Generations Review

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February 2014

Happy Retirement Professor John Bond!

Measuring the built environment

Everyday Ageism

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BRITISH SOCIETY OF GERONTOLOGY

EDITORIAL

February 2014

I am delighted to be editing my first *Generations Review*.

It is an honour to be representing the British Society of Gerontology.

I am also somewhat daunted in having a hard act to follow here.

I think, and I'm sure you would agree, that *Generations Review* has been excellent in the stewardship of Mary Pat Sullivan from Brunel University and we wish to thank her for producing such an interesting and innovative newsletter outlining the work of the society over the last few years. I hope to be able to continue delivering a newsletter with high quality and interesting articles at the cutting edge of Gerontology. As always this is down to you, the members and those with an interest in Gerontology, so do send me your news, views and articles that you'd like to see here and do write to me to comment and suggest anything about the articles or newsletter in general. My contact details are at the bottom of the page.

I think it is an important time for the British Society of Gerontology to take a leadership or stewardship role of the future of the discipline in the country and indeed, internationally. We are at a time where ageing is a hot topic, a buzz word, which on the one hand is great. It is important that mainstream media and the public are talking about the benefits and challenges of an ageing society. It is also, though, a challenge as there are a growing number of people from a wide variety of disciplines getting involved in the debate. The British Society of Gerontology needs to lead and make its presence felt in terms of what gerontology specifically can add to a debate about an ageing society while embracing these new experts and disciplines, otherwise it may get lost in the mix. The British Society of Gerontology already has members from a wide range of academic and practice based backgrounds with an eclectic mix of interests. This newsletter has a role in making sure these are represented.

This issue contains just such a wide range, for example, a newer and healthier older age means we need to look at active ageing and the potential cycling has as a mode of transport and fitness in later life. A wealthier older age for some means we need to look at consumer experience and shopping in later life, especially in light of the current issues surrounding the demise of the High Street. We must ensure that the environment is right as we age and Matt Roberts introduces a project at Swansea University looking at how we might measure positive aspects of the environment in rural areas. We also have articles looking at care in later life; Paul Willis talks about the provision of lesbian, gay, bisexual and transgender specific care homes and Timothy Mason and Gordon Slack discuss issues surrounding a community support programme for those with symptoms of dementia. Our International perspective comes from Sue Carnes Chichlowska and her experiences observing ageing in Malawi, Central Africa.

Finally, we must remember we all age and go through the transitions associated with ageing and as such our own members sometimes retire and so we also celebrate Professor John Bond's career and retirement .

Happy reading!

Charles Musselwhite

Mumbles Coffee Shop, February 2014

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43RD ANNUAL CONFERENCE OF THE BRITISH SOCIETY OF GERONTOLOGY

1ST -3RD SEPTEMBER 2014

The Centre for Research on Ageing (CRA) at the University of Southampton will be hosting the 43rd annual conference of the British Society of Gerontology (BSG).

The overall theme of the conference is: New understandings of old age and the lifecourse.

Bursaries are available for members at http://www.britishgerontology.org/ (members' area).

CALL FOR PAPERS NOW OPEN!

The Scientific Committee of the 43rd Annual Conference of the British Society of Gerontology invites abstract submissions for presentation in the oral paper sessions, poster exhibitions or as symposia.

The closing date for submission is **Friday 14th March 2014**

http://www.southampton.ac.uk/bsg2014/

FEATURE: Retirement Celebration of Professor John Bond

Suzanne Moffatt, Newcastle University
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Eminent gerontologist and longstanding BSG member, John Bond Professor of Gerontology and Health Services Research, recently retired from the Institute of Health of Society where he has worked for over 30 years. A celebratory event was held on 9th January in the Great North Museum to celebrate John's research and highlight its influence on policy and practice throughout his distinguished career. An international audience of over 100 people heard excellent presentations from five speakers. Professor Carol Jagger (Newcastle University) highlighted how John's key role in the seminal Newcastle 85+ study had enabled a focus on the social aspects of the oldest old. Professor Carol Brayne (Cambridge University) talked about John's role in the MRC Cognitive Function and Ageing Study, the first multi-centre longitudinal study of its kind in the UK to focus on cognition in later life. John's work on dementia has been widely cited and hugely influential in blazing the trail for increased funding for dementia research and the current interest and policy towards dementia in the UK. This was adeptly demonstrated by two presentations from Dr Clare Bamford (Newcastle University) and Dr Tiago Moriera (Durham University).

Finally, John's work on complex trials, which was fundamental to the development of the trials unit at Newcastle University, was the topic of a presentation by Professor Elaine McColl. In such a short space of time, it proved impossible to reflect all of the rich and varied work that John has been involved with over the years, particularly his work on loneliness and social isolation on which he has collaborated with many BSG members.

Before the closure of the proceedings, BSG Executive member, Dr Suzanne Moffatt, conveyed the Society's best wishes to John (*left*), thanking him for his hard work for BSG over the years and wishing him a long and happy retirement. John's work on the Society's behalf included editing three unique editions of *Ageing & Society* and his editorship and authorship of numerous books that have been very successfully used by teachers, students and researchers nationally and overseas.

John also brought the BSG to Newcastle in 2003 and the conference will be in Newcastle again in 2015. As a member of the organising committee, I can't promise anything, but I hope that John will come along in 2015 to meet old friends.

Focus: Shopping in Later Life

- This issue we have two articles that look at shopping in later life. One from Elizabeth A Evans currently studying a PhD at Liverpool University looking at the role of shopping in later life.
- The second article comes from Swansea University, Mark Allen, Sarah Hillcoat-Nallétemby and Judith Phillips and is the first of three parts to come in later editions, looking at the interface between business and ageing, with the first article looking at older people as consumers.

The Role of Shopping in Later Life

Elizabeth A Evans, Liverpool University

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Background

With an ageing population in the UK, it is more important than ever to gain a greater understanding what factors can contribute to healthy ageing and wellbeing in later life. This research represents one of the first UK investigations into the ways in which shopping might contribute to maintaining healthy ageing. Through a mixed methods approach, based on data from studies in England and Wales, it will explore the shopping habits of older people, the importance they attach to shopping and the functions provided as well as the skills needed for shopping. A House of Lords enquiry released last year concluded that Britain is "woefully under-prepared" to cope with the increase of older people in this country (The Guardian, 2013). Results such as this show the necessity to think creatively and preventively about ageing in the UK. This means we need to move beyond the traditional approaches of pensions and hospital beds, in order to meet the challenge of an ageing society and to realise its opportunities. Risks for both physical and cognitive decline affect the independence and quality of life of older adults and present challenges to the national economy and the health care system. The National Institutes of Health have identified a need for research into four key areas that have promise for improving cognitive ageing: cognitive activity; physical activity; social engagement; and nutrition (Hendrie et al., 2006). Although these key areas may improve cognitive ageing, it can be argued that they have implications for healthy ageing in general and, moreover, they are areas in which shopping activities may help to maintain or even improve functioning.

Relatively few studies have examined the role that shopping plays in later life, particularly in the UK. However, there is evidence to suggest that shopping provides more functions than simply that of acquiring food. Shopping is known to contribute to physical fitness (Dallosso et al., 1988). It may also help to maintain social networks and support; older people may go to the shops more frequently than younger adults and benefit more from social interaction in those settings. The tasks associated with shopping such as handling money, decision making, and memory may contribute to the maintenance of cognitive function in later life, in the same way as doing other complex cognitive tasks. Shopping, for men at least, may provide an important leisure activity that contributes to psychological wellbeing (Bennett, 1998). Shopping may also provide other novel experiences such as the chance to learn or practice a new language for those who retire from England to Wales where the language of use in some shops will be Welsh.

Objectives

The current study utilises in-depth semi-structured interviews to identify the cognitive activity, social interaction and physical activity associated with shopping behaviours in later life. Participants are interviewed with a focus on shopping frequency, motivation, transport used and social interaction while shopping. The main data collection comprises interviews with a sample of 50 older adults. Twenty of these were recruited through Age UK centres in Merseyside and the remaining 30 were selected from the Cognitive Function and

Ageing Studies (CFAS-II) main sample. Both quantitative and qualitative data has been collected from these participants and data will include information about frequency and type of shopping, the importance and function of shopping, and will explore the skills needed for shopping.

