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EDITORIAL

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I love the way in this edition of *Generations Review* we have an article on the social importance of tea drinking. I am a great fan of trying to better understand the ordinary in everyday life; the norms that underpin everything we do. I have had similar experiences to Rosalie, the author of the article. I have run many focus groups and interviews, yet I'm not a great tea drinker and have

had to turn down the offer of tea to raised eyebrows and face how this can challenge a social norm in the UK and how this can potentially disrupt a social situation. I do like coffee though and that is often seen as being a decent enough substitute for tea in such situations. What would happen if I just asked for water or squash? The importance of being able to make tea and to offer it to others is a vital norm, as Rosalie notes, one that is too often taken away from the older person where, for example, a kettle is deemed a health and safety risk. Do we need a change of culture and attitude? Better supporting technology? Perhaps because it is seen as a relatively mundane task it's ignored, but precisely because it is mundane is why it warrants further action. We are often too busy trying to solve the bigger problems, to invent ever shinier products, glossier solutions, when we need to spend more time on the ordinariness of everyday practices and our ability to perform them. I wrote a paper once with product designers about jam jar lids where they wanted to design better, easier to open lids for older people (see Yoxall et al., 2010). We found inability to open them by some older people spurned a whole host of social events. Sometimes this was enjoyable, with people visiting to see if they were OK and needed help with opening everything – cue tea (again) and biscuits and chat. One older person said if jam jars were easier to open then their daughter wouldn't visit so often. The everyday can sometimes hide an interlinking chain of other seemingly unconnected practices and we look more to this area for research opportunities.

I hope you enjoy this month's offerings, which also includes a piece by myself, where I have taken editorial liberties of including a research area of interest to myself – the use of outdoor public space by older people and how we can improve it. John Miles offers a summary of small grants awarded by the BSG in 2013. Hannah Marston offers more interesting discussion on older people and digital game use, showing again it is not just youngsters who want or can benefit from such technology. Mark Allen, Sarah Hillcoat-Nallétamby and Judith Phillips conclude their final part of three pieces examining working lives and practices of older people. Altogether very positive age friendly stuff.

Happy reading!

Charles Musselwhite, Swansea University

November 2014

Ref

Yoxall, A., Langley, J., Musselwhite, C., Rodriguez-Falcon, E.M. and Rowson, J. (2010) Husband, daughter, son and postman, hot-water, knife and towel: Assistive Strategies for Jar Opening in P.Langdon, P.J. Clarkson, P. Robinson (eds) *Designing Inclusive Interactions Between People and Products in their Contexts of Use*. Springer-Verlag, 187-196



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More than just a cup of tea: everyday cultural practices and interactions in research

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Drinking tea is an established cultural pattern deeply entrenched in the daily life of English people." (Douglas, 1987, p. 206).

Throughout this article I will be reflecting on my own practice and integrate this with known literature about cultural practices around tea-drinking. As both a Post-graduate Researcher and a Clinical Studies Officer, I have been offered insight into the untold importance of including everyday practice in research design. Over the past year I have had the privilege of working with people with dementia and their families; my main role being to carry out various neuropsychological tests, and discuss their experiences of living with the condition.

However, from being in the homes of people with dementia and their families, there is so much more to



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learn from these interactions than scores on a particular assessment. It is the everyday experience of sharing a cup of tea in particular that this reflective account will explore further: I argue that incorporating everyday practices such as tea-drinking should become a feature of our interactions with research participants, particularly where building relationships is essential in gathering information, such as when interviewing people.

When visiting people with dementia, I am regularly offered and initially declined hot drinks, opting for a glass of water instead. This was met with reactions such as "Are you sure?", "It's no bother, I'm putting the kettle on anyway", "you can have both?", or general surprise. I immediately felt that this was creating a barrier, small, but present. Over the course of my visits I have therefore learned to accept hot drinks, despite a dislike of them, mainly due to being unable to drink milk. It is often a dilemma as to whether to explain intolerances to people you are visiting, as you do not want to make them feel inadequate hosts for not having suitable drinks available. However, the benefits of accepting such hospitality and the impact it can have on relationships, far outweighs personal preferences for particular drinks.

As a result of these experiences, I began to look further into the British cultural relationship with drinks; and whether there was any research to support the need for integrating such practices into research. From a physiological context, food and drink are fundamental to human survival; when developing the 'Hierarchy of Needs' Maslow (1943) highlighted that before anything else can be achieved, the basic physiological needs of food and water must be met. Within British society, we do not simply drink to quench our thirst, but to socialise, reflected through the substantial growth of the café market in the UK, despite economic hardship (Urquhart, 2012).



The café statistics suggest that drinking has an intrinsic link to sociability (Warner, Talbot & Bennison, 2012), however, the surprise of people when I asked for water shows that the type of drink may also be of importance. Tea is Britain's most popular beverage, collectively drinking 60.2 billion cups of tea a year (UK Tea Council, 2013). Tea epitomises this definition of hospitality, both within Britain and universally (Jolliffe, 2007). Research into community hospitality refers to the "make a cup of tea first, ask questions later approach" (Murray & Johnsen, 2011), which demonstrates how tea is still routinely used as an ice breaker, a welcoming tool, a sign of a warm, friendly reception. This highlights the benefits of incorporating time for a cup of tea in research protocols.

The essence of how and when to make tea is known to most, and easy for people to learn, which Douglas (1987) argued is key to British tea-drinking spanning the generations. Further, Douglas (1987) highlighted that this common essence in tea-drinking allows for flexibility across situations, such as that of a research context. Tea-drinking has been found to develop unity across generations (Hannman, 1997). By participating in eating or drinking with another person, possible divides such as power dynamics are removed as you enjoy the same thing together. When looking at tea consumption of people aged between 19 and 26 years old, Henderson et al. (2002) found that 77% of men and women drink tea; and the amount of tea consumed by the older age group was more than double that of the younger group, suggesting that tea-drinking may be particularly welcomed when working with the older adult population.

Within an ethnographic study of a day centre, tea-drinking was found to stabilise unstructured relationships, and created a more communal environment than during meal times (Douglas, 1987). The importance of tea for communality and solidarity has not just been found in British culture, but in others, such as in China, where collectivism is of central importance: Wu and Barker (2008) looked at the experience of Chinese elders within an American nursing home, with results supporting the need to be more holistic in the way we see cultural practices. For example, the care home staff felt they were providing the Chinese elders with an 'Asian diet' with reference to hot tea and *juk* (rice porridge), however, within a Chinese culture these would usually be presented communally, with a central tea pot and bowl of rice which is shared among everyone. Within the care home, food and drink were served individually, which led to Chinese elders and their families not feeling that their needs were fully being met (Wu & Barker, 2008).

Incorporating people's cultural practices within institutions can be a challenge as food and drink are generally seen as nourishment and hydration, which reflects the medicalization of these practices and how they are perceived (Wu & Barker, 2008). Similarly, the field of dementia is currently dominated by a biomedical model of practice and the care and quality of life of those living with dementia has been negatively affected as a result (Bond & Corner, 2001). Focusing on the social context of tea-drinking and building relationships allows a person-centred approach to research, following the principles of Kitwood (1997) and others.

The evidence discussed suggests that tea may well be central to relationship building and viewing

people holistically. However, alternative explanations for the importance of drinking tea from my reflective practice have also been considered. For example, research into attitudes and behaviour conducted by Williams and Bargh (2008) argues that the type of drink is of secondary importance to the drink's properties such as temperature. Williams and Bargh (2008) found that the simple act of holding a warm cup of coffee led people to rate strangers more positively and 'warmly' than people who held a cold drink. Results like this suggest that there is an implicit association with warmth and comfort, transferring from the drink to the way in which people are viewed. This connection could

be a useful facilitator to research when people are feeling particularly vulnerable, and could facilitate an increased focus on non-verbal communication. It may also be the case that simply having a warm drink in hand can make people feel more comfortable as it provides a prop, or distraction, which allows people to feel more relaxed and in control of their own environment. Within British culture, this is more likely to be tea, based on the previously discussed statistics. Possible evidence for the importance of objects creating personal boundaries and control could be explored further in relation to research surrounding transitional objects.

In the context of conducting research with people with dementia and their families, it is important to consider ways of making the experience of research as positive as possible, as well as acknowledging the emotional impact of the research on all those involved. As a researcher, to emotionally disengage would be counter intuitive to the positive aspects of building a rapport, and placing the participant's needs first. Sharing a cup of tea when conducting research with people with dementia

can provide structure and help to stabilise emotion (Emond et al. 2013). Further, the ability of drinks to unite people may play a key role in working with people with dementia, as they are likely to be more socially isolated than other groups within the population, due to the stigma attached to the condition (Burgener & Berger, 2008). The popularity of 'Dementia Cafés' further emphasises



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the importance of the relationship between social support and tea-drinking; the Cafés are described as places where both people with dementia and their caregivers can provide advice and support for each other, over a cup of tea. (Graty, 2008).

