

Generations Review

The Newsletter of the British Society of Gerontology



British Society of Gerontology

News and Reviews

Message From the President

Robin Means

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International Association of Gerontology and Geriatrics

June 23rd to June 27th saw a highly successful World Congress on Gerontology and Geriatrics taking place in Seoul, South Korea. I was delighted to be able to go to my fourth World Congress and this was certainly the best organised of the four.

This was a very different World Congress for me since as President of BSG I am a Council member of the International Association of Gerontology and Geriatrics (IAGG) and hence was required to attend the two council meetings taking place at the World Congress on the Tuesday and Wednesday afternoons. A strong feature of both afternoons was the need to support the emergence of gerontology in developing nations. Council amended its by-laws on the Tuesday so that national associations with relatively small memberships can formally join IAGG and be represented at Council. This enabled Kenya to be voted in as a national member on the Wednesday. The other main business involved the voting in of Buenos Aries as the host of the 22nd World Congress in preference to Sydney and Amsterdam. A World Congress is the point when leadership of Council switches countries with the host country taking over all the officer roles for the next four years. More specifically, the French team of President, Secretary and Treasurer stood down at the beginning of the Wednesday meeting to be replaced by a new team from South Korea.

As I indicated in my President's Report to the AGM the finances of IAGG are in good order with the sizeable profit from Paris in 2009 on the way to being at least matched by Seoul. This is enabling IAGG to expand into a much wider set of activities than has previously been the case. These include the Global Social Initiative on Ageing Network (this links individual social gerontologists), the Global Ageing Network (this links research centres),



Robin Means
President

increased lobbying of the UN, more master classes and intensive courses as well as an expanded system of student grants to support attendance at international events. There has also been increased financial support for the African Research on Ageing Network (AFRAN). The first African Regional Congress was convened by the IAGG Africa Region and took place in October 2012 in Cape Town.

What are the implications of all this for BSG? First, it has made me realise that BSG needs to find a way to build an IAGG memory. A BSG President will normally only ever attend either one IAGG meeting at a World Congress or one meeting of the European Council at a European Congress. As a result the opaqueness of IAGG will have been lifted for the serving President only for the presidential baton to be passed on to someone else to start the same process over again. We do need to get better at briefing each other about our individual experiences of Council and to build better links with international members who have been long standing Council members in order to better understand how Council works and where we need to be exerting influence. It would greatly help if we could increase our membership numbers to 500 since this entitles us to two members of Council rather than one.

Second the Executive needs to be far more pro-active in terms of tracking and following the growing portfolio of IAGG activities and initiatives so we can alert members where appropriate. This has already included supporting Naomi Woodspring as ERA co-chair to make links with the chair of the International

GENERATIONS REVIEW

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Council of Gerontology Students Organisations (ICGSO). The limited resources of BSG mean that its Executive needs to be clear on its international priorities. However, closer links and engagement with IAGG needs to be more firmly in that mix than has been the case in the recent past and hence ways to do more in this area are being discussed with the International Relations Strategy Group.

The 2013 Annual Conference at Oxford

My other ‘big’ conference of the summer has of course been the BSG Annual Conference held in Oxford from September 11th to 13th and organised for BSG by the Oxford Institute of Population Ageing. It was a huge achievement to attract 487 delegates even if the consequences of this was a logistical challenge for the organising team as conference delivery needed to be stretched over two colleges and accommodation over three. I felt the academic content was the highest ever with all the plenary speakers hitting a particularly high standard. Hence, I would like to thank again the Scientific Committee, the Conference Administrators and Conference Support Team for all their hard work both before and during the conference.

Outstanding Achievement Award for 2013

Many GR readers would have been present at the opening Plenary Session of the Annual Conference and hence would already be aware that Professor Bleddyn Davies is the recipient of BSG’s Outstanding Achievement Award for 2013. Bleddyn is an excellent choice for reasons so clearly laid out by Professor Alan Walker when making the presentation. His work on territorial justice, his establishment of the Personal Social Services Research Unit and his pivotal role in the development of the production of welfare model are all powerful academic reasons. However, as Alan pointed out, there has also been his huge support for fellow gerontologists especially at the start of their careers. This is certainly something I gained from as Bleddyn always found time to have an encouraging word with me at my early BSG conferences.

A Report from the Honorary Secretary

Sue Venn

I would like to start my report with my congratulations to Sarah Harper and all the organising committee at Oxford for a very successful BSG annual conference this year. Well done Oxford!

I am pleased to announce that this year’s recipient of the Stirling Prize, awarded at the conference, was Theodore Cosco, from the University of Cambridge, for his excellent poster “Whose successful ageing? A systematic review and comparison of lay and researcher driven perspectives of ageing well”. Well done Theodore!

Following her election at the AGM, I am delighted to wel-

come our new Treasurer-Elect, Ros Willis from Southampton University to the Executive Committee. This leads me to say a heartfelt thank you to our outgoing Committee members, Wendy Martin, John Miles, Debbie Cairns and Cassie Phoenix. You have all contributed so much during your time on the Committee and we shall miss you! I am delighted, though, that John will remain as a co-opted member on the Conference Liaison and Events strategy group. The full membership of the current Committee will be available on the BSG website, along with minutes and agendas of all our meetings (www.britishgerontology.org).

You will all have received information about the changes to the constitution which were agreed at the AGM, so I will just give a short reminder here that a motion was passed to agree to Officers, that is President, Secretary and Treasurer, remaining in office for 3 years instead of 2, and that the Elect and Past roles will now only be for one year each instead of 2.

It is never too early to start thinking about next year’s Annual Conference which is being held at Southampton University, so please put the dates in your diaries, Monday September 1st, to Wednesday September 3rd, 2014 and keep an eye out for our e-bulletins containing further information on when the conference website will be available, along with other important dates.



Sue Venn
Secretary

We continue to be active in terms of social media, so please do keep an eye on our presence on Twitter (@britgerontology), our blog, Ageing Issues, and on LinkedIn, and I would like to encourage members to consider contributing in all these areas. We are slowly building up a following and see these as an important benefit of membership, as well as being a benefit to the Society as well. In addition to the above Debbie Price gave us an insight into a new social media initiative, Ageing Bites. This takes the form of short videos created by members of the

BSG which will be uploaded to the web via YouTube and then onto the BSG website. The aim of Ageing Bites is to encourage critical thinking in gerontology. Videos can be about current research, philosophical issues, knotty ideas, policy or intellectual challenges that we face, or as teaching tools explaining key concepts in ageing and gerontology. They can be used as dissemination tools for research projects and stats such as hits will be available if needed. This is something we are currently working on so please keep an eye out for further information through our e-bulletins and the website.