Findings

Preliminary findings suggest that shopping behaviours are multidimensional and encompass a combination of mental, social and physical activities, which have implications for maintaining healthy ageing. In terms of physical activity there is considerable individual variation dependent on both how mobile each participant is and on their keenness to shop. There is evidence of cognitive processes in the planning of shopping trips and decision-making while shopping. Furthermore shopping provides many opportunities for social stimulation. As well as using shopping as an excuse to get out of the house and to be around other people, participants shop with others as a leisure activity. In addition, participants gain pleasure from incidental social interaction while shopping, such as bumping into people they know or talking to other shoppers or shop employees.

Implications

This research represents one of the first attempts to identify the multidimensional activities associated with shopping behaviours in an older British cohort. It is anticipated that the findings from this study will prove useful to a range of actors concerned with the health and wellbeing of people in later life. First and foremost, the information will be helpful to older people themselves. As more and more of us are expected to live longer, individuals are keen to learn how to minimise the risk of becoming physically and mentally unwell. Understanding how shopping behaviours can contribute to maintaining or even improving physical, cognitive and social functioning might encourage older people to at least reconsider the benefits they may get from shopping related activities.

In addition, the results from this study should be of interest to organisations that represent older people so that they can inform their members of the potential health benefits of such activities and lobby for more age-friendly shopping environments to ensure that older people are not excluded from these practices. Furthermore, policy makers ought to be made aware that shopping behaviours could provide health benefits to those in later life and may provide a domain in which to help reduce the burden of illness that many fear an ageing population will create. Finally, other academics from a range of disciplines ought to be interested in these new and original findings. Thus, findings from this study will advance scientific understanding and inform policy and planning for the UK ageing population .

The CFAS Wales study was funded by the ESRC (RES-060-25-0060) and HEFCW as 'Maintaining function and well-being in later life: a longitudinal cohort study', (Principal Investigators: R.T Woods, L.Clare, G.Windle, V. Burholt, J. Philips, C. Brayne, C. McCracken, K. Bennett, F. Matthews). We are grateful to the NISCHR Clinical Research Centre for their assistance in tracing participants and in interviewing and in collecting blood samples, and to general practices in the study areas for their cooperation.

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Older People as Consumers

Mark Allen, Sarah Hillcoat-Nallétemby and Judith Phillips m.c.allen@swansea.ac.uk

The increasing number and proportion of older people within society, many of whom are relatively wealthy compared to younger generations (Chaston, 2010; Kohlbacher and Herstatt, 2011), signals opportunity for business. The older consumer market segment has been described as the 'silver market' (Kohlbacher and Herstatt, 2011); 'golden economy' (Age UK, 2010) and 'longevity dividend' (Perry et al., 2007), notions that are substantiated by the size of this market (Ahmad, 2002) and the anticipated growth of this market over time (BIS, 2010). However, despite this potential, and seemingly counter to economic reasoning, companies often do not have specific programmes to attract and keep older consumers (Ahmed, 2002), and advertisers have been slow or struggle to target older consumers effectively (Yoon and Powell, 2012). In the U.S, consumers aged over 50 have accumulated more wealth and have more spending power than any other age group in history, and yet most companies continue to design for and advertise to the young (Pak and Kambil, 2007). Whilst some large companies have exploited opportunities within this market, such as cosmetic giants L'Oreal with anti-ageing products (Prance, 2007); or Danone with its calcium-rich *Talians* mineral water (The Economist, 2002), most small firms have not yet recognised the opportunities available (Chaston, 2010).

In the fashion industry, it is well known that older people have limited product choices in the fashion market place (Rocha et al. 2005), with the industry consistently focused on the youth (Greco, 1986), driven by magazines such as Vogue, where age and ageing represent 'a disruption of its cultural field' (Twigg, 2010). This is perpetuated by stereotypes of older consumers. For example, although some individuals suffer physical limitations, these are neither as serious nor as widespread as many popular stereotypes would imply (Gunter, 1998). These stereotypes have led to a lack of stylish and comfortable functional clothing for active members of older age groups who do not suffer from poor health (McCann and Bryson, 2009).

Within health and social care, studies have highlighted the inadequacy of current systems to supply appropriate assistive living technologies to meet the needs of older people and carers, despite a willingness to pay for product solutions (Age UK, 2010; Östlund, 2011, OPAN Cymru, 2012). The systemic problem stems from the inherent focus on service providers priorities in governing the supply of services, rather than older people's needs (Östlund, 2011), with the purchasing of equipment being carried out on behalf of consumers by statutory services. Older people in this context are passive recipients rather than active consumers, where conventional market mechanisms are not applicable in terms of consumer choice (Lennard and Lennard, 2010).

In other sectors such as the retail financial services industry, it appears that older people are often simply neglected as a distinct consumer group. Providers fail to recognise and value them (Philp et al., 1992), with many products and services prohibited or incurring extra costs with increased age, leaving limited choices (Brennan and Ritch, 2010). Companies have lost sight of the basic tenet of the marketing concept – failing to understand their customers' unmet needs and developing specific tactics to address them (Philp et al., 1992). Alternatively, they are simply failing to recognise the buying power of this market segment.

Either way, evidenced unmet demand, along with willingness and the increasing ability of older consumers to

pay, suggests businesses are missing a significant opportunity in this sector.

The consistent failure of business to recognise and capture the older consumer market, across sectors, has been described by the campaigning organisation Age UK as indicating possible 'market failure' (Age UK, 2010). Theorists from the field of social gerontology have explained this market failure in terms of ageist attitudes, where structured social practices result in social exclusion (Gilleard and Higgs, 1998; Fredman and Spencer, 2003), manifesting in exclusion from mass consumer culture. However, despite the age blinkered approach currently typified by many businesses, and the failure of most sectors to capitalise on the older consumer market up to this point, older people's status as consumers in society is projected to grow. This is due to the fact that the very people who brought the modern consumer society into existence and adapted it to their own lives, are now becoming older people themselves, consequently new cohorts of older people are expected to play an increasing role in consumer culture (Higgs et al. 2009). They understand consumer culture like never before, increasingly demanding the most up to date products and services and in doing so, begin to challenge the prevailing stereotype of older people as passive citizens within consumer society (Longo, 1999). As the welfare approach to older people from the 1980's gradually subsides (Zelenv, 2008) and new cohorts of older people demand more from consumer society, longevity dividends can be realised for older consumers and for businesses that choose to capitalise on the burgeoning market opportunities.

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BSG ONLINE...

Watch our videos:

Click here to watch a series of short bite size films each highlighting a different aspect of ageing or ageing issue - YouTube Ageing Bites Channel

Current Films include:

- Professor Robin Means, University of the West of England *Health and Social Care Policy in Later Life: Taking the Long View*
- Dr. Debora Price, Institute of Gerontology, King's College London *Financing Later Life*
- Professor Sheila Peace *The Environments of Ageing*
- King's College London *A "new" ageing population*
- Newcastle University *Art Gallery Interventions*

Read our Blog:

"Ageing Issues": http://ageingissues.wordpress.com/

The BSG blog is an exciting and rapidly growing public platform for promoting discussion of ageing issues.

Find us on LinkedIn (members only):

http://uk.linkedin.com/

We have a BSG group where members can share ideas and have discussions – so if you have a LinkedIn profile, please do join our group.

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European Research Group on Attitudes to Age

EURAGE, a European Research Group Exploring Attitudes to Age

Hannah Swift

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EURAGE is an international team of researchers specialising in ageism, attitudes to age and cross-cultural comparisons. Eurage was established in 2008 by Prof Dominic Abrams from the Centre for the Study of Group Processes, University of Kent (UK) and Prof Luisa Lima from the Centre for Psychological Research and Social Intervention, Lisbon University Institute (Portugal). Our research team consists of Dr Sibila Marques and Dr Melanie Vauclair, (Lisbon University Institute, Portugal), Dr. Hannah Swift, Ruth Lamont, Libby Cuthbert (University of Kent, UK) and Dr Christopher Bratt.

Our team designed the Experiences and Expressions of ageism module in the European Social Survey (ESS) and we have been working on a number of different projects analysing and disseminating the findings from 28 countries and over 50,000 respondents.