Commonly used questionnaires in dementia research include those which explore people's activities of daily living, such as the Bristol Activities of Daily Living Scale (Bucks et al., 1996). This questionnaire includes questions relating to a person's ability to make drinks as it is an activity which they have been doing most of their lives with little consideration of the process. The act of making a cup of tea can provide useful insight into a person's life and capabilities within a non-threatening environment. When I have been visiting people with dementia, tea making has not always gone smoothly, for example people have attempted to boil the kettle without the lid being fully shut, leading to the room filling with steam. Observing how somebody makes a cup of tea can therefore be a way of understanding the possible difficulties they are facing. This could be an alternative to carrying out memory assessments in the home, where people can feel ashamed and intimidated by the types of questions asked (Mograbi et al., 2012).



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The literature discussed above acknowledges the positive impact of incorporating tea-drinking into research practice, in order to help build rapport and drive research with a person-centred focus. This is not to say that researchers are not already sharing a cup of tea with their participants, but that this needs to be considered ahead of the research, in order to show a commitment to improving the experience of people involved. As highlighted previously, the offering of a cup of tea is not as simple as it may first appear: I am unable to eat or drink dairy products, and have therefore turned down cups of tea in the past. In research conducted by Emond et al. (2013), residential staff expressed that they had sometimes found that they took the rejection of food/drink personally. Further, this rejection of food/drink can alter the interaction between the two people, making it a more closed negative exchange (Emond et al., 2013). Rejecting hospitality and losing the opportunity to engage fully with somebody could be very detrimental to research in contexts where communicating with people is central. Therefore, acknowledging the difficulties that may arise and thinking how best to deal with potential challenges prior to such visits allows for the best outcome, such as



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learning to ask for tea or coffee without milk.

The recognition of considering the scenario in advance further supports the need to explicitly consider drinking practices as part of research design. McKillop and Wilkinson (2002) advise researchers working with people with dementia to always accept the cup of tea, regardless of personal preferences. The presentation of tea can vary greatly from the finest china laid out on a tray with a tea pot and plate of biscuits, to a cup of tea in a questionably clean mug. Either way, the onus should be on accepting the drink to facilitate the relationship with the participant.

In my current research, I have ensured that time has been allocated for sharing a cup of tea with a participant, as this allows time for relaxation, and an informal environment to talk in; surrounding the time spent conducting the research study. I have also taken biscuits and strawberries to interviews, extending the tea-drinking rituals to sharing of food to show both gratitude and the desire for participants to enjoy being part of research.



Overall, drinking plays a much greater role in everyday life than that of fulfilling a physiological need. Drinking tea encourages sociability and enhances relationships when used in particular contexts. As a result of this, research methods should be adapted to include sufficient time for this practice, with a focus on using a person-centred approach to engagement in research. For research designs which incorporate multiple time points, including drinking time can provide a consistency across visits, tied in with im-

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PLICIT associations around social interactions and relationships. Finally, given the nature of qualitative research being more interactive with participants, it could be hypothesised that having tea with people during this type of research is of greater significance than in a study of quantitative design; however, spending that bit of extra time in quantitative research to share a drink may make participants feel more valued, and add a personal touch which is often missing in quantitative design.

This discussion concludes that, given the cultural importance of tea-drinking within British society, including it clearly in research design would benefit both the researcher and the participants. It acts as an ice breaker for new relationships to form where participants can be open and honest, whilst enjoying the overall research experience. Although my work has focused on older adults, the commonality of practice makes it suitable to many different research populations, and opens the door for researchers to consider practices which may facilitate research in a variety of cultures.



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New BSG President Sheila Peace takes over from Robin Means at this year's Conference at Southampton. Read Sheila's first President's Report in next month's BSG Member Bulletin.



Workforces in an Ageing World

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- ◆ The final part of three articles addressing business and ageing from Swansea University's **Mark Allen, Sarah Hillcoat-Nallétamby** and **Judith Phillips**, concludes the series looking at workforces in an ageing world.

Some theorists from the field of social gerontology have argued that old age has been defined in terms of social structures such as retirement systems which create or generate pre-defined notions of what old age is in terms of set ages of retirement (Townsend, 1981; Walker, 1996; Phillipson, 1998). In the UK, this arbitrary dividing line was reinforced by the introduction of the National Health Service (NHS), with health care services and pension schemes being funded by younger, economically active generations. This has determined one of the most divisive and controversial debates in population ageing discourse, that of the sustainability of existing social systems due to the decreasing proportion of economically active people to pay for the requirements of the retired older generations. The majority view is characterised by an alarmist response to the increased number of older people and the strain placed on current systems. For example, the International Monetary Fund (IMF) have warned about the 'financial consequences of ageing' (IMF, 2012). They highlight that population forecasts have consistently under-estimated how long people will live and this is leading to a significant financial impact of unexpected longevity or 'longevity



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risk' (IMF, 2012).

In actual fact, research suggests that in the UK, contrary to media hype and speculation, older people do not represent a net cost to society, but rather a net contribution of between £30bn and £40bn a year, a figure that is projected to rise to £75bn by 2030 (WRVS, 2011). Furthermore, evidence suggests that the transition to an older population does not justify alarm but can be facilitated by appropriate policies which ensure equitable access and treatment across sectors (Kinnear, 2001). This however, is very often not the case. In all western industrial societies, retirement policies have been used by employers to reduce and re-structure their workforces, resulting in





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employer perceptions of the age at which workers may be considered to be 'too old' (Walker, 1996). The devalued status of older workers as they approach or reach retirement, has resulted in a 'grey ceiling' that denies older workers equal opportunity and equitable treatment (Imel, 1996; Taylor and Walker, 1998;) or even excludes them from the labour market altogether (Walker, 1996).

In order to facilitate the transition to an older population, a key area is security of employment over the life course and equitable access and treatment in the workplace (Kinnear, 2001). Research findings suggest stereotypical attitudes towards older workers need to be targeted if age barriers in employment are to be removed (Taylor and Walker 1998). This has led to legislation, policies and campaigns aiming to prevent age discrimination in the workplace, such as the legislative framework of the EU Directive on Discrimination (Europa, 2013) and the new Equality Act 2010 in the UK, incorporating Age Equality (EHRC, 2013). The Department for Work and Pensions (DWP) in the UK

led the 'Age Positive' campaign to promote the benefits of employing older people and ensure an age-diverse workforce (DWP, 2012), a campaign supported by large national charities such as Age UK. These are arguably much needed and very positive steps towards supporting the equitable treatment of older workers. On the other hand, it can also be argued that 'positive action' initiatives reinforce a needs based stereotype of older people and being associated with the equality agenda, they can be perceived as infringing on the liberty of individual employers (Fredman and Spencer, 2003). Such initiatives may lead to employer compliance in some areas, but might entrench negative attitudes in others, as employers are forced to adapt to the needs of older workers. Ageist employment practices are so entrenched that eradicating them is considered a 'long-term process', where solutions such as legislation need to be combined with employer education to eventually bring about a change in attitudes and behaviour (Scharf and Keating, 2012).

Along with population ageing, another process that is expected to increasingly characterise demographic change in the 21st century is population decline (Lisenkova et al., 2010). The combination of fertility decline (leading to fewer younger cohorts entering the labour force), with a large number of cohorts entering the later phases of the workforce (most notably baby boomers in the near future), is projected to lead to a labour market shortage that will necessitate and cam-

Focus: WORKFORCES IN AN AGEING WORLD

paigning may no longer be the driver for business compliance to age friendly practices, but rather a genuine demand for older increasing the participation rates of older workers (Purcell, 2009; CIPD, 2012; Lisenkova et al., 2010). If these projections are correct, legislation workers that forces them to ensure their workplaces are as appealing as possible for an ageing workforce.

Research suggests that older workers will want to remain a member of their organisation when their organisation engages in practices tailored to their needs, conveying that it values their contribution (Armstrong-Stassen and Ursel, 2009; Yeatts et al., 2010; Armstrong-Stassen and Schlosser, 2011). Positive steps include targeted training and development, and interesting and challenging job assignments (Armstrong-Stassen and Schlosser, 2011). However, it can be detrimental to have policies directed at older workers alone, ignoring the age and age-group dynamics that pervade workplaces (Brooke and Taylor, 2005; Loretto et al., 2000).

Instead, employers should just adopt 'age aware' rather than 'age free' practices (Brooke and Taylor, 2005), managing from the viewpoint of employees' life courses and personal resources such as health and ability, education and competence, and values and attitudes (Folkhälsöinstitut, 2005).

