British Society of
Gerontology

Generations Review

© 'Portrait of my Mother; 86 years old' by tom karola/Photocrowd.com

- Beauty, representation and ageing
- Loneliness in later life
- Ageing with a learning disability

www.britishgerontology.org

EDITORIAL

December 2016

I start this issue with an apology, but an apology that also turns into a plea. First, the apology, as you'll notice this is only the second edition of Generations Review this year. I would have liked to have got three editions out across the year but we simply haven't had enough articles, so apologies for this. I admit I need to do more to chase you all for interesting stories but it is also down to you to produce more articles for me! So there is my plea to you! Please consider writing an article for us. Generations Review is an excellent platform to get out stories on research topics, reports on events, general articles on research and think pieces. You get a chance to be more discursive than you would with a traditional journal article, for example publish some initial or further thinking on a topic to generate feedback or to discuss an event you have taken part in or attended. Look at the articles in this edition, Hannah Marston uses Generations Review as a platform for discussing how future generations and future technologies might change. Deborah Morgan along with Alexandra Hillman and Steve Huxton use Generations Review to report on events that have taken place. We have two articles summarising the excellent British Society of Gerontology conference that took place in Stirling back in July of this year. These are just short commentaries on what was important and the key highlights in the words of attendees. Andrew Power and Ruth Bartlett provide a more traditional style paper reporting on a project looking at changes to attendance at day centres for older people with learning disabilities utilising a novel approach where they have involved older people with learning disabilities as co-researchers themselves. Tim Jones and Ben Spencer update us on the Cycle Boom project on older people cycling as the final report of their excellent project comes out. We first visited this project back in February 2014 and it is great to now see the findings reported. Hannah Zelig comments brilliantly on beauty, representation and ageing inspired by *Ageing-the Bigger picture* photographic competition we ran with website Photocrowd (see https://www.photocrowd.com/contests/374-ageing-bigger-picture/overview/). This resulted in 780 photographs being submitted internationally, with over 200,000 views but its legacy lives on in helping us to understand how people view the ageing process as Hannah examines.

I just wanted to end this editorial by making a note on the Loneliness event run by Deborah Morgan, Alexandra Hillman and Steve Huxton that took place in Cardiff earlier this year that's reported on in this edition. I had the opportunity to attend and quite frankly it was one of the best seminars or workshops I have ever attended (and I've attended a fair few in my 18 year career!) It was a warm and friendly environment with PhD students and early career researchers reporting on their research in this field alongside older people themselves who felt lonely telling their stories with charity and third sector groups attending and discussing their role in helping to reduce loneliness. There was an interesting structured discussion in the afternoon which evidenced just how committed people were to making changes to loneliness in later life. It felt that a real difference could be made. People came away feeling energised and motivated. So top marks to them for an excellent workshop.

Happy reading and please do send me your articles!

Charles Musselwhite

Swansea University, Swansea December 2016

Dr Charles Musselwhite

Editor, Generations Review

Swansea University

C.b.a.musselwhite@swansea.ac.uk

Beauty, representation and ageing

Hannah Zeilig
h.zeilig@fashion.arts.ac.uk

Senior Research Fellow, London College of Fashion.

It was my great pleasure to be part of the group that helped to organise the hugely successful photo competition 'Ageing – the Bigger Picture'. This is partly because I have been contemplating age, beauty and representation and above all the way in which these concepts do or DO NOT relate to each other for some time and many of the photos that were submitted gave me an opportunity to consider these issues from fresh perspectives.

Age and beauty are both ideas that are to some extent determined culturally and are thus shifting and abstract notions. 'Beauty' and 'age' are concepts that we understand socially as well as physically or biologically.

The background to this unique photo competition involved us querying these central questions

How do we imagine 'age' within our society; and how do we imagine our own ageing? More people than ever before will live to experience ageing for themselves. Does this mean that there will be more – or less - of a shared understanding of ageing and old age? Can age ever have only one meaning, one 'imaginary'? Or is age an increasingly diverse experience?