One of our main goals is to disseminate our findings and to inform policy-makers, stakeholders and end-users from different countries about ageism, age attitudes and their relationships to the societal context. We have already worked closely with a number of organisations to do this. Our UK based team have produced two reports for the Department for Work and Pensions (DWP). One investigates attitudes to age in Britain from 2004 to 2008 (Abrams, Eilola & Swift, 2009). The other explores the extent

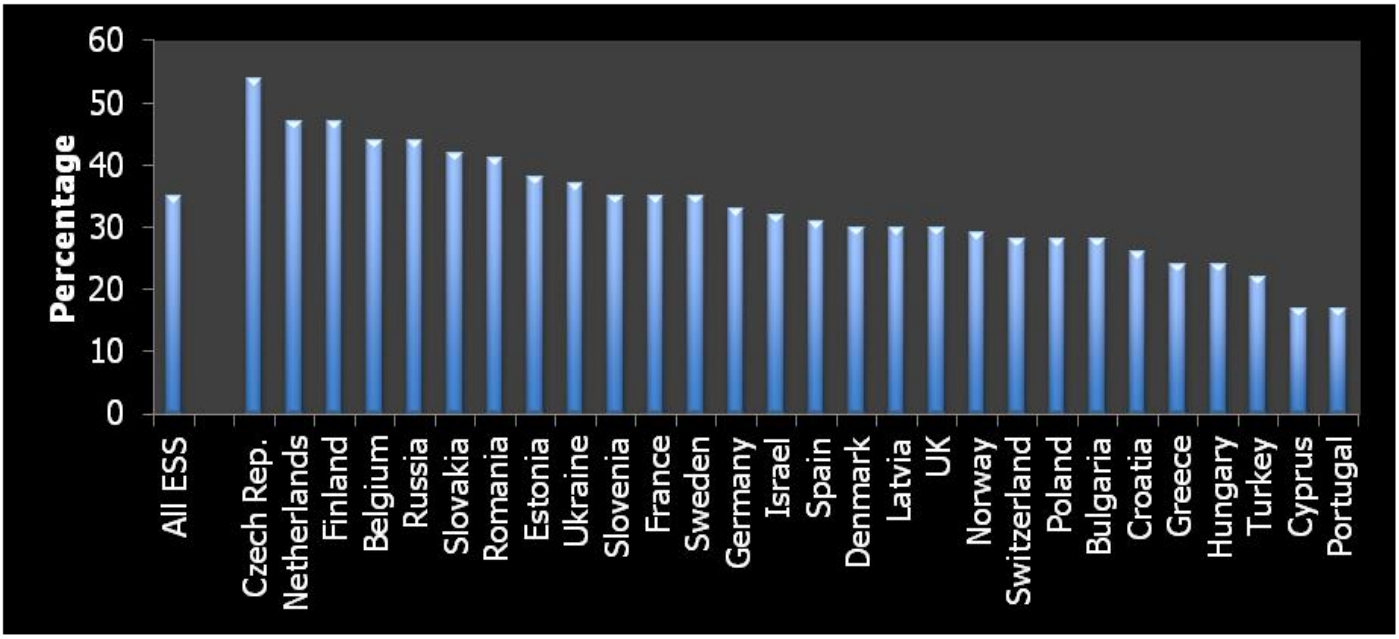

Figure 1. Percentage of people in ESS countries who had experienced unfair treatment because of their age in Abrams, Russell, Vauclair & Swift (2011)

to which attitudes to age vary across Europe and whether these differences can be explained by or attributed to the societal context. For example, we explored the extent to which a country's wealth, the level of inequality within a country and the average retirement age was associated with more or less favourable attitudes to age (Abrams, Vauclair & Swift, 2011). This work has helped shape the DWPs own thinking about age discrimination and their research into age equality and diversity in employment.

Our report *Ageism in Europe* (Abrams, Russell, Vauclair & Swift, 2011) evidenced two influential policy reports by Age UK (2011a.b). These raised the profile of ageism as a significant social issue and helped shape debates concerning age equality in UK and European parliament. We have also contributed to trans-Atlantic thinking on Ageism in work and employment, with our article *Ageism Doesn't Work* published in the Gerontological Society of America's prestigious Public Policy and Aging Report (Abrams & Swift, 2012).

You can find some of the topline results for the UK in a report we produced for the ESS country specific series from Round 4 of the ESS (Abrams & Swift, 2012). But some of our most widely reported findings from this collection of work are;

- Ageism is the most commonly experienced form of prejudice in the UK and across Europe, affecting both younger and older people. Experiences of ageism vary considerably according to ESS country, see Figure 1.
- Ageism takes different forms but is often experienced as being treated with lack of respect because of one's age.
- On average in the UK people perceive youth to end at 35 years and old age to begin at 59 years.
- People's perceptions of the end of youth and beginning of old age depend partly on their own age; older respondents tend to perceive the end of youth and

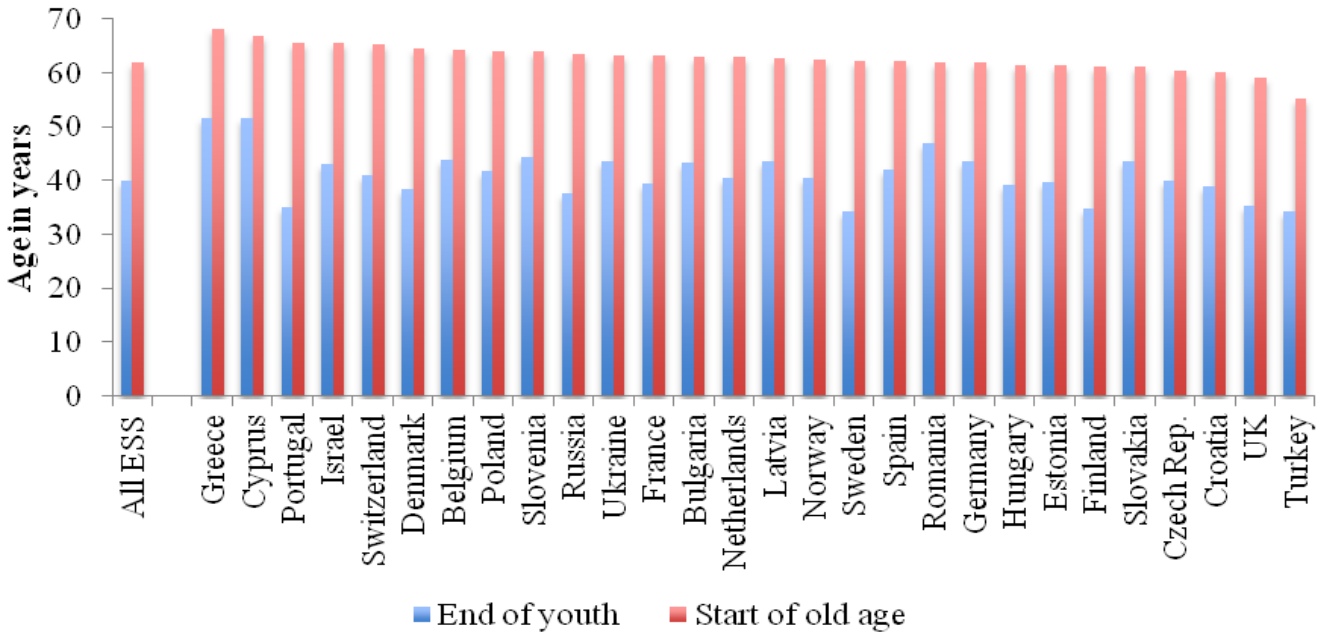

Figure 2. The perceived end of youth and start of old age in ESS countries (mean estimated age) in Abrams, Russell, Vauclair & Swift (2011)

being of old age to be much later than younger respondents.

- People's perceptions of the end of youth and beginning of old age also vary according to ESS country, see Figure 2.
- In the UK most respondents (48%) regard people in their 20s and people in their 70s as two separate groups within the same community.
- Most people have friends in their own age group. In the UK 34% of people aged under 30 had friends aged over 70 and 44% of people aged over 70 had friends aged under 30.

Our primary aim is to extend current knowledge on ageism, which has previously only been investigated within particular countries. By comparing different countries and cultures, we have been able to examine differing attitudes toward both older and younger adults, and how differences between countries, cultures and other socioeconomic factors may lie behind these attitudes. This allows us to gain a more comprehensive understanding of what shapes individuals' experiences of ageism, but also people express ageist attitudes.