A further reason that business should take a life course perspective in the face of population ageing and a labour market shortage, is that an increasing

number of workers will have responsibilities associated to their ageing community, particularly the provision of informal care outside the workplace. With nearly one in eight workers also being an informal carer (Carers Trust, 2011), there is an increasing body of literature focused on the needs of informal carers in the workplace and policies and practices which have been designed by business and the public sector to help carers (Bernard and Phillips, 2007; Jarrold and Yeandle, 2009; Fast et al., 2011). The health of carers is consistently worse than that of non carers and working carers experience worse health outcomes than non carers, particularly in relation to mental health (Jones and Latreille, 2007; Barratt, 2011). This leads to one in five carers giving up employment to care, on average retiring eight years early (Carers Trust, 2011). The public expenditure costs of carers leaving employment in England are estimated at £1.3 billion a year, based on the cost of Carers Allowance and lost tax revenues on foregone incomes alone (NIHR, 2012). Business can lose people at any stage of their career, including the



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most skilled and experienced employees in whom substantial investments will have been made (Beynon, 2011).

There are significant implications for employers who fail to recognise the changing needs of their workforce. Arguably, it is more important to discuss the concept of 'workforces in an ageing world' than focus on older workers or an ageing workforce, as the impact of population ageing increasingly permeates the lives of everyone in paid employment.



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Employers must adhere to age legislation and ideally the equal treatment of older workers. Further still, they must arguably nurture a workplace that can attract and retain a workforce with changing needs and responsibilities throughout the life course, thus future proofing their organisation to meet the challenges and realise the opportunities of the increasingly ageing world they inhabit.

Conclusion

The interface between ageing and business is complicated by the social norms, expectations and stereotypes of ageing and older people. From the arbitrary definition of 'older age' that is associated with retirement from economic activity (Walker, 1996), to the discriminate treatment of older workers (Fredman and Spencer, 2003; Taylor and Walker, 1998; Imel, 1996; Walker, 1996). The economic laws of supply and demand that normally help shape and define a marketplace, have arguably failed to secure, as yet, an enduring place for older people in consumer society, or recognised the importance of adequately supporting workforces in the context of an ageing world. In the mean time, large numbers of older entrepreneurs are challenging assumptions about the right age to start a company and what it takes to succeed (Stangler, 2009a; Theil, 2010).

The business community must decide whether the ageing world around them represents a risk, a challenge, or an opportunity. They must consider their employees, their customers, their competition and how they want to be represented. Whether businesses make the decision based on economic sense, moral obligation, corporate responsibility or age legislation; whether they perceive 'longevity risk' or a 'longevity dividend'; a 'silver' economy or a 'gold' economy; the interface between ageing and business will be increasingly complex and inextricably intertwined, the implications cannot be ignored for long-term success (Small, 2011).

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Understanding the Anglo-Germanic use of digital technologies in the 21st Century

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The following article aims to provide an overview of ageing and technology use within Germany. Although broad statistics are readily available from an EU perspective, little is known about the use of technology by the German population. The utilization of technologies has the potential to play a significant role within one's ageing process. According to the Destatis (2011); The Federal Statistical Office for Germany, there were approximately 82 million people living in Germany and 17 million were aged 65+ years in 2009. However, the population of older adults differs across each Länder or state, for example; in 2009 there were older adults/seniors living in East Germany (23.5%) than in West Germany (20.2%). The state of Sachsen has recorded the most populace of adults of retirement age (24.7%); "followed by Sachsen-Anhalt (24.2%). The city states of Hamburg and Berlin were the "youngest" being 19% and 19.1% respectively. Figure 1 displays the proportion of adults 65+ across Germany.

The German population aged 65+ has risen by 5 million since 1990, an increase of 42%. Changes in demography are more distinct in Eastern Germany, since younger cohorts have been migrating to the West. The populations between 1990 -2009, the decreased in East Germany by 12% while the rise of older adults increased by 50%.

This rise in the proportion of older adults has led to an increased interest in how new technologies can be tailored to suit aging populations. For example, in recent years digital gaming has been adapted by health practitioners and researchers alike for rehabilitation purposes, such as motor skill training, mobility, fall prevention (Laver, George, Thomas, Deutsch & Crotty, 2012;

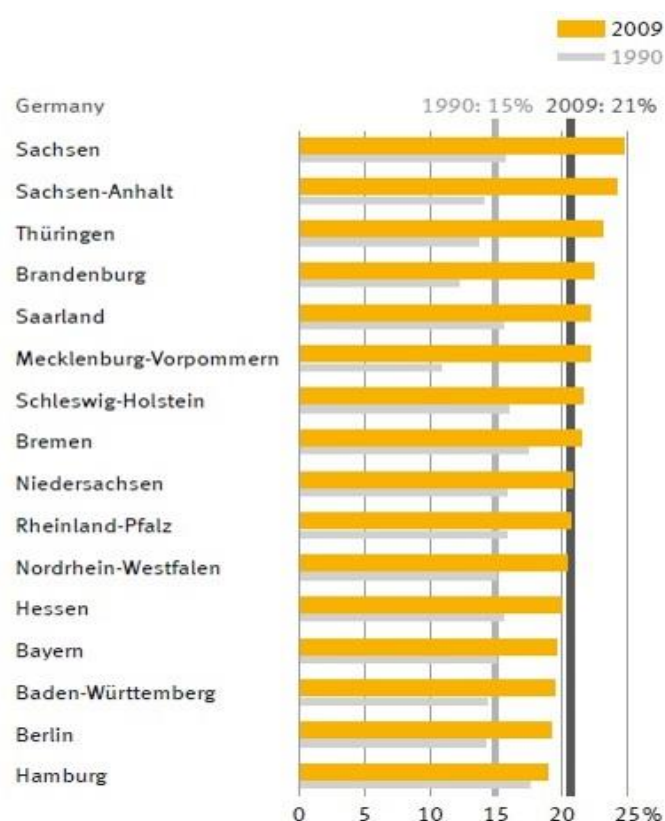


Fig 1. Displays the population percentages of adults aged 65+ across the 16 German states

Mirelman, Maidan, Herman, Deutsch, Giladi, & Hausdorff, 2011; Deutsch, 2011) or to help prevent cognitive decline (Basak, Boot, Voss, & Kramer, 2008; Lustig, Shah, Seidler, & Reuter-Lorenz, 2009). The use of technologies to facilitate older adults with their quality of life (QoL), well-being and to maintain independent living and rehabilitation has become a phenomenon and directive of European research. Yet

statistics of technology use by older adults remains relatively limited. i2020: Independent living for the Ageing Society published by the European Commission Information Society and Media (EC, 2006) highlights the notion of “‘Design-for-All’ is an important way of ensuring that products are suitable for use by older people. It shows that good design principles bring benefits for all users of ICT systems, but recognizes that with serious levels of physical or mental impairment specially adapted devices will be needed.” The document suggests by enhancing the QoL of older adults to enable participation in a variety of activities will require integration of flawless technology.

Internet and computer usage

Internet consumption has become a medium of daily living. The use of the Internet has provided society the ability to communicate (E-mail) with friends, relatives and colleagues quite easily with a press of a button.

Destatis reports high Internet use across Germany, reporting 78% of the population aged 10+ years used the Internet in 2009 (Destatis, n.da). Since 2006, regular internet use has increased in the UK comprising of 36 million adults and since 2012, daily internet use has increased by 2.5 million (ONS, 2013).

Computer usage has increased since 2006, showing 37% of adults aged 55-64 and 9% aged 65+ in 2006 used a computer on a daily basis. However, this increased in 2013, resulting in 67% of adults aged 55-64 and 37% of adults aged 65+ now use a computer (ONS, 2013). In regards to Germany, the use of the Internet in 2004 by the population was 57% and had risen to 79% in 2012. Broadband usage from 2008 (no earlier data available) showed 50% of the population increasing to 75% in 2012. PC ownership was 66% and increased to 83% in 2013 (Destatis, n.db).