Finally, I am pleased to be continuing as Secretary for a further year and will continue to strive to further the aims of the BSG and its members to the best of my ability. My thanks, as always, go to the Officers and members of the Executive Committee for all their hard work throughout the year, and of course a special thank you to Rachel Hazelwood who works tirelessly to support us all. Please do feel free to contact me with any comments, suggestions, and/or questions relating to the Society.

2013 Oxford ERA Pre-conference Event

Naomi Woodspring
University of the West of England

This year's ERA's pre-conference event at Oxford was filled to capacity - actually a little beyond. It was exciting to see some new and some familiar faces. Everyone's enthusiasm and engagement made the day a success.

Debora Price's excellent keynote, deconstructing some of the notions of the sixties cohort as having 'stolen the future,' was a stimulating start to the day. It was provocative and well considered challenging people a bit to examine their own attitudes and beliefs. The lively discussion afterwards was a real indicator that Dr Price's the right note. The afternoon presentation from Jane Chanee, was highly informative and clear. Her in-depth look at careers outside academia in think tanks or with NGOs offered us possibilities that many in the room had not considered before. As requested by participants, both Drs Chanee's and Price's slide presentations will be posted on the ERA website.

I received a lot of feedback on the three morning presentation sessions. People were pleased with the opportunity to present and hear about the work of their colleagues. The more in-depth afternoon session gave John Miles and Sukey Parnell time to present and for the rest of us to engage in questions and dialogue about their work. It was clear the group was taken with Sukey's discussion of photographer's images of ageing women and her own intriguing images. John's presentation invited a robust discussion that was a continuation of the themes Debora Price had presented.

Ending the day with a networking forum that gave people an opportunity to discuss procrastination, the write-up, the viva, isolation, the perils and excitement of being a researcher as well as, 'ask a Prof' a chance to ask questions you had been afraid to ask.

Thank you to everyone for coming and making the day such a positive and lively experience. Also, special thanks to Louise McCabe and Sue Venn for filling in and helping with the organisation of the day.



BSG 2013 Oxford University

Mary Pat Sullivan
Brunel University

I was delighted to participate in BSG 2013, held in the beautiful surroundings of Oxford University's Keble and Kellogg Colleges. Despite the cloudy skies, 400+ national and international participants gathered to share recent successes in ageing research. Many thanks to Sarah Harper and colleagues at Oxford University for hosting us. The highlights are too numerous to mention, but let me share just a few in addition to those mentioned elsewhere in this issue of GR.

This year dementia research strongly featured among the range of interesting work being presented. A symposium entitled 'The Real Dementia Challenge' delivered by Jill Manthorpe (King's College London) and Steve Illiffe (UCL), among others, reminded the audience of how dementia research can be "practice distant" and the need for research to change practice to ensure high quality care. This same message was delivered in a creative way in Ruth Bartlett's symposium (University of Southampton) that explored the use of arts in 'humanising health care education'.

Everyone must watch Ruth's film 'Agnes and Nancy' which depicts the friendship of two women with dementia. And later, Louise McCabe from the University of Stirling shared her project that uses music to support and engage people with dementia and their carers.



Ruth Bartlett

Jane Tooke from the Alzheimer's Society and Rena Robinson from a care home in California reminded us of some of the ethical challenges of doing research when they presented their studies examining the very sensitive care needs of people with dementia in long term care facilities.

The conference dinner (s) did not disappoint. I attended the Keble College dinner where the author P.D. James shared her intimate thoughts on ageing and older people. I am told that my friends at Kellogg College danced the night away!

A concluding highlight was the conference closing event, held in the atmospheric Keble College dining hall. Canapés were served as we gathered to launch the new Policy Press book series — 'Ageing in a Global Context'. This exciting BSG sponsored series will be edited by Chris Phillipson (University of Manchester), with Tom Scharf (National University of Ireland) and Toni Calasanti (VirginiaTech) and will represent a distinctive contribution to moving forward the study of ageing.



Robin Means and Debbie Cairns

Ageing & Society
Special On-line Collection on Dementia

Suzanne Moffatt
 Newcastle University

The Editor of *Ageing & Society* has collated key papers from the journal on dementia into a special online collection. This collection of 13 papers spans the period 1993-2013, with the exception of one paper on dementia care in India (Brijnath, 2008) and another from Denmark (Moos, 2011), the collection is focused on the UK. The papers span a range of methodologies, primarily qualitative, but a diverse range that includes linguistic analysis, systematic synthesis of evidence, meta-ethnography, observation and interviews as well as one quantitative study examining care costs (Schneider et al., 2003). Included in the collection is an interesting article suggesting that there is nothing methodologically unique about researching dementia (Bond and Corner, 2001). Instead, Bond and Corner (2001) argue that the nature of dementia and dementia care highlights the challenges that all researchers face when researching complex social phenomena.

The oldest paper in the collection is Tom Kitwood's seminal paper entitled, 'Towards a Theory of Dementia Care: the Interpersonal Process,' first published in 1993. This detailed theoretical examination of the process of dementia care remains relevant to research and practice today. Following in this vein, five other papers in the collection focus primarily on dementia care. Schneider et al. (2003) show how the cost 'burden' of care has shifted from health to social care. Askham et al. (2007) drawing on Goffman's defining aspects of custodial care – routinisation, surveillance and mortification of self – showed that all three aspects are present, but not fully realised in care. Brijnath's (2008) article on 'The legislative and political contexts surrounding dementia care in India,' is a timely reminder of the challenges faced by low and middle income countries in dealing with dementia in an ageing population with a much less developed and resourced infrastructure. Powell and colleague's (2010) paper on 'New networked technologies and carers of people with dementia', shows us that while there may be clear advantages to enlisting new technologies in dementia care, people with dementia and their carers have concerns that require wide-ranging debates about the implementation of technologies in dementia care. The most recent paper in the collection, Kelly's (2013) 'Bodywork in dementia care: recognising the commonalities of selfhood to facilitate respectful care in institutional settings' explores how a better understanding of the practice of bodywork can be used to facilitate respectful care.