As a research team we have also used the ESS data to explore a number of theoretical questions and issues, which we have disseminated at conferences – most notably the annual conferences for the British Society of Gerontology and the Gerontological Society of America – and in journal articles. For example, our forthcoming article in the *Journal of Gerontology: Social Science* revisits the paradox of well-being and investigates how a country's wealth, indicated by GDP, impacts on the relationship between age and subjective well-being.

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Further information

If you would like to find out more about our work and the work of our Portuguese based team who have also written extensively on ageism for the Portuguese public and authorities please visit www.eurage.com, follow @eur_age or contact Dr. Hannah Swift H.J.Swift@kent.ac.uk.

NEWS:

PhD Students offered Internship with UK Government

Every year the ESRC offers PhD students the opportunity to apply for a variety of internships within various non-academic organisations. The internship can last up to six months within the public, voluntary or private sector and offers students experience outside of an academic institution. The internship scheme allows students to gain additional skills and enhance their professional development and gives them the opportunity to work within a more policy based or practical setting.

Last year there were a variety of internships on offer ranging from placements in the British Library, College of Policing, the British Heart Foundation and the Department of Health – to name but a few! The Government Innovation Group in the Cabinet Office advertised six internship opportunities for which ESRC funded PhD students could apply. The Government Innovation Group promotes new approaches to tackling social problems so that public services are able to deliver better for less. Two of these internships were based within The Centre for Social Action which encourages people to create positive change through social action, such as volunteering or offering peer mentoring and support. The Centre works across key areas related to health, ageing, young potential, prosperity and safer and stronger communities with an aim of addressing key social and public service challenges within these areas.

We will follow Nicola Woodward from Swansea University and Ruth Lamont from Kent University as they embark on their Internship with the Centre for Social Action throughout the year in Generations Review. This month, both outline what they anticipate ahead:-

Nicola Woodward

Swansea University

I was one of two candidates to be successfully awarded the position in The Centre for Social Action. I am a second year PhD student in the Centre for Innovative Ageing at Swansea University. Ruth Lamont was also successful and is a final year PhD student at The University of Kent, based within the psychology department and looking at attitudes towards ageing. As we are both students of Gerontology, we felt it might be interesting to share our experience of working in the Cabinet Office with readers of the Generations Review. Below we outline why we applied for the internship and what we hope to gain from this experience. We also hope to share with you our experiences of our time spent working in Westminster once the internship is completed.

I have always been interested in undertaking an internship or placement as part of my PhD as using research to inform practice and policy is something I am interested in and would like to learn more about. Therefore when my supervisor, Professor Vanessa Burholt, sent me information regarding the ESRC internship I knew I had to apply. As part of my Master's degree I worked with Age UK Wirral carrying out an evaluation of their befriending service. I have also completed an internship with Barnardos looking at volunteer retention. This work sparked an interest in applied research, particularly the use of research in the third sector and how it can be used to evaluate, review and inform future directions of services and programmes. To then see how this works on a national scale and to see how research was then used to inform policy is something I would love to be involved in.

My PhD looks at transitions of informal care for older adults and examines the support networks of older adults within the community. The work carried out in the Centre for Social Action related to ageing and safer and stronger communities (encouraging volunteering with these groups and within the community) is therefore particularly relevant to my PhD. The time spent in the Cabinet Office will also allow me to gain insight into ways in which I can translate my own research into practice and how it may be applied to the older population. The experience, knowledge and skills I hope to gain whilst working in the Cabinet Office will be incredibly valuable to both my PhD and my broader professional development.

Ruth Lamont

University of Kent

Thanks to funding from the ESRC, I have been able to carry out research into well-being in later life, an area I am passionate about. Specifically, I look at the consequences of negative attitudes toward older adults. The PhD has enabled me to apply and develop research skills and to be involved in valuable collaborative research projects. This has included developing an older adults' needs assessment with Canterbury City Council and creating the Kent Adult Research Unit to support research with non-student samples in the local area. I have enjoyed being able to share ideas and hear from a wide variety of great thinkers within Gerontology.

However, as many PhD students will know, people love to ask 'what are you going to do after your PhD?' Some PhD students can give a definite answer to this question, having approached their studies with clear career goals. Others like myself have pursued a scientific interest which has opened up many avenues and future career opportunities in research, policy or advocacy.

The internships offered by the ESRC are an amazing opportunity for the development of researchers, their future careers and in understanding how their abilities can be applied usefully. I hope this internship will help me to see how social policy is developed, funded and implemented, and the role of research within this. In particular, the opportunity to carry out an internship with the Centre for Social Action was hugely appealing due to its worthy aims of supporting innovative social action projects that address a number of key social issues.

An Outline of Research by The Debenham Project and Its Findings

Timothy Mason and Gordon Slack

INTRODUCTION & BACKGROUND

Between July 2012 and August 2013, the authors carried out an in-depth research project for The Debenham Project in Suffolk. It has sought to capture the circumstances, experiences, and perceptions concerning the memory loss/dementia 'journey' of those who are coping with it within one community, and investigated what encourages or discourages families in seeking early diagnosis and early support. As far as can be ascertained, this is the first time that any community in the UK has carried out such an analysis.

The Debenham Project (www.the-debenham-project.org.uk) centres on the eponymous large village in Mid-Suffolk. It is a community-led project which has, of its own initiative, developed a comprehensive range of local services supporting carers of those with symptoms of dementia, and those they care for. It has provided some level of support to more than 65% of the estimated number of families coping with dementia in the catchment area, and is in the vanguard of the development of dementia friendly communities, as per the Prime Minister's Challenge of 2012.

The research was funded by the Norfolk & Suffolk Dementia Alliance. Its aim was to inform the funders, local and regional authorities and the Debenham Project and its partners, to enable robust planning of future services and support for people with dementia and their carers.

The principal survey group was forty-two family carers of people with memory loss/dementia living in the area covered by the Debenham GP practices. Forty volunteers in the Debenham Project and twelve relevant professionals (including in the voluntary sector) were also surveyed.

The research thus related to the vast majority of those carers and people with dementia known to the Debenham Project, the GP practice and Social Care in the survey area. This was also the case for the volunteers, professionals and others who are actively providing support in the form of services, activities, information and advice. Hence the research can claim to be an accurate reflection of the views of those who are actually experiencing and coping with the impact of dementia on the community.

NB: The term 'carer' refers to the family carer throughout unless otherwise stated.

2. METHODOLOGY

The research has engaged with approximately 40% to 60% of the estimated number of people with memory loss/dementia in the Debenham area (*Prevalence & Growth of Dementia in Debenham*, Debenham Project, July 2009, http://www.the-debenham-project.org.uk/downloads/articles/0907prevalence.pdf and the researchers' own analysis of village populations by parish, Oct 2013, http://www.the-debenham-project.org.uk/downloads/research/reports/ResearchersAnalysis_Villagepops.xls). The researchers appreciate it may not be possible to reach this figure in all other communities were the research to be replicated as the Debenham Project has managed to achieve a high level of awareness throughout the community and with it contact with a very high percentage of those coping with the illness.

Continued….

A survey methodology was developed which sought to engage the responder through user-friendliness and personal, conversational contact by using open questions and structured interviews. The core survey was of family carers, while volunteers and key professionals were surveyed as well. The key concepts of the methodology lie in recognising that the form of the interaction with the participant is critical to getting a positive and accurate response. The researchers are independent of the Debenham Project, and were selected due to their background in non-instructed advocacy and mental capacity, enabling them to engage empathetically to elicit information while retaining a critical distance. Two reports were produced:

- RESEARCH INTO THE DEMENTIA/MEMORY LOSS JOURNEY FOR CARED-FOR AND CARER - 2012-13, captures and draws conclusions from predominantly the quantitative information.
- SUPPLEMENTARY REPORT – DEBENHAM PROJECT RESEARCH highlights narrative gathered which confirms important information/trends or reveals Information that, while in places quantitatively insignificant, adds further breadth to the research

As well as quantitative data, narrative and anecdotal evidence is included particularly in the supplementary report. This includes the words of those are trying to cope with the impact of dementia on their lives and on those in the frontline of providing care and support.