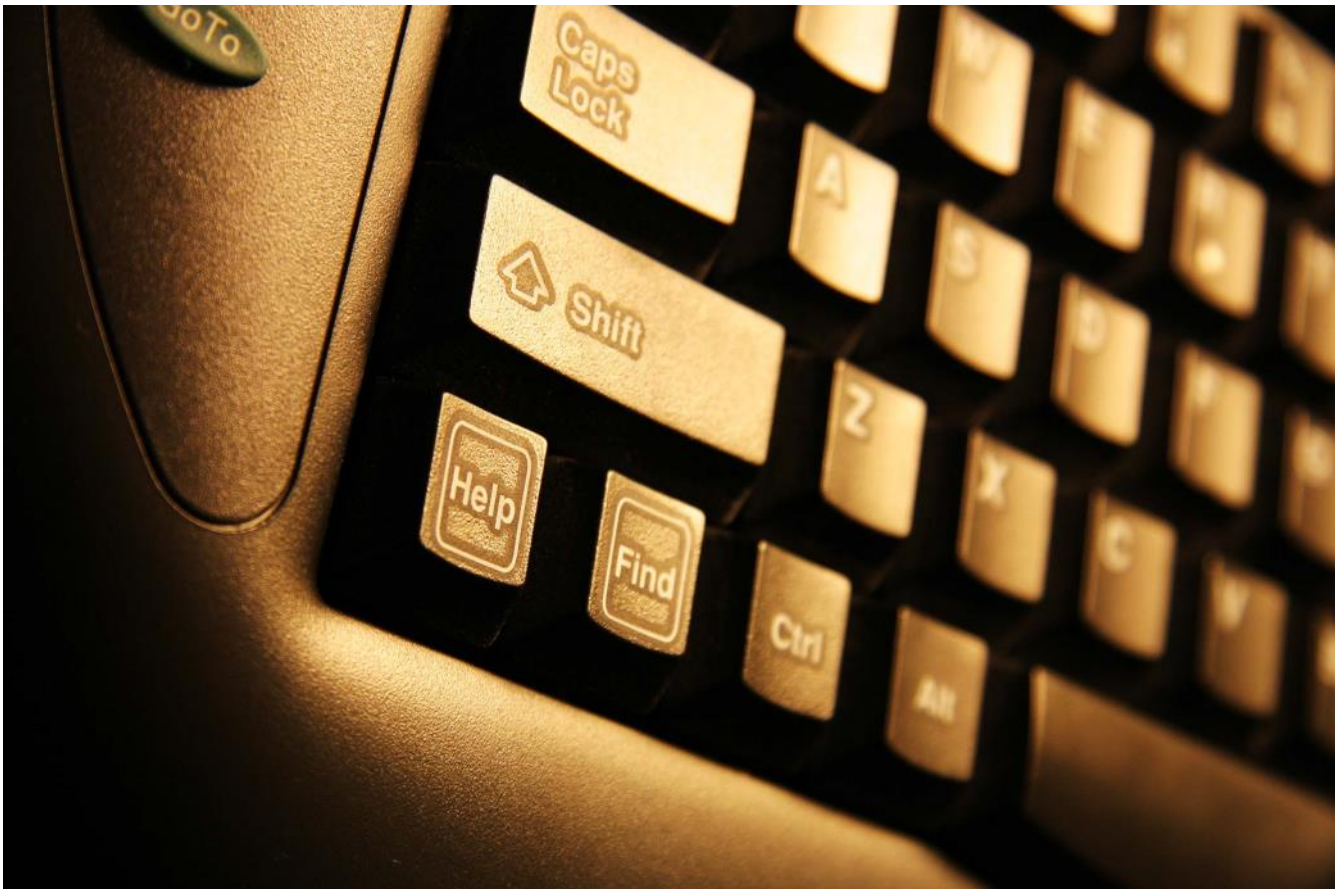


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Anglo-Germanic use of digital technologies *continued*

Digital Gaming

With this in mind, digital gaming is one technology medium that has gained considerable interest. To provide an overview of technology use in Germany by adults aged 16-64 years the Interactive Software Federation of Europe (ISFE) has published a substantial document detailing such information from 16 European countries. For the purpose of this article, statistics for both Germany (DE) and Great Britain (GB) will be presented. Statistics for both countries are very similar to the percentage of respondents who have played a game in the past 12 months.

The respective reports highlight the profile of gamers across genders for GB shows 46% of women and 54% of men and in DE shows 56% of men and 44% of women play games.

Germany			Great Britain	
Female %	Male %	Age	Male %	Female %
5	5	16-19	8	5
7	9	20-24	9	6
9	12	25-34	13	9
11	12	35-44	13	11
8	10	45-54	7	9
4	7	55-64	5	6

Table 1. Displays the percentage of gamers in Germany and Great Britain by age
Source: ISFE 2012

Pratchett, Harris & Bettridge (2005) reported technology use, gaming habits and preferences of people aged 6-65 years. In regards to the age category 51-65 years, the report shows 41% of adults have a PC in the living room, 44% in a study and 15% in the bedroom. Table 2 displays the type of technology owned, functionality and mobile phone functions utilized.

Technology Owned %		PC Functions %		Mobile Phone Functions %	
PC	100	Storing digital photos	83%	Sending Text Messages	79
Mobile Phone	95	Instant Messaging	57	Playing Games	23
DVD Player	93	Forums, Chat rooms	47	E-mail	20
Digital Camera	85	Downloading Music	44	TV programme voting	17
Games Console	40	Watching DVDs	42	Downloading ringtones	16
PDA/Palmtop	20	Storing digital photos on net	27	MMS	14
Handheld Games Device	18	Creating/updating own site	20	Receiving Text Info	9

Table 2. Displays the percentage of digital devices owned by adults aged 51-65
Source: Pratchett, Harris & Bettridge (2005)



Anglo-Germanic use of digital technologies *continued*

Germany				
Gender & Age				
	Males 16-34	Males 35-64-34	Females 16-34	Females 35-64
Any Video Game	58	38	48	32
Any Packaged	34	23	21	17
Any Apps	23	12	19	6
Any Online	42	28	36	26
Downloads	29	18	23	17
Social	21	7	17	11
Websites	15	11	15	12
Multiplayer Online	18	6	8	6

Source: ISFE 2012

Table 3a. Displays the game preferences of adults across DE and GB

Great Britain				
Gender & Age				
	Males 16-34	Males 35-64-34	Females 16-34	Females 35-64
Any Video Game	56	35	40	35
Any Packaged	46	24	26	20
Any Apps	29	14	23	12
Any Online	39	24	27	27
Downloads	27	13	15	13
Social	15	9	14	10
Websites	17	8	10	10
Multiplayer Online	21	6	4	3

Source: ISFE 2012

Table 3b. Displays the game preferences of adults across DE and GB

Pratchett et al. (2005) reported a variety of game genres by gender. The most popular played by women was puzzle/board games/quizzes (76%) followed by classic (42%), simulations (38%), action adventure (29%), racing (25%), role playing (22%) and music – including singing/dancing (22%). Male preferences included action adventure (56%), racing (53%), puzzle/board games/quizzes (50%), first person shooters (45%), sports (44%), simulations (40%) and strategy (39%). Quandt, Grueninger, and Wimmer (2008) also found that older players express a strong interest in the social aspect of game play.



Anglo-Germanic use of digital technologies *continued*

Population Projection

The ONS (2010) estimate future population projects for GB to increase by 4.9 million from 62.3 million in 2010 to 67.2 by 2020. By the middle of 2027, the population of GB is expected to have grown to 70 million. Additionally, Figure 2 displays the estimated population projections for 2035 of people who will be aged 85+ years (c.f. Fig 2).

Age	Years					Million
	2010	2015	2020	2025	2030	2035
0-14	10.9	11.5	12.2	12.5	12.3	12.1
15-29	12.5	12.6	12.2	12.2	12.8	13.5
30-44	12.7	12.5	13.2	14.0	14.1	13.7
45-59	12.1	13.0	13.2	12.5	12.3	13.0
60-74	9.2	9.7	10.3	10.9	11.8	12.0
75+	4.9	5.4	6.1	7.3	8.1	8.9
75-84	3.5	3.8	4.2	5.0	5.3	5.4
85+	1.4	1.6	1.9	2.3	2.8	3.5
All ages	62.3	64.8	67.2	69.4	71.4	73.2
Media age (years)	39.7	39.9	39.9	40.5	41.4	42.2

Source: ONS, 2010

Table 4. Displays the projected population by age for GB from 2010 to 2035

Estimated and projected population aged 85 and over by age group, UK, mid-2010 and mid-2035