Self-hood, identity and family relationships are the topic of La Fontaine and Oyebo's (2013) thematic synthesis which identified 'shared history', 'negative impact of dementia on the relationship', 'openness and awareness' and 'shifting scales' as four key themes in the literature and they usefully identify important gaps in our current understanding of dementia. The literary representation of dementia is explored by Page and Keady's (2010) meta-ethnography of 12 autobiographies written by people with dementia between 1989 and 2007.

Their analysis shows the importance of maintaining key social relationships and networks and the pivotal process of reconstructing identity in living with the onset and progress of dementia. Narratives of a dementia 'career' are explored through an analysis of the accounts of Iris Murdoch at her death by McColgan et al. (2000), which emphasise the perceived transformation of identity among the person with dementia.

Finally, three papers provide insights into less frequently researched aspects of dementia. Sixsmith and Gibson's (2007) work on the meaning, importance and benefit of music in the everyday lives of people with dementia. Moos's (2011) linguistic study of humour, irony and sarcasm in severe Alzheimer's dementia found unexpected levels of communicative competence among participants with dementia. Bartlett's (2012) paper on 'The emergent modes of dementia activism' placed in the context of the social movement literature explores the idea that activism can protect against decline.

This collection is of relevance to practitioners and researchers in the field of dementia, but it also contains papers that are of considerable interest to all of us engaged in social gerontology, touching as it does on the meaning of self, identity and personhood in later life. Visit the special collection at:

<http://journals.cambridge.org/action/displaySpecialArticle?jid=ASO&bespokeId=6300>

Design for Living in Later Life

Sheila Peace
 The Open University

Earlier this year over 80 people gathered at The Open University to consider how design through multidisciplinary research involving older people could lead to more inclusive environments – kitchens, bathrooms, stairs, clothes and other products.

Co-Chaired by Rama Gheerawo from the Helen Hamlyn Centre for Design who directs their Age and Ability lab this was a day when four of the projects from the NDA programme talked about their work alongside researchers with EPSRC and EU projects. Nic Dakin, MP for Scunthorpe who attended the event has written to say how interesting and thought provoking this has been and the comment below from Jane Palmer, CEO for AgeUK in Milton Keynes:

"One word for yesterday's conference FAB-U-LOUS! It was informative and fascinating. I don't remember having been to a meeting like this where I have enjoyed every single presentation and the networking/workshops."

So, if you think this might be your type of event watch the day on the recording below and get in touch if you would like further information:

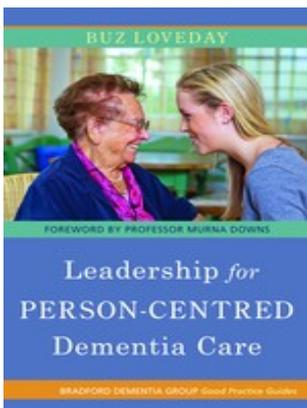
<http://stadium.open.ac.uk/webcast-ou/>
 OR

<http://stadium.open.ac.uk/stadia/preview.php?whichevent=2115&s=31>

Book Review:
Leadership for Person-Centred Dementia Care (2012)
 by Buz Loveday
 Jessica Kingsley Publishers

Ozan Fitton-Brown
 Brunel University

This book is specifically aimed at senior staff within domiciliary care organisations and care homes and could be described as a “how to” manual relating to the propagation person-centred care within care environments. From the outset, it is written in simple terms, divided into six chapters. Chapter One focuses on the concept of person-centred care and relates back



to the early concepts derived by the likes of Kitwood and Brooker and acts as a useful reference point to access the wider literature on this subject. To achieve this constant examples are utilised in the form of small text boxes that illustrate how the text could be applied in real-life scenarios. Of particular note is the use of the Bradford Well-Being Profile as a practical tool that managers/leaders can provide for their staff.

Another point to note is that person-centred care is broken down into simple terms, such as “goals”, “identifying causes behind behaviours”, “partnership”, “personhood”, “emotional care” and the importance of leadership to ensure implementation. The second chapter is useful as a guide for managers/leaders on what to look out for, i.e., the barriers that can prevent person-centred care. As previously, it is peppered with practical examples to illustrate the text’s meaning and a table at the end to summarise key points. An interesting point is that financial constraints are mentioned in this chapter and some ideas on how to work around these are touched upon.

The third chapter focuses on how to manage staff, utilising the principles behind modelling. As with Chapter One, a useful tool is available within this chapter called a “Staff Motivations Questionnaire”, presumably created by the author, as a means of assisting managers to monitor their staff and potentially help reduce turnover. Nurturing appears to be an important aspect of this chapter and the concept of a “dementia champion” is introduced. Overall, the idea being promulgated appears to be around managers/leaders being active in terms of monitoring their staff. The fourth chapter appears to continue the themes identified in the previous chapter, with the focus being on training. This chapter refers to the National Dementia Strategy, the importance of induction and emphasis on training not being an end in itself. The author advocates leaders finding a means of care staff using their training as soon as they return to work and utilising reflective practice. The examples in this chapter are elongated and are focused on how to feedback constructively to staff. As before, there appears to be an emphasis on staff retention, a point that the wider literature does not tend to focus on, but can be seen to be important.

Chapter Five focuses on working with families and other professionals. Specifically, there is an emphasis on how to construct care plans that are effective. It is useful in that the author refers to the legal obligations behind care plans, but focuses on succinct documents rather than length. To assist managers/leaders, a table is available with a checklist that appears to have been created by the author. There is also an emphasis on how to handover between shifts. With regard to communication with other professionals, the importance of interdisciplinary working is utilised and with regard to communication with relatives there is a lengthy discussion on the psychology experienced by relatives and former carers. This appears to be a means of moving against the “us and them” culture that can exist both across professions but also between the professional/family divide.