3. KEY ISSUES EMERGING

Carers felt not supported but isolated, perplexed & ignorant

Very typical was one carer: *"I'd never dealt with [dementia] before and was just dropped in at the deep end. I didn't know what to do, or who to turn to when we left the clinic."* Half the carers said they wished they had acted sooner and/or had been more assertive. However 2.6 times more factors were cited that *discourage* seeking help than *encourage* it.

The data revealed the huge ***emotional or psychological*** impact on the carer and the ***anguish*** involved in caring for someone with dementia. Many carers also reported ***physical health issues*** that can impede (or be exacerbated by) looking after the person with memory loss/dementia. One in three carers reported ***financial difficulties***.

Who and where carers turned to in the first instance

Carers reported typically turning to family first for help, then the GP as the first and most numerous external point of contact. also comparatively low (26%), considering it includes the GP service. Numerically, the Debenham Project came next, then carers' use of their own initiative and the voluntary sector. Only then came Social Care, followed by Health Services. It is of concern that the proportion of carers reporting social care services were offered/ provided is so low (16%), not least since this should include a benefits check. Equally, the health services offered/provided figure is Given the proportion spontaneously seeking help from the GP, there could be a wider role for the GP as the access point or gateway. However, concerns were raised about the GP's knowledge.

Diagnosis

While the diagnosis is seen in policy as the primary gateway to services, many carers reported that the person with memory loss/dementia (and they themselves) can have needs before the point of diagnosis. This raises questions about the formal diagnosis-led approach. It was apparent also that dementia is often diagnosed as a result of another presenting problem which requires eg hospital admission. There is also confusion about what constitutes a diagnosis, who gives it and what it gives access to.

There was a mixed view about whether an early diagnosis is of value: 42% positive, 31% negative & 23% a mixed blessing.

Main benefits seen were the ability to plan for the future; confirmation of the problem; early medical and other intervention; the delaying effect medication can have; improved quality of life. Main drawbacks were that it made little or no difference; confirmed worst fears; & that it provoked a sense of ignorance or helplessness about dementia.

Support stemming from the diagnosis

As a result of diagnosis, 50% of responders were offered a service (but for 2 out of 5 it was insufficient or late), while 40% report they were not. One-third of services offered were from the voluntary sector, a quarter from Health and under a fifth from Social Care. Half the carers were positive in some way about the help or service offered as a result of the diagnosis, while just under half said it was not helpful in at least some way.

Support, care, information, advice and quality

A strong majority saw *early* help & support as beneficial. Prime responses to what would have helped early on were: peer support, knowledge of who to ask & what is available, and training eg in what to expect. Most of the reasons why early support was seen as not beneficial stemmed from the person with memory loss/dementia baulking at it.

Considerable disquiet was voiced by responders about quality and timeliness of statutory health and/or social care agencies' support, care, information and advice. And 1 in 5 responders reported the dementia situation is directly exacerbated by a perceived shortcoming of these statutory agencies.

Responsive *local* help, support and services were seen as very important**.** The Debenham Project met many needs through services not available elsewhere, such as friendship, peer support, mentoring or a 24/7 phone line. About half the sample commented on the actual or potential help and reassurance churches gave, both spiritually and in other ways.

More (and local) respite is reported as being required. And one very experienced professional commented that what is required is not just more respite, but respite appropriate to the person: they can often return worse and then no longer manage at home. However, there appear to be no plans to increase respite provision.

Care homes & importance of stimulation of person with memory loss/dementia

A significant number of carers alluded to the importance of stimulation of the person with memory loss/dementia. This was so at home and particularly when in care, where accelerated decline & then death was quite common – generally since the person had lost interest in living. Some professionals referred to this as '*The Care Home Effect*'.

A single point of contact

Carers reported too many agencies to deal with – one anchor point is needed, to ensure people have the knowledge and tools to identify what they need at the right time. While many of the survey sample preceded the arrival of the Dementia Advisory Service, it was seen as very helpful by most who had used it, although already financial and capacity issues are apparent.

Connotations and stigma of the term 'dementia'

A professional stated *"Dementia has now almost replaced cancer as* THE *fear".* Its connotations perhaps are of 'demented', frantic, random craziness or insanity, which are not helpful in portraying dementia as an organic illness to the population at large. Many carers reported being affected by the stigma.

Training needs of family carers, GPs, paid carers & front line staff

More education & training is clearly needed for carers to understand what is happening and what to expect and how to care & live with it. Given GP practices are typically the first port of call beyond the family, they could perhaps be the place for this role and offer advice and information.T his will hopefully be possible through the planned GP 'hubs' in Suffolk, where enhanced dementia services and diagnosis will be provided in a network or specialist practices.

Yet GPs are often inadequately trained or skilled, although they are expected by the public & other professionals to make initial assessments and refer on appropriately. One respected professional reported that while medication can make a difference in up to 60% of cases, GPs are likely to be unaware of this and unskilled at recognising sub-types. Training is also needed for other professionals and carers regarding what constitutes a diagnosis.

The weight of need is also clear across the survey sample for upskilling of domiciliary, care/nursing home and other staff in statutory and provider agencies.

Effect of changes in service planning & delivery since the research

The research was a 'snapshot' of the situation in the Debenham area, and yet it was conducted at a time of when services across the board are in a state of restructuring and transition. Thus, at the end of their research, the researchers sought to evaluate these changes and the extent to which they would have or will benefit those in the research sample.

They concluded that there have been a number of changes which appear to assist potentially beneficial outcomes for the person with memory loss/dementia and their carer. There is a very evident move to more community based services and recognition of the importance of projects like the Debenham Project and current & future attempts to replicate it. There is a laudable methodology of early intervention/graded response/ prevention being aimed at by policy makers and commissioners.

However there still appear to be significant gaps in the provision of a seamless service to people with memory loss/ dementia and their carers as evidenced above. The major areas of continuing concern include person-centredness; where people go for help; quality of care home provision; training of frontline staff including GPs. Also, from a carer's perspective, the issues raised in 3.1-8 above remain pertinent to a very great extent.

4. CONCLUSIONS

Among carers, the research discovered a lack of knowledge and unpreparedness for what was occurring; financial worries; isolation and the burden of caring; the necessity of addressing the needs of a rural community (e.g. local support, transport to & distance from care homes); a requirement for a greater range, depth and skill of person-centred support for both the person with dementia/memory loss and also the carer.

There was evidence of the need for services before diagnosis and questions over the focus on the diagnosis as the gateway to services and support. There was also need for a single point of contact for carers and people with dementia/memory loss. Training needs were very apparent: for GPs, other health and social care professionals addressed – and for carers.

The survey was a snapshot and while some positive changes have since been or are being implemented by statutory and voluntary agencies, many of the issues immediately above appear to remain.

The authors thank the trustees of The Debenham Project and The Norfolk and Suffolk Dementia Alliance for supporting the research and for permission to publish the findings.

Observations of Health and Social Care for Older People in Rural Malawi, Central Africa.

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On a recent trip to Malawi, Central Africa, it was clear to observe population ageing, not only is this a global phenomenon that is occurring fastest in low- and middle-income countries (WHO, 2012), it is a phenomena that is alien to a country which considered reaching 50 years of age as quite an achievement. Older people have traditionally contributed to the landscape of rural communities where they make a significant contribution at many levels. It is paramount for older people especially those living in rural areas in sometimes harsh and demanding conditions that they maintain optimum health and wellbeing. However, many face challenges in their older years that affect their ability to remain independent and actively engaged with family and society. Many older people are carers themselves and many are still walking miles to fetch water and tend their gardens – their only source of food and if it is a good harvest their only source of income if they can sell their surplus.

Typically in Malawi community landscapes have been determined by high infant mortality, migration of young adults from rural to urban areas, the prevalence of HIV/AIDS and high 'all-cause' mortality. Notable changes to these conditions over the last five years have been the impact of the take-up of the anti-retroviral therapies (ARTs) used to treat HIV/AIDS, which are free at the point of delivery. In the north of the country the Karonga Health and Demographic Surveillance System (Karonga HDSS) noted an initial 16% decline in adult deaths with the introduction of ART and a further 32% decline in all-causes of death (Crampin et al., 2012). Following the roll-out of ART, HIV/AIDS was no longer found to be the leading cause of death in the area and noncommunicable diseases were found to predominate, such as heart disease, high blood pressure and diabetes (Chihana et al., 2012).