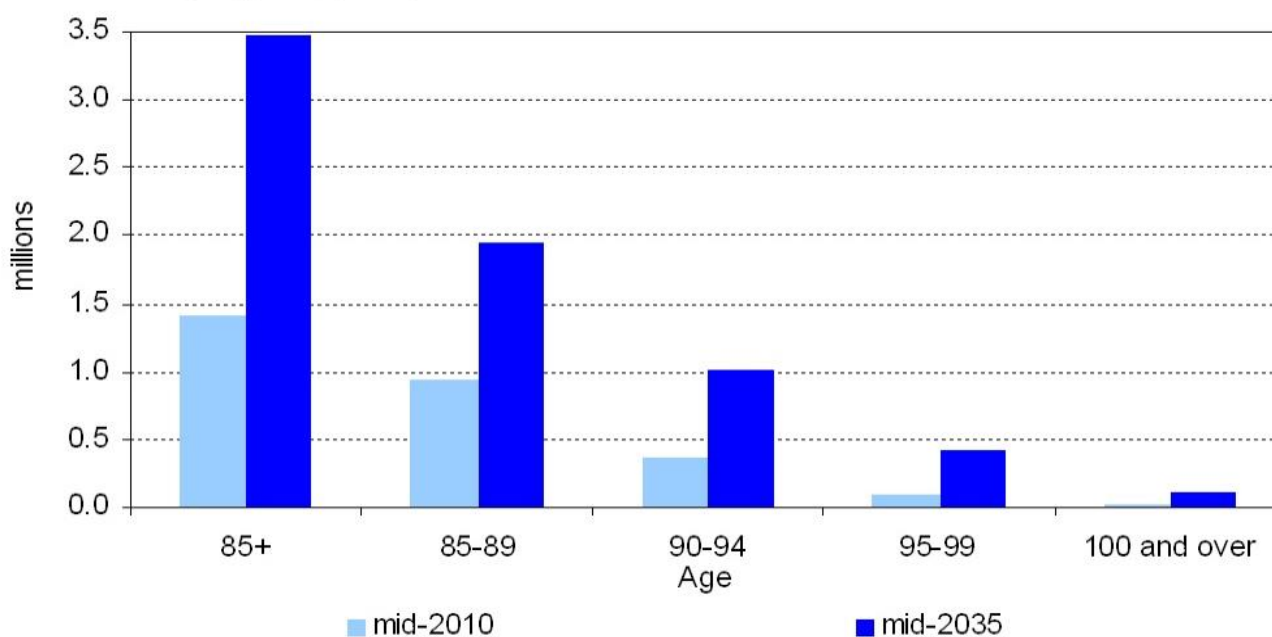


Figure 2. Displays the estimated projected population aged 85+ for the UK, mid-2010 and mid-2035 (Source: ONS, 2010)



2005, the population of Germany was 82.4 million (Destatis, 2006). Taking into account the life expectancy for men (7.6 years) and women (6.5 years), in conjunction with migration of 100,000 people, the population by 2050 will be 69 million. Further, it is anticipated a decrease of 10-17% will occur between 2005 and 2050. Further, Destatis (2006) estimate that people aged 60-80 years will grow after 2020 resulting in those born in the 1950s and the 1960s reach this age. Additionally, people aged 80+ years currently comprise of 3.7 million and will increase by 2050, initially by 2020 it is estimated to reach 6 million and by 2050 it will have exceeded 10 million.

A more recent publication published by Destatis.de reports on the changes of the German population by 2060. Assumptions are made suggesting the life expectancy of men at birth will be 85.0 years and 89.2 for women in 2060. Regarding adults aged 80+ years, it is anticipated there will be an increase of 10.6 years for men and 8.8 years for women resulting in a higher life expectancy: 87.7 for men and 91.2 for women by 2060 (Destatis, 2009).

What does the future hold?

As shown in this article the population projections for Germany and the UK for the future are high. With this in mind, the use of technologies such as the Internet, digital games and PCs will become more valuable for continuing and maintaining independent living, well-being and QoL. Digital gaming statistics have shown that older adults at present do play a variety of game genres and use the Internet and computer on a daily basis.

As researchers in gerontology and game studies, the use of technology to facilitate populations and communities to live a healthy and independent life is important. The cost of such equipment can vary and an initial outlay can be costly. Additionally, individuals or communities who are geographically located in rural areas may also experience problems such as low bandwidth or loss of mobile phone signal. This is particular important for studies or researchers exploring the use of tele-health. There is a growing body of work focusing on digital gaming as a means of assisting the ageing population in addition to a variety of inter/national funded investigations which are exploring the use of a variety of technologies for multiple uses – ambient assisted living, fall prevention, stroke,

roadmaps to facilitate research and technological development for active ageing.

The authors suggest future studies should consider the use of a survey to capture technology use, and should include a several elements such as: ownership, purpose, and length of time, frequency of use, purchasing habits, and methods of learning. The rationale for such data collection would enable this data to be analyzed and recorded as a data base enabling researchers to track use over different periods of time.

Incorporating qualitative data would facilitate researchers to gain a greater understanding of technology use by older adults. Gaining an in-depth perspective as to why or why not the older generation is choosing to adopt new technologies to improve their physical, social, and psychological health and how these technologies can be further tailored to meet their particular needs. For example, while games as rehabilitation technologies has emerged as a popular topic among, there is far less research that has been done looking at the social and psychological impact of gaming (or non-gaming) among the elderly (Quandt et al., 2008).

Although digital games have been around since the 1960s and were generally played in public spaces such as public houses and arcades, the 1970s and 80s saw a shift in use and access resulting in the home console. Through the history of games, each decade has contributed to the design and development of consoles and games due to hardware/software enhancement. At the start of the Millennium, a different shift in this medium occurred resulting in the development and initial release of the Nintendo DS handheld quickly followed by the Nintendo Wii console.

Through television advertisements both pieces of hardware were marketed as a medium for older adults and the family. The Wii console, enabled users to engage with the environment through physical motion by holding a remote and 'swinging' it in a manner that might resemble a golf club or tennis racket. It is suggested this form of engagement was easier than executing multiple button pressing which was executed on earlier consoles such as the Xbox, Nintendo Gamecube and Sony PlayStation 1/2. This approach to engagement in conjunction with peripherals such as the Will Balance Board or more recently the Microsoft Kinect which enables

engagement through gesture and speech recognition to be utilized by researchers to identify the suitability for health rehabilitation including varying health pathologies.

With this in mind, the future of digital game use for health is exciting, but it is important to state that initial baseline data of technology use/ownership as previously highlighted is collected to provide current and future researchers and clinicians the ability to identify patterns or gain an understanding of technology use by current and future older populations. This is particularly important for multi/cross disciplinary collaborations which work in large scale projects such as Horizon 2020 or national projects funded by the UK research councils.

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Designing public space for older people

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Much has been written about creating positive urban public space over the years. Some excellent work was carried out in the 1950s and 60s by William Whyte (his excellent film, *Social Life of Small Urban Spaces*, highly recommended, can be seen at <https://archive.org/details/SmallUrbanSpaces>). The seminal work of Jan Gehl (1987) and of Donald Appleyard (see Appleyard et al., 1981) highlighted the need to keep public spaces human and the importance of recognising the negative impact of the growing number of private vehicles including cars and vans on local roads. There is a need to move away from viewing urban areas as places for movement but to see them as spaces for dwelling, for being, for creating place and home. This has integrated its way into guidance now used in street design in the UK in *Manual for Streets* (for local residential areas) and *Manual for Streets 2* (for use of busier High Streets and streets of mixed use).

More recently CABI (2011) and urban designers like Shaftey (2008) in his excellent book, *Convivial Urban Spaces*, highlight the need to make public spaces attractive to the user, so that people want to come and spend time within them. They all highlight the need to address spaces not just in terms of their utilitarian and practical assets but also in terms of their aesthetic and psychosocial qualities. In particular urban spaces should be:-
Character – streets should have character and reflect local identity, history and culture. Utilising local art and architecture can help enhance distinct and unique character and identity.

Continuity and enclosure - where public and private spaces are easily distinguished.

Quality public realm – good quality materials, easily maintained and replaced.

Ease of movement - should be enhanced for all users,

along with permission to stop and dwell through benches and places to lean and creating focal points to commune at including fountains, works of art, sculptures, memorials or trees, gardens and other greenery.



Legibility – area should be designed in a way that is easy to understand and interpret, not just with signage but with other visual and tactile cues as well to help determine legitimacy in activity and determine use.

Adaptability –The place should be built to adapt to changes in the needs of users, policy and legislation over time.

Diversity and choice – Allowing area to be used by a large variety of individuals and uses, with minimum exclusion.