The final chapter is more of a refresher, returning focus back onto care staff. There is a greater emphasis on “challenging behaviour” in this chapter and it is a useful means of expanding previously iterated discussions on the subject. For this topic another table is available for leaders as a checklist to assist staff to analyse service user behaviours before they write them off as “challenging”, with a focus on identifying triggers. The last section focuses on risk and the importance of balancing risk by considering “harms” against “benefits”. It is clear that this section is aimed at supporting leaders to move away from risk-averse care planning.

Overall, this book is accessible, written in simple English and useful not just to managers of dementia care homes and agencies, but sections can also be utilised by care assistants, most notably the first and last chapters. For social workers Chapter Five is especially relevant, and for other professionals it can be used to gain insight into the world of dementia care, although as a reference to other materials, beyond the first chapter it is limited. It is refreshing to see that financial limitations have not been ignored within this text; however further examples of how to work around them would have been welcome. Further to this, the chapter illustrating reflective practice is done in a simplified manner; however considering low levels of education within care industry staff it could be construed as “a step too far”. Overall however, the use of examples, tools and summary tables, simple language and clear-cut chapters come together to create a practical “one stop shop” for leaders in dementia care to seek advice from regarding the implementation of person-centred care practices.



Not a member?

<http://www.britishgerontology.org>

News from BSG Scotland

Pauline Banks
University of West of Scotland

The next BSG Scotland members' event, which will focus on *alcohol and drugs in later life*, will be held on 6 November 2013 at the University of Stirling; Room 3S11, Colin Bell Building, School of Applied Social Science, 12.00 until 4.30pm.

The final programme and booking forms will be circulated and available on the BSG website. Keynote speakers include:

Louise McCabe: Louise is a lecturer in Dementia Studies at the University of Stirling; her research interests focus on people with dementia and associated policy and practice issues. To date published work has included research on social policy and services for people with dementia in the UK and India; policy and service issues for people with alcohol related dementia; and frontline health and social care staff.

Veronica Smith: Veronica is an experienced mental health nurse and has worked in the field of dementia care for many years. She has been working in research since 2000. Veronica is currently combining her experience of dementia care with her research skills to study towards a PhD at the University of Stirling, exploring the services community pharmacies offer people affected by dementia.

Pauline Banks: Pauline is Director of the Institute of Older Persons' Health and Wellbeing at the University of West of Scotland. Pauline's current work includes: the Scottish Government Dementia Champions programme, and research projects focusing on the impact of dementia on those who develop symptoms while in employment and their employers; and exploring alcohol consumption across retirement.

Rowdy Yates: Rowdy is senior research fellow and facilitator of the Scottish Addiction Studies group at the University of Stirling. He has worked in the drugs field for over 40 years and has published widely on addiction issues. He is director of the European Working Group on Drugs Oriented Research, vice-president (teaching & research) of the European Federation of Therapeutic Communities, chair of the Recovery Academy and a member of the Scottish Drug Strategy Delivery Commission.

Val Tallon: Val is the Coordinator of the Lanarkshire Alcohol and Drug Partnership, and currently on secondment to the Scottish Government as the National Delivery Advisor (Alcohol & Drugs). She has submitted her PhD thesis which focuses on Recovery from Alcohol & Drug Addiction.

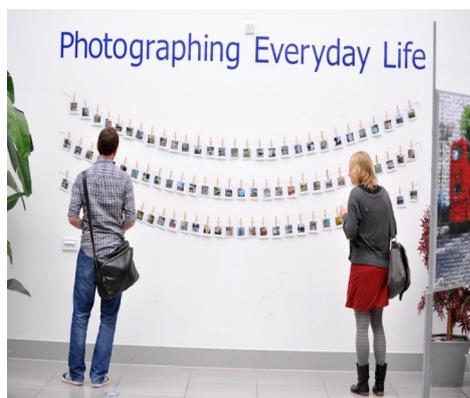
For further information about BSG Scotland, please visit the webpage:

<http://www.britisgerontology.org/membership/bsg-scotland.html>

Photographing Everyday Life: Ageing, Lived Experiences, Time and Space

Dr Wendy Martin, Brunel University
Dr Katy Pilcher, Aston University

At the end of the ESRC (Economic and Social Research Council) research project *Photographing Everyday Life: Ageing, Lived Experiences, Time and Space* there was an interactive photographic exhibition that highlighted some of the photographs from the weekly visual diaries. The photographic exhibition was a collaboration with the Brunel Arts Centre and aimed to disseminate social science data in a participatory and interdisciplinary way. The installations were designed to involve the participants within the exhibition. The exhibition was well received with 85 attendees at the research talks in the morning (by the researchers, research participants and members of the research advisory group) and a stream of about 80 more people viewing the exhibition throughout the day. The feedback was very positive with participants enjoying the possibility of seeing their own photographs, the opportunity to rethink the everyday, and explore the use of photography in daily life. The photographic exhibition provided a way to disseminate social science data via the arts and humanities and enhance public engagement.



Reflections from participants included:

*I love the washing line. Who knew washing was so beautiful
Interesting, Strange, Wonderful*

*Photography communicates more than we can imagine
I liked the little books to take home as they extend the process
of engaging with the topic, it's an extension of the exhibition
space!*

*Great sense of how people live day to day – find the mundane
is beautiful, uplifting!*

The ordinary is indeed extraordinary!

A photographic record of the exhibition is available at:

<http://www.flickr.com/photos/bruneluniversity/>



Who's Who

Bleddyn Davies

Professorial Research Fellow (Oxford Institute for Population Ageing), Emeritus Professor of Social Policy (LSE and Kent), Honorary Professor (Manchester)

Describe yourself in three words.

Conscientious. Well-meaning. Disorganised.

How did you get here today (i.e. career/research)?

A tiny all-age village school. Three Welsh grammar schools. Degree (Cambridge) and DPhil (Oxford) in economics, and Diploma in Public and Social Admin. Lecturer in economics and economic statistics at Aberystwyth, and social policy at LSE. Directed PSSRU at LSE, Kent, and Manchester.