In line with these findings that are not unique to Malawi, the Director General of the World Health Organisation (WHO) Chan (2012) stated,

Overwhelmingly the health challenges in older age are the consequences of noncommunicable disease and we need to develop health systems which can provide the chronic care that these diseases and their risk factors require. (WHO 2012. p3.)

Low- and middle-income economies such as Malawi are generally woefully under developed and have inadequate health and social care systems, which are weighed down by lack of finances, poor infrastructure and limited resources. Malawi has been forced into a position of attempting to meet the intractable needs of an increasing population, an ageing demographic and a rise in the prevalence of chronic conditions brought about by the increasing incidences of noncommunicable diseases. 'Necessity is the source of all invention' and the current situation has led to the creation of new systems of culturally responsive community based health and social care. Emerging systems of care are evolving within context. If and when rural care is delivered it functions on a tight, non-existent or aid related budget and addresses the absence of, or limited availability of public health and social care.

I was privileged to observe some Malawian volunteers who have set up the Aged Project Trust. They explained to me the system they use to facilitate health and social care in rural Malawi. This gave me a glimpse into the unique ways of delivering care to older people in a country with little infrastructure, limited public services and even more limited budget.

The general narrative is to adopt the traditional ideals and values as the bedrock of society. The narrative for older people is that they are considered as the pillars of the community who will be supported by the family in their latter years. This concept appears to sit in a cultural lag, where traditional support may not be reality but an ideal only. It is becoming apparent that the increasing numbers of older people living within the community are not always of robust health and there are increasing numbers of older people living with chronic and complex conditions without any access to extra care or treatment. The noncommunicable diseases are left untreated and dementia as such is not a 'named' condition and is often constructed as a problem with negative connotations associated with mental health and explained by 'witchcraft'.

Sometimes the community response has been to alienate the older person or conversely to care for individuals in their own homes by either by sending children or young adults to live with the older person or the community help the older persons within their own home. The structure of care is based around the traditional structures of governance. Every region or territory has a Chief, nominated group village headmen and village headmen. Each layer of authority acts as a gate keeper to the next layer. The structure enables every individual to be known by someone in a position of authority. If there are complications within a community it is brought to the attention of the village headman. If the issue cannot be resolved the matter is brought to the attention of the group village headman. If the issue cannot be resolved at this level then the matter is brought to the attention of the Chiefs gate keepers and then the Chief. (Headman is synonymous with male or female). Social issues within a village community are usually noted and dealt with relatively quickly. (In an urban setting this structure cannot be played out as effectively).

The Aged Project Trust provides care to isolated older people by using this traditional social structure. Older people in need are identified and referred to the organisation by the headman or group village headman.

A local volunteer carer is then assigned by the Aged Project Trust to support the older person. The volunteer is then entitled to the same material benefits the older person receives such as clothes, blankets, pots etc. Emerging third sector organisations are pro-actively responding, recognising and attempting to meet the needs of older people.

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This is a picture of typical living arrangements in a rural village location in Southern Malawi. Generally people live in a one roomed mud wall property with a thatched roof, often repaired with sheet plastic. The long drop toilet is usually placed a good 20 to 30 metres away from the property, Food is prepared and cooked just outside the property, there is no electricity and the water source is often up to 2 kilometres away. Each person tends a garden which is often their only year round source of food. Many older people look after their grandchildren, the third age often being marked a second parenthood because of the 'lost generation' due to HIV/AIDS. Ageing in rural Sub Saharan Africa (SSA) poses several problems:

- Western gerontological research is being used to inform older peoples policy and strategy in SSA. More 'in context' research is needed to appropriately inform policy and practice.
- The increasing incidence of noncommunicable diseases in older populations is an unchartered challenge for Africa.
- Constructions of dementia are unknown.
- Social systems and family structures and networks have evolved and become complex, distorted by the crushing impact of AIDS. How this is going to affect social care in the community is unknown?

The Global Social Initiative on Ageing (July, 2013) convened an expert workshop to consider the impact of ageing in Sub Saharan Africa, and concluded there is an urgent need for sound empirical and theoretical understanding of the realities associated with ageing in context in SSA to fill an acute gap in our knowledge about the fabric and functioning of African Societies. This much needed knowledge will provide the basis for forging appropriate policies to strengthen families and their support systems to harness successful ageing in the region (GSIA, 2013).

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Older people are at elevated risk of physical and cognitive impairments which can make navigation of the space immediately outside one's front door more difficult. The built environment has an impact on the health and quality of life of older people and this is acknowledged by the Welsh Government (WG) in the *Strategy for Older People: Phase III 2013-23.* The current project seeks to develop a tool which measures the factors within the external residential environment that are most important to older people. This new tool will be entitled the Older People's External Residential Assessment Tool (OPERAT).

There are a number of auditing tools designed to measure aspects of the external environment. These tools very in their methods with some utilising Geographic Information System (GIS) technology, while others are based around checklists for use at the location to be measured. The OPERAT project is attached to the Cognitive Function and Ageing Study in Wales (CFAS Wales), which is a large epidemiological survey of older people living in Wales. That survey included the use of the Residential Environment Assessment Tool (REAT), which is a measure of the immediate residential environment. This meant that for every survey interview performed, a REAT was also conducted for the postcode in which a respondent resided, enabling a link between this measure of the immediate environment and variables collected within CFAS Wales to be made. However, the use of REAT over a two year period in hundreds of postcodes has exposed limitations in the applicability of that measure in rural environments. Moreover, limited attention is given to factors which may make the environment unsuitable for older people. A review of the literature has revealed that there are few tools which have focused on the components of the environment relevant to older people. Moreover, the majority of environmental audits are applicable only within an urban environment, and neglect rural settings. The current project seeks to develop a tool which is fit for purpose by overcoming the limitations of existing measures. This ongoing project has so far involved a review of existing measures to determine which domains of the environment are important to consider. Once key domains were determined, a consultation with an expert panel of older people, including a former town planner and a representative of the Royal National Institute for the Blind was undertaken. A number of key domains including lighting, pavement and road quality, housing and garden maintenance, the presence of green-spaces and graffiti and littering were discussed. The expert panel generated a number of useful items for inclusion within the measure, as well as highlighting domains which had not previously been considered.

Further consultation involving people with dementia will be performed to ensure that elements of the environment which are particularly relevant to those with impairments of a cognitive nature as considered. This will be followed by the distribution of a questionnaire to 5000 members of the Wales 50+ fora to determine the relative weighting to be attached to items for the new measure. A second expert panel meeting will assist in decisions regarding the weighting of the items for inclusion within the measure. Once designed the new measure will be applied to 400 postcode areas and a validated. This tool would serve to measure of the suitability of the immediate residential environment for older people, and whether it is providing barriers to participation. This tool could be used by researchers to examine the association between the residential environment, and the health and well-being of older people across different environmental settings.

Provision of inclusive care home environments to sexually diverse groups of older people

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The provision of LGBT (lesbian, gay, bisexual and transgender) -specific care homes in Western Europe (more recently in Spain and Sweden) is a rapidly increasing trend that marks new patterns in increasing choices for diverse groups of older people. This trend also stimulates important discussions about the social responsibilities of all residential services in meeting the divergent needs of an ageing population. My colleagues and I have recently completed a mixed-methods study into the provision of residential and nursing services to older lesbian, gay and bisexual (LGB) adults in Wales. Put simply, our research sought to explore the question, 'how well are older LGB recognised and cared for in care homes?' We know from previous research that heterosexism (the prevailing assumption of heterosexuality across everyday interactions) in health and social care services can conceal the sexual health needs and desires of older residents, including LGB adults. Research from Australia and the United States has identified cultural, historical and organisational barriers that prevent older people 'coming out', or identifying as LGB to health and social care services (Barrett, 2008; Jackson, Johnson & Roberts, 2008; Knockel, Quam & Croghan, 2010; Tolley & Ranzijn, 2006). Older LGB adults can experience acute stressors that emanate from occupying a marginal status in the social divide between heterosexual and homosexual identities. In England and Wales, sexual activity between men was a criminal offence until decriminalisation under the Sexual Offences Act 1967 (England and Wales only). Until 1973, homosexuality was recognised (and in many instances treated as such) as a psychiatric disorder in the American Psychiatric Association's Diagnostic Statistical Manual (Fish, 2012). Prior to the pre-liberation generation in the 1970s and the onset of HIV/AIDs in the 1980s, 'coming out' was not a valid choice (Barrett, 2008; Heaphy & Yip, 2003). Given this recent history, older LGB adults may be reluctant to share their sexual history with health and social care providers. Previous experiences of social and legal discrimination and ostracism may further curtail trust and confidence in helping professionals.