How do we create public spaces that are attractive to older people? Can we take the CABI guidelines and

Research: Designing Public Space for Older People

apply them? In terms of character and art, research by IDGO suggests art works are popular with older people, especially statues and water features (Newton and Ormerod, 2007b). Creating a sense of distinctiveness about an area can help those with cognitive decline and dementia by create a more legible space (Burton and Mitchell, 2006). Excellent work by IDGO project looks at the utilitarian and practical improvements that can be made in the environment improving the ease of movement and quality of public realm. IDGO research has found how important ease of movement is especially, with cracked or poorly maintained pavements hampering walking, how to improve tactile pavements (Ormerod, 2012), what materials to use (Newton and Ormerod, 2007a) and the importance of seating among other things (Newton, 2007). My own work has warned we don't allow enough time for older people to cross roads, that we design for young middle-class fit males (Musselwhite, in press). I even found older people from higher socio-economic status walk faster and don't give-way to other walkers as often (Musselwhite, in press). Legibility does not always have to be constant; people can adapt as with new designs. My work with Victoria Hammond found older people are able to adapt to changes in the urban environment that allow vehicles



and pedestrians to use the same space; they were fine using shared space (Hammond & Musselwhite, 2013). However, we studied Widemarsh Street, Hereford, an area of low traffic volume, maybe more of an issue in the high traffic volume areas a hinted at by Melia and Moody (2013). But, spaces that are too open and wide can also be viewed negatively, even if they are totally pedestrianised, difficulty in finding orientation for those with cognitive impairments or visual difficulties or by creating a lack of space for refuge or sitting (Atkin, 2012). So a balance needs to be struck.



There is far less known about how urban design effects place attachment, an important concept in later life with its relationship to health, wellbeing as a result of ageing in place and independency agendas. In a study on High Streets, legibility and comfort are seen to be associated with place attachment for those of all ages, the street must be seen to be providing for needs and afford spaces to dwell, sit and perform the activities (Ujang, 2012). What is the relationship between psychosocial and environmental aspects of the built environment? How do they relate together? Could the absence of one be balanced by good provision of the other (for example poor urban design but high social cohesion)?



Research: Designing Public Space for Older People



But more work is needed on linking the excellent work of urban designers and older people, can we adapt the messages of one to older people themselves. There is often an urban myth that design for older people is a design for all? But is it? Aren't older people more likely to be

qualitatively different from younger people, not just different in physical capability or need but in terms of desirability and wishes when considering their wider social context? Do they have more time to dwell? Different work and life patterns means they are likely to use the spaces at the same time as others? Whatever the issue, we need to start creating spaces for people, for people and we need to do it with people not sat at a desk with software, models and guidelines. There is a real need to get down and get dirty as an designer or architect, to talk to people, to watch, to observe, to audit yes, but to challenge too.

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BSG Small Events Programme: A Review

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How the programme came about

In 2011 the BSG began advertising a £500 loan to members who wanted to organise a 'local event'. The Executive hoped to build on the success of BSG Scotland (the Society's only regional grouping), the Kilburn Debates (a programme of academic presentations at a London day centre, held annually since 2008), and a well-attended meeting of ERA (held at Keele in December 2011, rapidly followed up at Brunel the following March). Despite some differences in funding arrangements (and the cost to the BSG itself), and the varying inputs of local partners, such events had in common a reliance on BSG members contributing time and energy to fulfil the Society's strategic goals. The decision reflected the Executive's growing interest in developing member-led activity within the BSG.

There were no applications for a loan. After much discussion, following the windfall from the 2011 Plymouth conference, the purse strings were loosened. Members could now apply for a £500 grant. The Conference Liaison and Events strategy group sent out a call for bids in the spring of 2013 against a pot of £2000. There was a strong response and the Executive went on to identify a further £1000. Six schemes were funded overall and so the announcement of a second funding pot in the spring of 2013 prompted immediate interest. A new call is now in preparation. In this article I discuss some of the issues that arose from that original programme in 2013.

The process

There were eight initial enquiries, most made within a couple of weeks of the call. We were ill-prepared. I had anticipated a rather pains-taking development process, with members seeking advice on convening a meeting of gerontologists along the ERA model before finalising a request for funds. And, indeed, we did receive one such enquiry – from a member in Estonia! But instead what members were proposing to do was either to hold a public event (like the Kilburn Debates), or extend the reach of a research project. Two applicants needed funds particularly urgently. There was a flurry of activity to set up a framework within which to compare bids. Lines of accountability within the strategy group, and the executive had also to be



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improvised, with the President taking a direct interest. A cut-off point for bidding was hastily introduced. One or two conflicts of interest had to be fudged. It was a relief to approve six of the bids (two enquirers having withdrawn, including the one from Tallin) and allocate a total of £2558, while holding some funds in reserve. And, by the end, we had a working structure for the next round, although even such a small programme stretches the organisation's administrative capacity.

The first 'small events' programme and the BSG role

Figure 1 The six BSG small events 2013:

Event and funds allocated	Proposers	Agenc(ies) and attendance
1 <i>After Francis</i> May 15 th £523 professional education event	Melody Carter and Barry Smith	UWE School of Nursing and partners (50 attendees: 3 BSG members)
2 Workshop: <i>The future of the Tele-talker</i> July 11 th £285	Marianne Markowski and Eleanor van den Heuvel	Middlesex University Art and Design Research Institute (16 attendees: 3 BSG members)
3 <i>Launch of Bradford Dementia Action Alliance</i> June 27 th £500	Jan Oyeboode and Murna Downs	Bradford Dementia Group and various partners (80 attendees: unknown number of BSG members, but at least 2).
4 Information tent at <i>Celebrate Whalley Range</i> June 22 nd and <i>Age-friendly Whalley Range</i> Debate Manley Park Methodist Church July 15 th £500	Paul McGarry and Chris Phillipson	Valuing Older People, Manchester and Manchester Interdisciplinary Collaboration for Research on Ageing (100 attendees: 5 BSG members)
5 Kilburn Debates: <i>What is an age-friendly community?</i> July 23 rd £250	John Miles and Mel Wright	BSG and Kilburn Older Voices Exchange and Camden council (32 attendees :5 BSG members)
6 <i>Now grown up</i> Respondents pre-meeting and seminar (study of liver transplants) November 4 th £500	Karen Lowton and Paul Higgs	Kings College London, and University College London (50 attendees: 5 BSG members)

The society required successful applicants to publicise and promote the BSG. There was some variation here. Some were able to acknowledge the society in advanced publicity or on their website. At five events there was a presentation from the platform: at King's Debbie Price even contributed a new power-point. There were always leaflets available, while I delivered the ERA banner to four events, and took part in three of them (including both parts at Manchester, where the applicants had constructed long streams of bunting, advertising their partners and sponsors - perhaps the first occasion where the BSG has been prominently identified in a public park, and on the railings of a community centre well-known in its locality!)



The self-assessment

Event organisers were asked to provide the BSG with a report of the event and to fill in a brief evaluation form. On the form they were asked for a breakdown of the numbers of people who came (Figure 1). There were around 330 attendees, of whom 24 were known to be BSG members. Applicants were then asked to consider what took place and identify how it had worked against the BSG's four strategic objectives:

1. To support members in further developing the national and international profile of the Society
2. To support our members in ensuring that the Society contributes to strengthening the social sciences
3. To support our members in promoting the understanding of human ageing and later life through research and communication
4. To support our members in fostering the application of knowledge to the improvement of the quality of life in old age.

Both the reports* and the forms provided useful descriptive material and offered insights into the organisers' intentions and participant responses. A selection of the comments made is shown in Figure 2. This form also had a value in putting these objectives in front of members and inviting them to make use of them. Two entries describe how technical, or conceptual, goals were linked with the social realities faced by older event participants. Marianne Markowski, from Middlesex, addressed Objective 4:

'The workshop aimed to design scenarios and applications that supported ageing while being connected and maintaining quality of life. In particular the concept of interactivity between the people at one end around and through the technology was highlighted.'

From Kings/UCL, Karen Lowton wrote in response to Objective 3:

'The small grant enabled many of our study participants to attend. This was the first time that all of them had met another adult who had had a liver transplant in childhood, and they had



Photo by GeoffreyWhieway from www.freerangestock.com

time to discuss their experiences and hopes for the future with each other over a private lunch. It also enabled clinical staff involved with this group of people to meet them again 20-30 years later, and for all to learn of our research findings.'

How the events were shaped and led

As Figure 1 shows the profile of the applicants was diverse: emerging researchers, community development workers and a local government manager figure alongside internationally prominent academics. In relation to research, members used these funds to undertake consultations, to support their work in publicising research agendas, and in disseminating results and outcomes to stimulate debate. A prominent theme referred to the involvement of older people and to local regeneration. While the Bradford and Manchester events took place clearly in the public domain, those at Worcester and Kings drew the public into significant debates about professional responsibility or articulated matters of personal identity and the life-course. By contrast the two workshop-seminars, in Kilburn and at Middlesex, although they differed in how participants were recruited, featured elements of co-productive practice. This was achieved to an exceptional degree by Marianne and her colleagues from Middlesex and elsewhere, an achievement well-captured in her lavishly illustrated report, which can be found at <http://www.britishgerontology.org/events-jobs-news/bsg-events/small-events/small-events-reports-2013.html>

Discussion

If the range and the content of the events was impressive, it is still the case that no application addressed the underlying objective of organising "local seminars, workshops, etc. that focus on ageing and research" in quite the way anticipated, or intended. The attendance records show, for example, that at no event were more than 20% of those attending members of the BSG, and that only at the Middlesex workshop were more than half those present involved in research. In discussion within the Strategy group I suggested that the programme might be regarded more as an exploration of the BSG membership's real interests and preferences, or the circumstances in which they find themselves operating. This was borne out when the second call, despite some variations in approach, drew a round of bids even more focused on the dissemination of research outcomes than the first.