At LSE, I developed doctoral research to create a conceptual framework and measurement methods for a 'principle of territorial justice' - what social justice would imply for area populations given social justice at the individual level - and used them to describe and 'explain' observed degrees of territorial injustice. I was drawn into doing (too many) other projects; for instance, local government policy-making and services; consequences of separating local health and welfare services for the Seebohm Committee; reflecting discussions at the Labour Party NEC Social Policy Committee and my appendix to the Plowden Report, how to improve the impact on child poverty of the spending on the school meals subsidy; the economics of universities, and social correlates of gambling activities. At first sight, most of the projects seemed unrelated. But ideas discussed in some projects generated related ideas in others, then a later. For instance, the Plowden Report discussion of causality implied that the myriad of influences on outcomes worked affected marginal productivities of resources as well as having independent additive effects. That, I thought, was often likely to be so in social care. In a throw-away line of my Appendix to the Report, I suggested that one feature of my results were due to the stigmatisation of the recipients of free school meals. *The Guardian* and pressure groups pounced on it. I was summoned to Whitehall and offered as big a grant as I thought I needed, to find out why the non-uptake, and suggest some policy ideas. (That enabled a harassed Secretary of State to give the House - what I interpreted to be - the message that some geek from the LSE Department headed by no less than the great Richard Titmuss had been asked to undertake thorough research that would take until after the next general election, after which the next administration would definitively rectify the scandalous situation.) The research suggested that most the variance in uptake could be attributed to personal circumstances not within the control of school meals. A devolved budget would be made at the individual and school level. The policies, structures, devices, influences on culture to create an environment encouraging learning to make fair effective and efficient use of resources too anticipated the Kent Commu-

nity Care Project [KCCP] model. But other things than research were happening in professional life - teaching social policy (including for the master's course in social care with Adrian Webb), economics, and statistics. And probably because what I published straddled social policy and government, I became the first editor of *Policy and Politics*.

A problem with territorial justice research was that it being constrained by what data were available, I could not derive indicators of demonstrably high reliability and validity for most of the concepts. The evidence being circumstantial, vast labour could yield only approximate and often tentative conclusions. That was one reason why the offer to fund a unit to pursue my themes was attractive. I established PSSRU to do research and analysis to help to improve fairness and effectiveness of policy outcomes and efficiency in their production. (Equity, efficiency and effectiveness concepts and argument overlap so much that to tackle any two would make a big contribution to tackling the third.) This needed the development and application of the Production of Welfare Approach [POW], because, I thought argued that, for many users, what were then called 'personal social ser-



L-R: Sarah Harper, Robin Means, Bleddyn Davies, Alan Walker

vices' could best contribute to fair outcomes produced with great efficiency if much of their content were much more personalised. The KCCP tested and developed the argument. A voucher-based system had been proposed, but that would have been *ultra vires*. I designed an *intra vires* model which would encourage, personalisation, flexibility and user/carer influence and field-led learning. Success in that and later projects won support and influence in several countries. The white paper described them as a 'corner-stone' for the nineties reforms. PSSRU and others have continuously developed the body of knowledge, the elements in the evaluation approach, and linked complementary tools in many contexts.

Tools are widely used in policy and management: for instance, ASCOT, micro- and macro-simulation models for

projecting the implications of assumptions for the evolution through time of need, demand, and supply. The POW is now just one element of the repertoire. My colleagues at PSSRU and associates overseas have extended, adapted, deepened the repertoire in studies covering many groups and contexts at home and elsewhere.

What’s the best piece of advice you’ve received?

Success for a research leader should be defined as having successfully contributed to creating an environment in which very able and motivated people with a strong basic training in a theoretical subject and research, but who would willingly learn the influence of context, could be guided into and be well supported in the initial development of a good issue in which to establish their individual voice; defended from distraction; ensuring that what they personally accomplished was acknowledged and rewarded inside the organisation and elsewhere; then given the opportunity to do the same for other recruits in turn. Everyone’s interest is best served by the development not of one but many with the training and experience to play a leading part.

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

No one person. My parents, who selflessly did everything they could for me. My tutors (Kenneth Berrill and John Vaizey) at Cambridge who steered me carefully and well. Richard Titmuss, David Donnison, and Brian Abel-Smith who put extraordinary opportunities in my path during my early years at the LSE.

What’s the best book you’ve ever read?

As a Welshman, I could suggest nothing other than *Under Milk Wood?* Politicians should be required to understand the philosophy of the Reverend Eli Jenkins.

What do when not doing ageing research?

Listen to music. Walk.

What’s the future for ageing research?

Demonstrable impact is one key to academic support and funding. Some valued form of ‘impact’ require integration of work around key social opportunities and challenges. We can help to define these at the level of the discussion by the Lords Firkin Committee Report this year. We can help by thinking through the implications of such discussion for research at the lower level of generality at which most of us work. There are profession-wide groups who are contributing in some areas. In social care, for instance, there is the School for Social Care Research. What areas and aspects are less well covered? In short, it would be helpful to integrate ideas, theory, and evidence to develop it vertically as well as horizontally.



Be sure to visit our website at: <http://www.britishgerontology.org>



Veronika Williams
BSG Treasurer

BSG Annual Conference 2014

1-3 September 2014
Southampton

The Centre for Research on Ageing, Southampton University will be hosting the British Society of Gerontology's 43rd Annual Conference.



Keep up to date with the latest information on the BSG website.

Cutting Edge

Below the Surface: Managing the Life of Collaborative Research Projects

Jacquie Eales, University of Alberta
Robin Means, University of the West of England
Norah Keating, University of Alberta

Introduction

In the last two issues of *Generations Review*, we described a transnational interdisciplinary research project about the joys and challenges of collaborative research and explored how these play out when first establishing (April 2013) and then managing (July 2013) such projects. This third and final article in our series focuses on the potential outcomes of collaborative research projects. Data were generated through a semi structured group interview with ten team members from diverse research disciplines and career stages from the UK and Canada. Axial coding (Walker and Myrick, 2006) was used to capture themes within each phase of a research project. Determining the outcomes of collaborative projects is based on the criteria used to assess products that count and whether participants reach a 'tipping point' in the collaborative process. We suggest ways to develop project outcomes and assess risk in extremely challenging projects.

Assessing products that count

In reflecting on what constitutes collaboration, participants not only stressed the importance of the process, such as good communication and valuing their colleagues, but they also recognized the compelling need for respectable research outcomes. This often required balancing priorities — “a willingness to make accommodations in order to both get the deliverable and not burn the relationship in the process.” (Victoria). Whether a research collaboration was successful or not was often based on participants' assessment criteria.