The aim of the competition was to explore these questions by inviting photographers – amateur and professional – to submit photographic images of age and ageing to Photocrowd – a new online photographic community that hosts international competitions https://www.photocrowd.com.

In terms of my own work I was prompted by many of the entries to consider representations of age and beauty and also whether visual portrayals have changed over time. My work has tended to concentrate on representations of women. This is because ageing has, for the most part, been a women's issue[1]. In addition, in historical terms older women have rarely been represented culturally and it is therefore interesting and relevant to think about what visual portrayals indicate about how societies' see older women.

I have structured this brief article around two key questions:

Q. Are age and beauty (in terms of visual representation) always diametrically opposed?

Throughout the world today, populations are aging at an unprecedented rate and this is exemplified (in the West) by the ageing of many of our cultural icons - for instance at Glastonbury this year there were many bands and singers in their 60s and older.

However, we still tend to associate age with decline, decay and disaster. Certainly age and **beauty** are rarely considered together. Culturally, age might be represented as wise or experienced, but there are few examples or representations of age as physically beautiful. Beauty tends to be a quality that is linked exclusively to youth.

In her book **'Facing Beauty'** Prof Aileen Ribeiro notes:

> 'A problem with beauty is that it rarely outlasts youth and we are conditioned to see time as a flaw on the faces of women …'

If the signs of time are a flaw, then can older women ever be represented as beautiful?

Similarly, the early 20th century writer Colette observed how much effort it takes to disguise that 'monster' the old woman.

---

[1]Although it has been well documented that in the 21st century men are catching up, it remains the case that women still mostly live longer than men, as noted by the ONS: *In 2010, average life expectancy at birth across the UK, for both men and women, rose by another four months to 78.2 and 82.3 years respectively*

© 'Portrait of my Mother; 86 years old' by tom karola/ Photocrowd.com

This is a striking image for several reasons, in the first place it has not been airbrushed and the deep folds and wrinkles of the older woman's face are apparent. Despite the relentless media messages that reinforce the negative aspects of ageing and the dire consequences it will have for our health and our looks, this woman epitomises health and vitality – her eyes are positively twinkling. For these reasons, I think that this is a representation of an older woman who is beautiful. Here, it seems that age and beauty are not diametrically opposed.

© 'Untitled' by mtor/Photocrowd.com

This photo from the competition perhaps depicts a woman in a process of attempting to disguise her age – but in any case I think it certainly shows a woman who is engaging to some extent in beauty work. I like the sheer enjoyment that she seems to be experiencing and the sense that women of any age are able to take pride in their looks. In 'Fine Lines' a small project that I collaborated on with my colleague Caroline Searing at the London College of Fashion we explored some of the ways in which skin care is marketed in the pre and post botox eras. In this study we noted that facial skin has always been a focus for the beauty industry. This is because the skin is obviously subject to the ageing process more than any other component of the face (Ribeiro, 2011).

This is perhaps one of the reasons that many of the photographs that represented age and ageing in the BSG competition focussed on the facial skin of older women.

© *'My Mother, My Self' by Sukey Parnell/ Photocrowd.com*

This photograph / montage by Sukey Parnell is called 'My Mother / My self' and provides a visual comment on the proximity between a mother and daughter. In terms of the question about the diametric opposition between age and beauty, I think the younger daughter is not represented as more beautiful than her mother; rather we notice both contrast and continuity in this striking photograph.

Q. Why are we so often told that older women are invisible?

In the twenty-first century and particularly in the last decade or so, there are more and more representations of older women for instance Iris Apfel who is in her 90s and been dubbed a style icon in New York and Bridget Sojournier who was one of the 'fabulous fashionistas' in a 2013 documentary. Both of these women are unashamedly old and are not hiding or disguising their age. Neither are the women gleefully reclining in this photograph in front of a wedding shop. They are displaying more flesh than we usually see older women reveal and for me there is a sense of liberation to it.

So maybe the hackneyed concept that women become 'invisible after a certain age' is indeed beginning to shift?