Funded by the National Institute for Social Care and Health Research (NISCHR), our research had a specific focus on Wales as a small nation with devolved responsibility for providing health and social care services to its citizens, including older people. Residential and nursing homes (private and local authority-owned) from across Wales took part. Two methods were used to gather staff perspectives on current practice—self-completed questionnaires (121 respondents) and focus groups with care staff and managers (5 groups). Other methods included a content analysis of Care and Social Services Inspectorate Wales (CSSIW) Inspection reports (383 reports) to identify content pertaining to sexuality, sexual health and LGB identities; and, semi-structured interviews with 29 older LGB-identifying adults about their hopes and expectations for future care. What follows are some brief comments on the process of involving care organisations in the research. The below comments encapsulate reflections on the research process and unexpected outcomes that emerged across the journey.

1. Willingness to participate and learn – We initially anticipated that recruiting care homes to participate would be the biggest challenge because of the politically-charged nature of the topic and our concern that

staff and managers would interpret the research as an appraisal of their practice. Instead, we were struck by the enthusiasm of staff and managers to participate. Using a random sampling method, we invited 51 organisations to take part. Thirty two organisations participated with 19 declining. An often cited reason for declining was impeding closure of the home. Within some homes, participation in a focus group was grasped as an informal learning opportunity into a challenging topic that receives little time and attention in the provision of everyday care. Across groups, there was general agreement of a 'need to know more' about sexual difference and LGB histories. Participating staff conveyed an awareness of progressive shifts in legislation and social attitudes but in equal measures expressed a willingness to be more mindful of the sexual histories and lives of residents in their care.

2. Sexuality, dementia and everyday care – While the project focused on sexual identity and social inclusion, a related topic that frequently emerged in focus groups was the complexity of balancing issues of sexual expression, dementia and informed consent. Staff elaborated on the challenges of managing sexual relationships and intimate contact between residents with declining mental capacity in parallel to responding to the divided opinions of their family members. Listening to these complex accounts of care deepened our appreciation for staff members' commitment to respecting the rights and choices of residents. It also brought home the ethical complexity of providing care in these settings with little professional recognition and training input on sexuality and sexual functioning in later life.

3. Missing voices from the research – The views of care staff conveyed through the research represent predominantly White perspectives. The majority of participating staff and mangers were white, heterosexual women born in Wales and of mainly Christian background. This did not match our observations of employee groups when entering homes – we noticed many participating homes employed staff from black and ethnically diverse groups, including staff members from African and Asian migrant communities. In line with ethical requirements we could not approach individual staff directly to participate and group membership was often facilitated by senior staff members operating as 'gatekeepers' for their organisations. It is difficult to ascertain whether employees from migrant and ethnically diverse communities opted out for personal or religious reasons or whether they were not approached to participate. At the same time, we did not anticipate the willingness of ancillary staff members (such as cleaners, kitchen staff etc.) to have a say in the research. It became increasingly clear that their various duties involved regular contact with residents and their views were of equal importance in the provision of care. We underestimated the value of these staff members' perspectives; this is food for thought for future research.

4. Involving stakeholders: a new lease of life for the research – Where possible we sought to involve third sector agencies and community groups and networks in the research process. While the research methodology was not action-based or collaborative in design, we recognised the value of involving stakeholders and members of the public in the research process to a) strength the ties between the research outcomes and its translation to practice, and b) fully realise the potential of the research for enabling change in service provision. From recruitment to dissemination the research was guided by the recommendations of an advisory group that included dedicated representatives from voluntary organisations in housing and ageing services, for example My Home Life Cymru, and LGB community members as current and future consumers of health and social care services. The research team liaised closely with the Older LGBT Network for Wales, operating through Age Cymru, who have become pivotal to following up the recommendations of the report. An unanticipated out

come following the delivery of the final report was the shared enthusiasm of Network members to take forward the recommendations and ensure these messages were noticed and responded to by government agencies. We had not anticipated the significance of the research for the Network in providing a new platform from which to advocate for more positive and equitable outcomes for older LGB (and transgender) people in Wales. The network has also brought a new lease of life to the project that continues beyond dissemination and beyond our roles as social researchers.

This commentary is not intended to offer ground-breaking discussion on methodological design but alternatively to give space to put reflections on process to paper; hopefully this commentary will be of some benefit to other researchers and practitioners engaged in similar research in an area of increasing interest. While care provision to older people with diverse sexual needs and desires remains challenging terrain for managers and staff alike, an unequivocal message from the project is the commitment of care staff and providers to 'do things better' for residents in their care and continue to develop more socially inclusive practice.

The final report is available online and provides an overview of the key findings and recommendations: http://www.swan.ac.uk/humanandhealthsciences/research/research-impact/lgb-residential-care-report/

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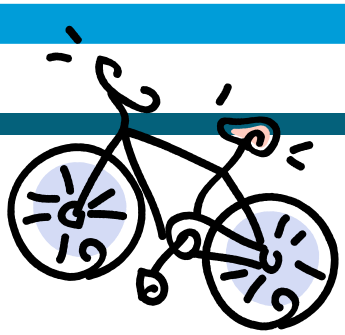
Note: An earlier version of this commentary has appeared on the Revaluing Care Website as a blog entry (11th Nov 2013): http://revaluingcare.net/tag/care-homes/



Creating a cycling boom amongst older generations

Ben Spencer and Tim Jones
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Encouraging people to stay active into older age is a challenge for policy makers seeking to address the implications of an ageing population in the UK. Ben Spencer and Tim Jones (Oxford Brookes University) discuss the role that cycling could play.

Walking and cycling are seen as key to promoting active lifestyles as they can be incorporated into everyday travel routines or as part of recreational activity. Walking is already the most common form of achieving physical activity amongst older people in the UK but cycling is significantly less common than in other northern European countries. For example, only one per cent of all journeys of people aged over 65 and older in the UK are by cycle compared to 23 per cent in The Netherlands, 15 per cent in Denmark and nine per cent in Germany (Pucher & Buehler, 2012). This is a pity because cycling could help the UK population to be more active and to access activities that might otherwise be difficult to access because, for example, inability to drive or lack of good public transport service provision.

It is fair to say that as people age cycling does become more physically challenging. Fear of injury and concern about safety force many to give it up as research examining the impact of bespoke training for older cyclists has already shown (LifeCycle, 2010; ELTIS, undated; WHO, 2002). Given the less than supportive environment for cycling it is perhaps not surprising that participation amongst UK elders is low. Unfortunately, until quite recently, there has been an absence of discussion on developing the social or environmental conditions to support older people's cycling.

Older people are generally portrayed as citizens who lack the capacity to cycle. Policy guidelines typically focus on walking and public transport and scant attention is paid to cycling. One example is the Department for Communities and Local Government document *Lifetime Neighbourhoods* (DCLG, 2011) that promotes the design of walkable neighbourhoods for older people but neglects to mention cycling. This means that current infrastructural projects to support and encourage cycling continue to be implemented without prior knowledge of how their design affects older people's mobility and their physical connectivity with the community.

Merely promoting cycling is not enough without attention to the social and physical environments where cycling is expected to take place. As Das and Horton (2012) have argued in the *Lancet*, *'For too long the focus has been on advising individuals to take an active approach to life. There has been far too little consideration of the social and physical environments that enable such activity to be taken.'* New developments in bicycle technology also offer huge potential to support older cycling. The growing number of different electric bicycles (e-bikes) on the market could help more people to cycle into older age with obvious spinoffs to health and wellbeing.

The **cycle BOOM study** which commenced in October 2013 and will continue for three years will investigate precisely these issues. The research will provide a deeper understanding of cycling among the older population and inform policy makers on how to encourage more people to get on their bikes and stay cycling for longer. The project will kick off with

an investigation into the range of policies, programmes, infrastructure and guidance available across the EU targeted at promoting more inclusive cycling amongst the older population and compare this with activity in the UK. Case study visits will be made to EU cities that have been successful in promoting cycling for older people. A range of existing UK data sources will also be analysed to identify trends in cycling across the UK and the extent to which recent projects and programmes have encouraged older people to cycle.