“The way we worked together was a concrete example of collaborating and that we had to bring our different talents together and come up with a product in the end.” (Michelle)

“You could have a lousy set of personal relationships, yet somehow it comes together and produces something that the rest of the world sees as quite successful, or you might get on very well for a number of years but actually not have that much to show for it.” (John)

“I think you could build a very good working relationship on a project with someone that could become undermined by their failure to support the need to produce outputs at the end... They're not pulling their

weight, when actually there is a lot riding actually there is a lot riding for you on the final success of the project.” (Clark)

While the emphasis on outcomes was clear, participants were very discriminating about what constituted a *good* product and how that might vary from stakeholder to stakeholder. What is useful for an academic may differ from that of a community partner. Understandably, a central concern for academic researchers was the production of peer reviewed journal articles, at times regardless of whether the articles were written collaboratively.

“They [local authorities] have a completely different philosophy about project working. Projects start and they finish with very hard deadlines... What we wrote up was essentially written up with great speed with the lead local authority person. I didn't regard it to be a very satisfactory report. Eventually, I did write a journal article based on this whole project, but actually the person who collaborated with me on that journal article, wasn't involved on the collaboration, so it was collaborative but I met him after the project formally finished. So, for me personally, it ended up quite successful but if I hadn't had that fortuitous further collaboration, I don't think I would look on it in the same way.” (John)

“She's from a department where working collaboratively with other people wasn't something that was quite as encouraged either, so she thought this was a really fresh experience for her, but at the same time she said when I'm done my program, people aren't going to say, 'Oh, what a great article you've done on working with other people.' She's used to doing things more discipline-specific.” (Michelle)

“We have reached times where we've agreed not to write together because we cannot agree about the same things, and that's fine too. That's good collaboration. Poor collaboration is to write stuff together and never actually agree about it, but you're doing it because you're doing it together kind of thing.” (Clark)

Yet some researchers acknowledged individual benefits arising from collaboration other than peer-reviewed articles or reports to funders; outcomes that typically are not counted in faculty evaluations.

“I would identify benefits as having been then, access to data which I would not achieve in the same way without collaborating...I was

privileged to knowledge that I wouldn't have had if I hadn't been working in partnership simply because local authority staff don't often document things. If you weren't there at the time, you simply would never recover that information any other way." (John)

"Collaboration allows you to do something. In this case, the something was an article ... written by people who had backgrounds in law, English literature, social welfare and me in social gerontology. I never imagined that that could have happened, but it was possibly the most fun that I have ever had in writing and I think, one of the more interesting articles which I have ever been involved in." (Alexis)

Reaching a 'tipping point'

Although most participants recognized that it was *"common for collaborations to hit choppy water"* (Clark), only a few participants spoke of extremely challenging projects in which they reached a 'tipping point' – when projects were so fraught with difficulties, power issues, or internal conflicts that could not be resolved that they deliberated whether *"to carry on muddling through and when to pull the plug."* (Clark)

"Do I have to withdraw? Do I have to abandon ship because I can't or don't want to do this?" (Alexis)

"I can be more careful and keep my head down and my feelings to myself and just say I have to get through this and I'll play ball and do what I'm told to do, but is that really the purpose?" (Emily)

"We had to bring them in for the rest of the project. We had to do that to actually finish the project. But, no one has worked with that person again since the end of the project." (Mary)

"In the end, I think we were able to produce products that met the criteria for the funding agencies, but it was not collaborative and it [the project] was very difficult to finish off." (Victoria)

Some felt that they had no choice but to withdraw their involvement in a project or terminate a project altogether. However, there was recognition that these kinds of decisions were not made lightly and carried high risk to their reputation or academic career.

"Do we pull out completely? There have been issues of reputational management, plus things have been said in a newsletter that are highly damaging to us." (Shannon)

"There just was a power struggle and a lack of respect for what I was bringing and what I had to contribute ... I had to withdraw from that programme." (Tracy)

"Ultimately I stepped out of it, I am returning the funds, I am walking away which I think is the best way of dealing with this because ... it was too anxiety arousing ... I am stepping away, but with a very bad feeling of what this is going to mean in a small environment where I'm going to meet these people again. You can't really step away." (Anna)

One senior researcher offered sage advice to fellow colleagues who had reached their 'tipping point'. Before withdrawing, seek advice from senior research administrators. *"If it's looking like that, come and seek help and support sooner, rather than later because the longer you leave it, the harder it is to unpack it."* (Clark) Yet, he also acknowledged that this approach relies on fostering an academic culture in which it is acceptable to say without fear of reprisal, *"I'm having trouble with this one, what's your advice?"* (Clark).

Implications

Our three articles on collaborative research have emphasised both the rewards and challenges of establishing, managing, and concluding such projects. In terms of outcomes, it is important to recognise that:

- Relevant research outcomes are essential, but there is a need to recognise that different stakeholders are likely to prioritise products differently. For example in government funded studies, academics are likely to still prioritise peer reviewed publications when these are seen as largely irrelevant by the funder (Sullivan, 2011, makes a similar point).
- Each member needs to know and articulate what they want from the project, irrespective of their role or seniority. However, aspirations need to be balanced with a realistic assessment of what the project can deliver, what fellow stakeholders might need to achieve, and what funders require (see also Newman, 2011).
- A very small minority of projects reach a 'tipping point' that turns a challenging project into one where personal withdrawal may be necessary to maintain personal and research integrity.
- In these difficult projects, it is important to assess risk to career progress, personal/collaborative relationships and reputation with granting agencies.

In an era in which collaborations are recommended and even imposed, it behoves researchers to understand both the advantages and potential disadvantages of being involved in collaborative research projects. Our three articles have illustrated some of the issues salient to collaborative decision making we

hope that provide a guide to those embarking on such projects and offer a basis for creating further knowledge about research processes.

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Traction and Break Points in Welsh Policy for Bone Health, Falls and Fractures

Gareth Morgan
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Summary

Wales has demonstrated considerable commitment to the health and social care for older people. Concerted effort is now being put into a focussed rolling programme of development, with falls and fractures identified as one of the key priority areas. There are three key drivers to progress the policy for falls and fractures in Wales. Policy break points are identified and a missing link is to profile the importance of bone health. Wales is a small country that has opportunities to be a world leader.