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Figure 2 Selected responses to the four strategic objectives:

<p><u>1. To support members in further developing the national and international profile of the Society</u></p> <p><i>The grant was important in raising the profile of the British Society of Gerontology in the context of the World Health Organisation's work on age-friendly cities... The debate was extensively advertised in inner-city neighbourhoods of Manchester, extending knowledge and awareness about the work of the BSG. (Manchester).</i></p> <p><i>We distributed all BSG flyers provided to our delegates (Launch Bradford Dementia Alliance).</i></p> <p><i>It seemed some other academics and activists were definitely interested in learning more about the BSG (Middlesex University: Telewalker workshop).</i></p>
<p><u>2. To support our members in ensuring that the Society contributes to strengthening the social sciences</u></p> <p><i>Having the BSG support deepened the discussion and increased the focus towards what would be most helpful to older people needing care in institutional settings (UWE Francis Report).</i></p> <p><i>It did demonstrate to our community colleagues that social scientists at the University are keen to work in collaboration with public services and the retail and business sector alongside people with dementia and their families to improve quality of life (Launch Bradford Dementia Alliance).</i></p> <p><i>The event attempted to distil findings from social science research about urbanisation and ageing to a lay audience. Importantly, the debate provided the groundwork for further research in Whalley Range (Manchester).</i></p>
<p><u>3. To support our members in promoting the understanding of human ageing and later life through research and communication</u></p> <p><i>Considerable gaps between research education and practice were raised as well as areas of good local practice identified and shared. Overall this has been missing from the national debate on the outcomes of the Francis Inquiry report and this was a useful and important extension of the discussion (UWE Francis Report).</i></p> <p><i>This event successfully achieved a better understanding of ageing through research programmes and findings presented eg kitchen design (Kilburn Debates).</i></p> <p><i>The workshop was successful in raising awareness about older people and ageing for those who were not involved in working with or researching older people (Middlesex University Telewalker workshop).</i></p>
<p><u>4. To support our members in fostering the application of knowledge to the improvement of the quality of life in old age</u></p> <p><i>Those attending all expressed an interest in attending future events and making use of what was shared in their practice (UWE Francis Report).</i></p> <p><i>This event allowed us to focus on community-based initiatives which would directly impact on the quality of life of people with dementia (Launch Bradford Dementia Alliance).</i></p> <p><i>[It] gave everyone an opportunity to reflect on the information presented, improve their knowledge on specific topics and test out ideas and discuss them in the workshop part of the day (Kilburn Debates).</i></p> <p><i>The workshop aimed to design scenarios and applications that supported aging while being connected and maintaining quality of life. In particular the concept of interactivity between the people at one end around and through the technology was highlighted (Middlesex University Telewalker workshop).</i></p>



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Returning to the original templates for this programme (BSG Scotland, the Kilburn Debates, and the post-graduate-led ERA conferences) it is evident that neither the local, or regional, focus of the first, nor the collectivist element of the latter has been specifically enhanced to date. The funds have been imaginatively used to help extend the activities of existing research teams, or projects. The involvement of the public, but also the inter-disciplinary, researcher-practitioner dialogue, could be said to have trumped the direct conversation between gerontologists. Informally, however, one or two event organisers have said how much they have valued the scope to improvise afforded by the funds, and how important has been the BSG's presence and the opportunity to promote the society. This was at least partly evident at the launch of an East Manchester age-friendly initiative I attended earlier this year in Beswick. Opening the proceedings, Councillor Mary Watson described the importance for the progress they had recently made in Whalley Range of the consultation events the previous summer. Granted, she could not remember the name of the organisation whose sponsorship she then warmly endorsed, so that it was fortuitous I happened to be there to remind her, but while the execution may have been flawed, the principle is clear.

There has been a good deal of recent discussion in the BSG about the role of a gerontologist. At the Middlesex workshop, surrounded by computer scientists, visual artists and design theorists, I was invited to play that role proactively. I tried to do this by illustrating the kind of debate that has taken place around certain key issues. As those of us recently involved with the AHRC *Late Life Creativity and the New Old Age* programme have found, this can sometimes be a challenging function, and one better understood as collegial and exploratory rather than didactic. Nevertheless, as ageing research continues to diversify against an often distorted and misinformed media backdrop, it's an important one for the BSG to encourage and perform. Introducing an inner-city audience, for example, to the idea that its local population is not actually ageing demographically can be a valuable corrective and a stimulus to put real curiosity before lazy assumptions. Similarly important is a point illustrated by the report from the Worcester *After Francis* event: the case for working academics to support more professionals to discover, and engage with, evidence-based research (to which one might add, hopefully, discover and engage with theory as well).



Recommendations

First, I hope the BSG will be able to maintain this programme, and continue with an annual small grant round. Members should be left largely to determine the uses to which the money is put. Application procedures need to remain simple, and reporting back requirements kept to a minimum. The sum of money involved, although it may be the difference between an event taking place or not, is still very small and doesn't warrant large amounts of worker time. Reciprocally, the BSG should try to find a better way to publicise the outcomes of the programme. This little report, for example, is twelve months overdue, and our original promise to make small event reports available on-line has not been kept. Apart for the respect due to members who've taken the initiative by organising an event, the BSG is not yet making the best of the promotional opportunities these activities have made available to it.

Second, the small events programme is perhaps not the best way to pursue the original objectives. If the BSG wants to see a members' grouping meeting on a quarterly basis in, say, London, it would probably be better to identify the partners willing to pursue it, put aside some small funds on an annual basis and provide the encouragement and publicity to help it happen. There might also be a case for funding discussion groups to consider certain themes, for which seed money might be helpful, particularly to counter the over-reliance on policy-led initiatives shaping the research agenda. For example, in the late 1980s, with the work of Andrew Blaikie and John Macnicol, there seemed real promise of a field emerging somewhere between political science and contemporary history (as distinct, say, from oral history and ageing which has been pretty well-served). I think it's fair to say that, despite the work of Pat Thane, this has never happened: you see the consequences in the two high profile social histories of post-war Britain currently rolling out. Neither Dominic Sandbrook nor David Kynaston have had more than peripheral things to say about events or policy relating to the lives of older people.



Photo by GeoffreyWhieway from www.freerangestock.com

Conclusion

The small events programme has been a modest but important initiative linking BSG members with the executive, and academic researchers with the public. I'm pleased to have been involved, and would like to thank Simon Evans, Cassie Phoenix, Rachel Hazelwood and Louise McCabe, currently taking the lead responsibility, for taking it forward. Good luck to everyone planning a bid for the third call!

References

* [ALL OF THE REPORTS FROM 2013 ARE AVAILABLE ON THE BSG WEBSITE](#)

BSG 2013a British Society of Gerontology website 'BSG Events'

<http://www.britishgerontology.org/events-jobs-news/bsg-events.html>

BSG 2013b British Society of Gerontology website 'Small Events'

<http://www.britishgerontology.org/events-jobs-news/bsg-events/small-events.html> [both downloaded, 16/02/2014]

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BSG
Averil Osborn Fund

Involving older people as co-researchers

Averil Osborn was a social gerontologist known as a life-long advocate for older people. To commemorate Averil's life and work the British Society of Gerontology established the BSG Averil Osborn Memorial Fund in 1994 to support innovative research and dissemination projects which directly involve older people, and to spread understanding and good practice.

The Aims of the Research Fund

The aim of the Fund is to encourage and support research which will improve the quality of life and citizenship of older people. The Fund wishes to support original studies that involve older people at all stages of the research (design, execution, interpretation, dissemination). The Awards Panel aims to make awards in the range £500-£3000 each year.

Essential features of an Averil Osborn project

- projects in which older people lead or directly participate
- those following an agenda agreed with older people
- projects with a clear dissemination strategy
- projects with a clear timetable and specific outputs or products
- all methodologies and approaches are considered
- all disciplines and forms of professional involvement are considered.

How to apply:

For more information on how to prepare an application for a grant, about previous awards or to discuss the fund (including donations) please visit the BSG Averil Osborn Fund pages at: <http://www.britishgerontology.org/averil-osborn-fund.html>.



