximately 1 year to:

- Coordinate the acquisition of any new material from current and/or past BSG members;
- Develop an archive catalogue and description of records and content;
- Organise and repackage the records and content for appropriate storage and display; and
- Assist with the development of policies and procedures for an annual archival cull and for public access to the archives.

We aim to commence this work in March 2013. We anticipate reviewing the progress of the work after 1 year and the archivist position may be extended if necessary.

### **Compensation:**

To fulfil this post, the person (s) would be expected to travel on occasion to the Centre for Policy on Ageing (CPA) located in the city of London.

The Society will reimburse transportation costs to and from CPA and up to £15 per day for meals/refreshments.

### **For expressions of interest or for further information please contact:**

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## Voices of Experience

### Coffee and remembrance- Vancouver November 2012

Andrew Sixsmith  
Simon Fraser University

Every morning walking from my apartment to my office at SFU Harbour Centre in Downtown Vancouver, I pass the war memorial in Victory Square. Fall is a particularly poignant time of year, when we remember those who gave their lives serving in the armed forces in Two World Wars and other conflicts.



Andrew Sixsmith outside War Memorial

As I sip on my cup of coffee at the Bean Around the World café at the corner overlooking the memorial, I reflect on the fact that I am only here today because my own grandfather was able to swim a mile to the coast of southern France after being torpe-

doed in the Mediterranean in 1917.

When I started out my career as an academic in the field of gerontology at University of Liverpool in the early 1990's, my colleague Steve Goodwin used to organise reunions for World War One veterans, most of who were in their 90's. Twenty years later every one of that generation has passed away, with the last known veteran, Florence Green, dying aged 110 in February this year. Now it is the time of the veterans of World War Two and, as I drink my coffee overlooking the war memorial, I read the obituary of William Walker, the last surviving pilot from the Battle of Britain.

Mr Walker was shot down over the south coast of England in August 1940. He took refuge on a sand-bank with a bullet in his leg and was picked up by a passing fishing boat. He was flying again six months later, one of the —few to whom Winston Churchill said we owed so much. Nowadays, as these events recede into history, it is difficult to imagine what war was like for those —few and how it impacted on the rest of their lives.

Research has shown how traumatic memories of conflict can impact on older people's mental health (e.g. Post-Traumatic Stress Disorder) and McCarthy and Davies (2003) argue that many Second World War veterans still display war-related psychological difficulties decades later. The effects of military service in later life is a growing concern, as an increasing number of veterans of various conflicts around the world move into older age (Settersten 2006).

It is also important to consider the way wartime experiences impact on the everyday worlds of all those who are caught up in conflict. Sixsmith and colleagues (2013), in a study of people who lived through World War two in Britain, show that wartime experiences continue to hold significance within their lives some 60 years later. Memories re-main important and many older people like to share their experiences with others, but often feel that younger people are uninterested in what they have to say. The comradeship of others who have gone through the same events is important and veterans' associations and clubs play a role here. We also tend to visualize the impact of wartime experiences in very negative terms, but many seniors see these experiences as being valuable in practical ways. The skills, resilience and adaptability afforded by the stresses of living through wartime help people to deal with everyday life as they negotiate the challenges that often accompany advanced old age.

As a member of the baby-boom generation who has lived a privileged life, protected from the ravages of war and lucky enough to be sipping my cup of coffee in beautiful Vancouver, I should continue to pay my respect to those who gave me this opportunity. As a generation, we should also reflect on whether we will have the same resilience and strength of character as we enter old age.



Andrew's grandfather  
James Pickup

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