Introduction

Wales has demonstrated considerable commitment to the health and social care for older people (Morgan, 2012a; Morgan, 2013). One of the key policy drivers for the delivery of this agenda is the National Service Framework (NSF) for Older People (Morgan, 2010). Launched in 2006, this included a standard on falls and fractures.

Although one advantage to the NSF was the national focus to this agenda, progressing 10 standards has been a challenge and professionals in Wales have judged the impact of the NSF as equivocal (Morgan, 2012b). Concerted effort is now being put into a focussed rolling programme of development, with falls

and fractures identified as one of the key priority areas. Indeed, the individual impact of falls and fractures in terms of disease, disability and death is comparable to vascular disease and some cancers (Morgan, submitted). Related to this are the significant costs, both to health and social care services as well as the wider economy, which can arise. It is this broad context that provides an imperative for falls and fractures work.

This paper offers a critical commentary on the traction and break points in Welsh policy for falls and fractures. Bone health is also included in this narrative to link to the broader health promotion agenda. Developing the traction points and addressing the breakages could help Wales progress health and social care services more. Outside of the scope of this paper is the links that Wales is making to Europe regarding sharing of practice and the plans for an international conference in 2014.

Policy traction points

There are three key drivers to progress the policy for falls and fractures in Wales:

Centres of excellence. In both hip fracture (Edwards *et al.*, 2010) and the secondary prevention of breaks related to osteoporosis (Stone, 2010), Wales has centres of healthcare excellence. On the former, Wales reports into national performance management system whilst with the latter, fracture liaison services currently have about a 60% coverage in Wales. Whilst the delivery agency is the Welsh National Health Service, there are also related benefits to social care services arising from these centres of excellence and opportunities exist to expand this work.

Diverse programmes. The Welsh falls collaborative, under the umbrella of the 1,000 lives campaign, arose from the NSF and brought together a network of health and social care professionals. Work is being progressed in Wales and there are related prevention programmes, such as eye sight testing (Sheen *et al.*, 2009) and improving exercise (Murphy *et al.*, 2012). This diversity helps underpin future work.

Research initiatives. A number of research projects are either underway or in the process of being planned. This includes work being undertaken between academia and NHS Wales (e.g. Aberystwyth University) as well as a specific Welsh older people research network (OPAN) which is supporting the *Going Outdoors : Falls, ageing & resilience* project. In addition, *Support and Assessment for Fall Emergency Referrals* trial (SAFER) has a strong Welsh contribution and could shape policy.

Policy break points

Three policy break points are identified below which weaken delivery in Wales:

Lack of leadership. Stroke is a good example to consider as work in Wales has progressed. In stroke there is a Welsh Government policy lead and also a clinical lead within the Welsh National Health Service. Due to an absence of this,

the overlapping areas of bone health, falls and fractures tend to progress in parallel rather than in a co-ordinated and coherent manner. As a related albeit broader issue, the entire agenda has wider implications for health and social care integration.

Risk of fragmentation. Whilst Wales can demonstrate a proactive approach to the falls and fractures agenda, a fragmented approach has evolved in part. Plans now exist to bring together all the related Welsh initiatives to explore their coherence in 2013. This offers an important way forward and Wales can draw on experience of bringing together different programmes, such as on dignity in care (Morgan, 2012c).

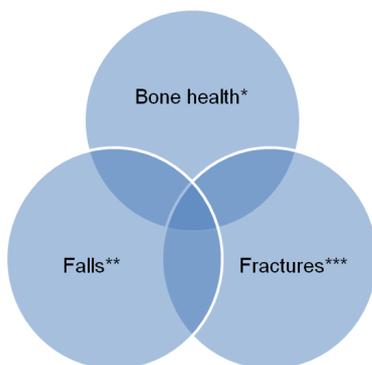
Profiling particularly on bone health. With both hip and osteoporotic fragility fracture, this is often a medical emergency and most – if not all – members of the general public will recognise the need to call an ambulance or present to an emergency service. With falls there are national campaigns in June during *Falls Awareness Week*.

If there is a missing link then it is to profile the importance of bone health through diet, smoking cessation, alcohol reduction and exercise. These are core health promotion messages but there is variation in Wales (Morgan, 2012d).

Conclusion

Wales is a small country that has opportunities to be a world leader since it has a close relationships between professional groups and national policy frameworks for delivery. Such a bold statement, however, will need to be demonstrated using evidence of impact and one of the challenges that Wales will need to overcome relates to bringing together a national performance system. One possible way forward will be to establish a *Welsh National Co-ordinating Centre for Bone Health, Falls Prevention and Fracture Management* (Fig.1) to provide a co-ordinated research and development for policy and practice. In the meantime, some ‘early wins’ for Wales include the full country expansion of fracture liaison services.

Figure 1: The overlap between bone health, falls and fractures



*Such as vitamin D and calcium intake, exercise uptake, reduction in alcohol

**Includes exercise uptake, removal of environmental hazards, poly-pharmacy

***Focus on service response and other factors such as medication compliance

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Ageing Issues Blog:

<http://ageingissues.wordpress.com/>

The International Longevity Centre

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It can be argued that issues around ageing have never before been so firmly etched in the public psyche as all strata of society come to reflect on the monumental developments that increased longevity will herald. While our increased longevity is a testament to our advances and development as a society, it nonetheless poses a set of new questions and confers new and perhaps unfamiliar responsibilities that must be addressed. Ageing has undergone a remarkable transition from a subject traditionally relegated to the side lines of public debate, to an issue that cannot fail to grasp at the consciousness of politicians and policymakers alike, who are turning to academics and thought leaders to provide new evidence and solutions. As a think-tank dedicated to addressing issues of longevity, ageing and population change, we have certainly witnessed a growing interest in ageing and are pleased to be working with many academics to help address some of these.

For those of you who may not be aware, the International Longevity Centre (ILC-UK) is an independent, non-partisan think-tank. Based in Westminster, we develop ideas, undertake research and create a forum for debate on a wide variety of subjects associated with ageing and more widely demographic change.