Photo from www.freerangestock.com archives



Jill Manthorpe and John Miles remember BSG member Jan James

The distressing and untimely death of Jan James in June at the age of 76 caught many of us off balance at the BSG conference in Southampton this year. Jan was one of the few older people regularly attending BSG conferences. Jan was a committed BSG Member who attended the senior members meeting at the end of 2013. She made a strong case for learning about ageing from the experience of the older BSG members both about caring for others and being older themselves. She was always attentive and questioning - her move back from university teaching to retirement was not a move to doing less or little. She engaged with older people's issues using her interpersonal skills. She got on well with people, was funny and politically 'savvy', and she thought a commitment to justice needed to be constantly expressed.

"I first encountered Jan when she arrived to take up a teaching post in gerontology in the nursing school at the University of Hull. She moved from the other side of the country, with her husband Steve, and was probably the only Occupational Therapist (OT) for miles around, still less in the University. While being proud of her OT identity, Jan did 'interprofessional' without fuss and built up good links with local NHS managers, encouraging them to contribute to courses and offer opportunities to



students. Jan was kind to her students too, recognising the commitment that many made to undertake part time post-graduate studies and the struggles this entailed. Kindness is of course only part of the job; she was motivational and could argue why things that were 'heuristic' needed to have practical application. She contributed to a collegiate culture at the time universities were beginning to become more entrepreneurial and performance centred.

OBITUARY: JANET JAMES

Jan's pride was, however, her family whose talents and achievements she treasured. She will be missed in BSG circles too and remembered as a good colleague and friend to many." **Jill Manthorpe**

"Jan and I were among a loose cohort of BSG members involved in the 1990s with the gerontological education of professionals. Jan always emphasised that care required an understanding of its social and political context. Her turn to teaching, she told me once, had followed the recognition that she could no longer look after people properly within a service structure that was failing to function. She was funny and forthright, with a zest for plain-speaking. In their paper 'Is Living Longer Necessarily Better?' at the 1996 Congress of Gerontology in Manchester she and co-author Elizabeth Willerton reported finding a 'marked disinterest in patients' views, particularly among doctors'. I recall an entertaining presentation at Newcastle in 2003 on her experience of 'Being an Older Voice', where 'participant observation' revealed a predictable 'lack of gerontological knowledge' among her local National Service Framework implementation team. At Brunel in 2010 she reported on the struggle to accomplish 'the birth of a leaflet' on healthy living directed at the 80-85% of older people who 'don't require regular health and social care'. Jan was in great form at Keele in 2012, joining me, Ali Wadey and Teresa Lefort to make up a naughty corner dur-

ing the conference dinner. Losing a mentor is a sad business: I won't be alone in missing her pugnacity, kindness, sense of fun." **John Miles**



- **Enhancing** our understanding of later life
- **Connecting** research, policy and practice
- **Promoting** studies in ageing
- **Participating** in debates on ageing
- **Disseminating** research on ageing



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Who's Who

David Sinclair

Director, International Longevity Centre, UK

Describe yourself in three words.

Relaxed, thick-skinned, ranter

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

I studied a course at the University of Hull which trains people to become lobbyists (British Politics and Legislative Studies). I spent some time in Parliament working for an MP. I was a VSO volunteer and worked in public affairs in the environment and disability sector. But I've now been working in ageing policy and research (Head of Policy at Help the Aged for a while) for 13 years. I now do a mix of policy, research and communication work, as well as organisational development and fundraising. I copy and paste a lot.

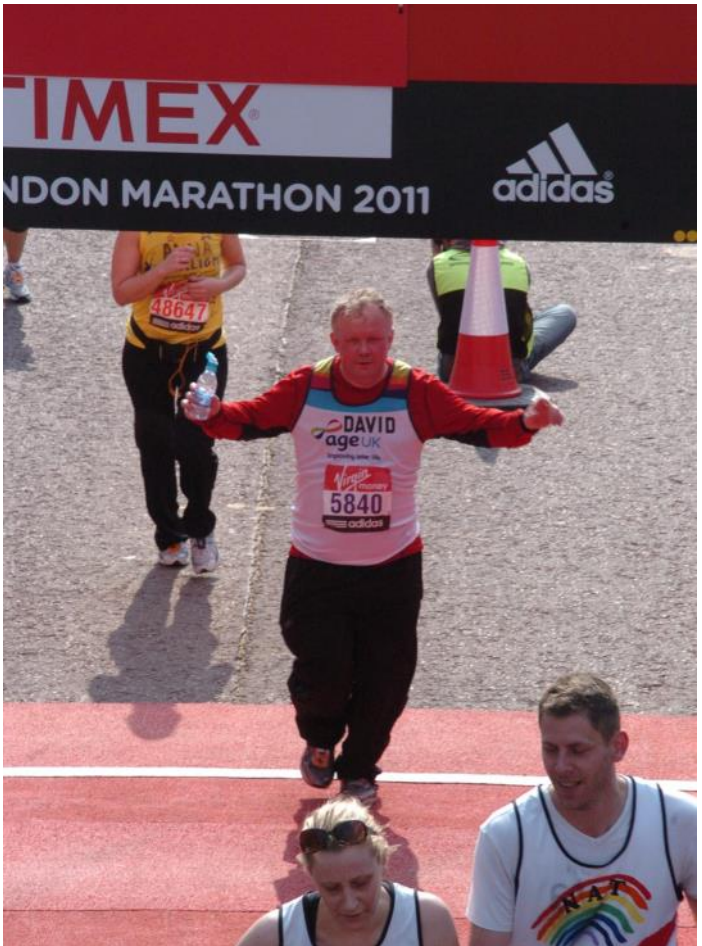
I'm an ageing generalist. I know a little about everything. There are a few things I think I know a lot about. But even when I don't really know, I'm pretty good at bluffing – it's amazing how rarely you are challenged. We are far too polite.

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

Don't ask permission too often. Make a decision then go for it. It takes too long to get consensus and someone will inevitably disagree. Apologise later if you've annoyed someone. Most of the time people are relieved someone has decided.

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

I'd like to say it was a teacher or a parent. But it is probably Bill Gates. I would be nowhere without the ability to copy and paste. Or Tim Berners Lee. The



internet has transformed and is democratising access to information (despite the determined efforts of some to keep research behind paywalls in peer reviewed journals).

Probably most importantly, Jimmy Wales for creating Wikipedia. It is surprisingly accurate and there is nowhere better to get a basic answer in ten seconds.

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

I used to read a lot, but depressingly, I rarely read novels any more. Too much time with words in the



Who's Who

office has turned me off opening a book to relax. I dip in and out of academic books.

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

As I'm not doing much research I don't read many journal articles any more. And sadly, too many policy relevant pieces of work are published after the policy debate has moved on. I have a lot of direct contact with researchers (BSG members) and it's really important that researchers do find new and quicker ways of promoting their work. Journals are important but if I'm meeting with a Minister today I need an answer today, not in 12 months time when a journal article is published.

It's worth saying that it's not easy for charities to access peer reviewed articles. But the nice people at the University of Manchester and UCL have helped.

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

I am a long way from being a researcher although I occasionally do some. But I work with research on ageing every day. I describe my job as being focussed on understanding the "consensus science view" of ageing research and being able to communicate that to policy makers and journalists.

This year (my 40th) I have managed a personal best for a half marathon and I'd encourage everyone to go to their local parkrun. I don't get to cycle as much, far or fast as I would like. I can spend 4 hours a day on a train. I try not to pass too many of my bad habits on to my seven year old son.

Best research project you have been involved with and why?

I love the futures work which I've had the opportunity to do. And ILC-UK sees itself as a forward looking organisation. I did a piece on the future of communities when I was at Help the Aged and at ILC-UK we've done some fascinating work on, for

example, the future of care homes. You can't beat going on to BBC Breakfast to tell 7 million people why we should have swings at bus stops or why older people should listen to One Direction.

What's the future for ageing research?

Ageing will begin to attract more serious funding as Government wants to know how to respond. Dementia will undoubtedly be a priority. Tackling the economic challenges and maximising the potential of older people is likely to also be top of the list. Research funders will want more answers, not just know what has happened. We will need research to test the potential effectiveness of policy interventions not just suggest policy options. As such, RCTs in the social sciences could attract more funding. Researchers will have to communicate their research better and in new ways. And research has to find ways to be more forward looking.

BSG MEMBERS BULLETIN OUT IN NOVEMBER!

Members of the society can access the bulletin on the website or in your inbox...

Including:

Report from new President, Sheila Peace

*Secretary's Report from new Honorary Secretary,
Mary Pat Sullivan*

BSG 2014 conference reports from the bursary awardees

*Profile of Malcolm Johnson, the recipient of this year's BSG
Outstanding Achievement Award*

Not a member? Join today at

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JOIN THE BSG TODAY!

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!

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