Over summer 2014 and 2015 the study team will work with over 200 older people 'approaching later life' (aged 50-59) and 'in later life' (60+) living in the Oxford, Reading, Bristol and Cardiff areas to understand how the design of places and technologies shape engagement with cycling and how this impacts on wellbeing. A mix of innovative methods will be used. First, biographic ('cycling life-history') interviews will be conducted in order to understand the role of past experiences of cycling and the influence of life events such as family and social relationships, employment and wider social, economic, environmental and technological change, such as changes to the built environment; second, mobile interviews and observation will be conducted with participants as they make a regular journey by cycle in order to capture their everyday experience of cycling and to measure how interaction with the built environment affects mental and physical wellbeing; third, new and returning older cycle users will be invited to take part in a unique 8-week experiment to measure how their (re)engagement with both conventional and electric cycling in the built environment affects their physical and mental wellbeing. Attention will focus on elements of design at different scales from bicycle technology and equipment, to storage and buildings, to neighbourhoods and wider town networks.

A rich dataset integrating qualitative (textual, cartographic, photographic, video) and quantitative (numerical measures of wellbeing) data will be used to develop a toolkit for use by policy makers and practitioners. This will advise how the built environment and technology could be designed to support and promote cycling amongst current and future older generations and provide evidence of how this could improve independent cycling mobility and health and wellbeing. The toolkit will include briefing notes linked to design guidance and a documentary video, made with participants of the study, distributed directly to policy makers, practitioners and stakeholder and made available on the web with the aim of generating maximum impact. The research will be of importance to policy makers across government departments including the Department for Communities and Local Government related to designing homes and neighbourhoods better suited to an ageing population; the Department for Transport in developing a more sustainable low carbon transport system and an electric 'vehicle' strategy and the Department of Health in developing a public health strategy to support healthy ageing. In addition local transport and planning authorities, organisations representing older people, cycling organisations, industry representatives and professional practitioners such architects/designers and developers will benefit from both the evidence of the impact of cycling on wellbeing and the design guidance. The innovative approaches used will demonstrate novel ways of measuring, integrating and understanding the links between ageing, mobility and wellbeing drawing on the strengths of both

The £1.4m project is being led by Dr. Tim Jones at Oxford Brookes University started in October 2013 and is funded under the UK Research Council's Life-Long Health and Wellbeing programme (Grant No. EP/K037242/1). Other institutions involved are the University of Reading, Cardiff University and the University of West of England. Project partners include Raleigh UK, Film Oxford, Sustrans, Age UK and the Department of Transport.

quantitative and qualitative approaches (Nordbakke and Schwanen, 2013). The research will also be beneficial to the UK cycle industry as it seeks to design products suited to the growing market of older people. Ultimately, we aim to influence policy debates about ways to 'democratise' cycling by including older people (as well as children, women and ethnic minority groups - groups who, up to now, have often been the focus) in discussions about cycling.

We look forward to sharing our progress and findings with *Generations Review*. To discover more about the about the project, to sign up for our newsletter and to follow our tweets and blog posts visit: cycleboom.org or email admin@cycleboom.org

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Hidden Gerontologists: Creating a Multidisciplinary Supportive and Networking Community of PhD Candidates and Early-Career

With: the chance to practice public-engagement (non-academic) style short presentations, advice on setting up a writing group and trouble-shooting your writing problems by a peer-network

Date of event: Thursday 3rd April 2014

Time of event: 10.00-17.00

Location: King's College London

There are four aims for this event:

1) to connect and network with PhD candidates and early-career researchers who may not perceive themselves as conducting gerontological research.

2) to discuss our experiences of setting up the GROW group and inspire other PhD candidates and early-career researchers to create a writing group of peers within their universities

3) to enable PhD candidates to practice their public engagement with short 'story-style' presentations to explain their projects to lay audiences.

4) to have time set aside for people to discuss their problems throughout their project so far, especially any issues with writing, and to enable delegates to share their trouble-shooting tips.

Please note, there are rules for the presentations, available from the organisers

Please complete the registration form and send to suzanne.snowden@kcl.ac.uk by 17/03/2014 to register your interest. Please email Suzanne if you require more information on the day or the rules for the presentations.

Places are limited to 10 presentations and 40 delegates in total. Successful delegates and presenters will be notified by 18/03/2014.

Peter Buckle, Research Professor

Royal College of Art

peter.buckle@rca.ac.uk

Describe yourself in three words.

Human factors Ergonomist

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

Well I was basically a frustrated ecologist in the mid-70's who suddenly realised that ecological systems thinking and human-centred systems had a lot in common. Research questions, methods and a career seemed to follow from that inspiration. The multi-disciplinary approach never fails to stimulate me and has led me to work in three different Universities (Surrey, Imperial College, Royal College of Art) as well as acting as a consultant for a host of ergonomics/human factors issues.

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

"Perfection is the enemy of the good" (Voltaire) although, to be fair, I didn't get this advice first hand!

Who is or has been the most influential person in your career?

Paul Branton. I was lucky enough to meet Paul when studying at University College London in the late 1970s. His views on ergonomics (human factors) transcended anything I had encountered before, or since. His ability to integrate traditional science, with psychological and philosophical concepts still drives much of my research thinking. His obituary can be found here.

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

Curiously I don't seem to read much by way of fiction these days (usually too much of a backlog of other academic reading) but some books always stay with you. For example, the precision of Ian McEwan's 'Saturday' and its resonances with the protests against war in Iraq or Michel Houellebecq's "Atomised" and the role of cloning in future societies both still echo with me. Alternatively, I can list any number of very long, academic texts!

Best or most influential paper you have read you'd recommend to others to read?

I think I've read too many papers to be able to be selective but for those who thought ergonomics was all about chairs I'd suggest taking at look at Moray's (2000) paper on culture, politics and ergonomics.

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

I play basketball and have fun with a dodgy band in even dodgier venues! (The Nefarious Racoons.)

Best research project you have been involved with and why?

The most recent project is always the 'best' as it is bound to be occupying a lot of my mind! Studying the ageing population with the AKTIVE team has proved especially stimulating and has made me realise the scale of the ageing demographic, the potential of the ageing population and the research challenges that lie ahead.

What's the future for ageing research?

The ageing demographic provides huge opportunities for re-searchers to understand the ageing process, design systems to include and engage older people and to explore how social systems might adapt to the resultant new characteristics and demands. It has never been a better time to be an 'ageing researcher'.

JOIN THE BSG TODAY!

British Society of Gerontology

Ageing research is increasingly high profile, nationally and internationally. Consequently, those in universities and in organisations working with older people, will benefit from joining the British Society of Gerontology. The Society gives members access to a multidisciplinary forum and network of like minded people dedicated to applying the knowledge gained through research and practice to improving quality of life in old age.

Membership of the BSG brings you into a community of academics and practitioners interested in a wide range of issues related to ageing. In particular, membership:

- Facilitates access to dynamic and up-to date debates about ageing and ageing studies - our members are involved in cutting edge research, policy and practice and are very willing to share their perspectives with you
- Members have access to a number of social media platforms – blog **Ageing Issues**; **twitter** account; YouTube channel **Ageing Bites**; **LinkedIn** Group; and soon a photo-sharing page on Flickr
- Entitles you to significantly reduced rates at the Annual Conferences of the British Society of Gerontology
- Gives students access to our vibrant group of Emerging Researchers in Ageing (ERA), which includes students, postdoctoral researchers and people new to careers in ageing, meet regularly to discuss research, policy and practice and support one another in their careers
- Access to our mailing list (BSGmail) to enable you to keep up-to-date about conferences, seminars, teaching courses, and research about ageing and ageing studies
- If you are a student, postdoctoral or unwaged member, you are entitled to apply for a conference bursary, for example, to cover costs to attend our annual conference
- Entitles you to substantially reduced subscription rates to the following peer reviewed journals: *Ageing and Society* and *Journal of Population Ageing*
- Provides you with access to all areas of the BSG website, including the Membership Directory and Members Only pages

How can I join?

Visit the website and fill in the registration form online and we will do the rest!

www.britishgerontology.org/join