Established by Baroness Sally Greengross in 2000 (formerly Director General of Age Concern England (1987-2000)), we are part of a Global Alliance with 14 partners across the globe in the United States of America, Japan, France, the Dominican Republic, India, South Africa, Argentina, the Netherlands, the Czech Republic, Singapore, Israel, Brazil and China. The first ILC-UK was founded in the United States by Dr. Robert Butler, known for his work on the social needs and the rights of older people.

The alliance is a multinational research and educational consortium, united in a common purpose to understand and address the consequences of population ageing and advancing longevity. The alliance undertakes joint studies and symposia as well as country-specific activities to engage and inform a wide variety of stakeholders from across the globe.

While the public debate on ageing has come on a long way in recent years, all the ILC's endeavour to promote an alternative discourse on ageing, as a counter-measure to the all-too-common perception that an ageing society presents dangers and risks. All too often ageing is framed within a dramatic discourse of cost, consumption and strained resources as set out in unhelpfully pejorative terms. As a think-tank that looks across the life course and at intergenerational issues, we work to progress the debate beyond that of intergenerational tension and divide. We believe that rising life expectancy should be celebrated as a marker of 21st Century progress in health and wellbeing, but recognise that the pace of demographic change will effect a radical transformation across many aspects of our society, notably in terms of evolving economic structures, and

this must be planned for. We aim to provoke policy makers into addressing issues that will disproportionately affect older people; particularly in regard to health and social care provision and financial planning.

ILC-UK's work aims to contribute to improving overall attitudes towards older people, which all too often falls into lazy caricatures that paint older people with the same brush – it has to be recognised that older people as a group are more heterogeneous than ever before, and this trend will only accelerate.

Recognising this increasing heterogeneity we ensure that our policy focus is broad, our work spans a number of topics including: care, communities and housing, dementia, economics of age, equality and human rights, future of ageing, global ageing, health, longevity, nutrition and hydration, older consumers, pensions, quality of life, technology and transport. Across all of ILC-UK's work, we try to convey the message that older people's issues will impact on us all and thus require everyone's attention.

In conducting research we utilise both primary and secondary research techniques, often drawing on key longitudinal surveys to inform our research. We also produce policy briefs on key issues of the day, as launched within our comprehensive events programme. ILC-UK organises debates, dinners, focus groups, report launches and symposiums that are consistently attended by high profile individuals and which provide an excellent platform for dissemination – ILC-UK have held 63 events over a two and a half year period. ILC-UK also impacts on practice. A notable example of this being, 'The Last Taboo: A Guide to Dementia, Sexuality and Intimacy', as published in July 2011, which set out practical advice for care home managers in dealing with issues of sexuality and dementia and was widely endorsed by the care home sector both in the UK and abroad.

Social isolation and loneliness is a particular theme that has been brought into ever sharper policy focus of late due to increased media attention resulting from evidence linking loneliness to increased likelihood of morbidity, ILC-UK responded by focussing efforts in this area. In September 2012, ILC-UK published a comprehensive report, 'Is Social Isolation still important for Older People?'. This study found that the number of people over 50 plus being socially excluded from decent housing, public transport and local amenities rose sharply over a six year period. The report also outlines a number of recommendations for government policy. This report is available at: http://www.ilcuk.org.uk/index.php/publications/publication_details/is_social_exclusion_still_important_for_older_people

ILC-UK are also known as a leading voice on financial issues relating to older people having produced a tranche of publications that address issues such as pensions, financial planning and debt. On the basis of this expertise, ILC-UK was pleased to be asked to work with the Personal Finance Research Centre (PRFC) at the University of Bristol on a series of collaborative publications, including briefings on the mortgage debt of older households and on the 'oldest old'. ILC-UK have contributed to both the research and dissemination activities, and for the latter can potentially reach out to audiences that universities

sometimes struggle to penetrate.

Our current work with PRFC at Bristol is just one example of the close relationship ILC-UK has with academia and one which we feel is essential in terms of conducting joint research with leading academics. This collaboration allows ILC-UK to benefit from high level academic expertise while providing far-reaching policy and public affairs associated activities – our newsletter reaches a readership of over 6000.

We have also worked on a number of joint bids and projects with academic partners that include: Southampton University, the London School of Economics, and University College London. In 2011 we undertook work with Anne Bowling (then of the St. George's, University of London) on measuring quality of life for older people. ILC-UK organised five events to promote this work.

The work of the ILC-UK has benefited immensely from close ties to leading academics in the field of ageing and gerontology. Another one of the mechanisms through which ILC-UK engages with academia is through an academic advisory board. Eleven academics currently sit on the academic advisory board, with a range of backgrounds, and meet quarterly. Each meeting provides an opportunity for the board to inform ILC-UK of the latest academic trends and to provide a steer on emerging topics of foci that are being developed. Terms of reference for an early-to-mid career academic group are currently being developed and this group will play a similar role to the academic advisory board.

ILC-UK additionally host think pieces and blogs as contributed by scholars which provide valuable mediums through which to convey the meaning behind empirical findings. For example, in December 2011, Dr. Charles Musselwhite, published a think piece with ILC-UK on Older People and Giving up Driving:
http://www.ilcuk.org.uk/index.php/publications/publication_details/successfully_giving_up_driving_for_older_people

ILC-UK and University College London enjoy a collaborative affiliation, as coordinated through the CRUCIBLE initiative that brings together researchers from across UCL to meet the challenge of lifelong health and wellbeing - an interdisciplinary programme. This affiliation has delivered a number of exciting outputs. On June 4th 2013 a dinner was convened at the House of Lords at which guests articulated the day to day challenges that older people face in navigating the built environment. The challenges articulated by the guests were visually represented by an artist and will be released as a report later this autumn.

The relationship that ILC-UK enjoys with academic partners is reciprocal with benefits to both sides. Those involved in academia can benefit from the media profile, policy impact, international reach and dissemination capacity that ILC-UK has cultivated over a number of years. We are looking forward to maintaining our partnership with the British Society of Gerontology and close academic links in generating ideas and solutions for the burning issues of the day. If you would like to re-

ceive any further information on ILC-UK's work or would like to contribute as an academic partner then please do contact:

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NOTE: In the July 2013 we provided an incorrect link to the ILC-UK's publication on personal care savings bond. The correct link is:

http://www.ilcuk.org.uk/index.php/publications/publication_details/personal_care_savings_bonds_a_new_way_of_saving_towards_social_care_in_late



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