In particular artists are making a point about highlighting the position and the potential of older women cf: A Crystal Quilt by Suzanne Lacy

Concluding queries and thoughts

My colleague Dr Naomi Woodspring and I have been engaging in a dialogue about beauty and ageing. Naomi has observed that 'the beautiful' is constituted by 'the vital', 'the sensual' and therefore by qualities that are in diametric opposition to death and that denote life. The joy of living can be perfectly embodied in some older people some of the time and this is one important way of beginning to understand the beauty that is associated with age and ageing. In addition, I am optimistic and feel that gradually 21st century western society is beginning to represent ageing in ways that allow us to see its potential and beauty.

© *'Where are the songs of Spring? Think not of them, thou hast thy music too' by Phil Sayers/Photocrowd.com*

Ageing in the 21st Century: What are the implications for future ageing populations, academics and clinicians?

Hannah R. Marston –

Centre for Research in Computing,

Open University, Milton Keynes, Buckinghamshire.

Marstonhannah@hotmail.com /

Hannah.Marston@open.ac.uk

Ageing and age related impairments have been well established by the academic community. Over several decades there has been growing research in regards to technology design, use, and deployment in the fields of health, gerontology, computer science, and Human Computer Interaction (HCI); covering areas such as: rehabilitation, engagement, design principles and cost effectiveness.

For many of the respective projects the academics have been utilizing either commercial products or taking on the challenge to design and build purpose built software which can be integrated into commercial hardware. Many of the projects have recruited specific populations based on strict in/exclusion criteria and conducted within a variety of environments such as community dwelling, assisted living housing long-term care institutions, or university laboratories. There has been several reviews published in a variety of gerontological and computer science journals aiming to highlight a variety of studies with these foci (Marston, Freeman, Bishop & Beech, 2016; Miller, Adair, Pearce et al., 2014; Bleakley, Charles, Porter-Armstrong et al., 2015; Hall, Chavarria, Maneeratana, et al., 2012 Moreover, the authors of these respective scoping reviews, have attempted to provide a concise overview of studies displaying positive trends and recommendations to utilizing technology in the 21st Century in a bid to combat and answer the research question(s) at hand.

The work undertaken and disseminated is much needed in regards to our ageing society, offering alternative, innovative and cost effective solutions to increasing age related conditions, what is now needed is to start looking at younger generations such as Gen X, Gen Y and Millennials. You may ask

yourself or me why these younger generation need to be explored?

Gone are the days where people only use technology for work related tasks. Previously and relating to our current ageing populations, many of them learnt how to use specific technology (e.g. PC) through employment, via their grown-up children or grandchildren. When presented with new technology, in some cases they may have only seen it advertised on the television or in a store, but are now required to interact with said digital device or software, they now have to re-calibrate their mental models. For some, this is a positive challenge, a challenge that they will take-up with pleasure. However, for some, this is a daunting prospect, a sense of fear and dread is experienced. Although asking their children or grandchildren for assistance may not be a problem, for some this may not be so easy – especially if the technology used is Skype for communicating overseas or Facebook to keep up to date with family activities and sharing of photos. Explaining the processes of what needs to be done to complete a task may be easy for a young person to compute, but for an older person this may be difficult, and writing the process down, being shown several times and even being guided can take time and patience.

These kinds of issues won't necessarily be a problem for the current Gen X, Gen Y and Millennials – why? Because they have grown up

with technology, they understand how communication technology such as Skype or Facetime works, they understand how social media sites such as Facebook, Twitter, LinkedIn, and Instagram operate, they understand how to engage with a smartphone via a slide of the finger, they understand the purpose of mobile apps (mApps) and the un/installing of Apps and more recently the introduction of wearable technology such as Fitbits or sensor applications. With these technologies come further issues which require exploration and possibly solutions, such as: spam, phishing, big data (i.e. analysis, storage) and privacy issues which is beyond the scope of this article. However, these areas do need to be considered as technology developments and software increase.

For many younger generations these type of technologies are part of their daily activity and lives; for some being away from social media sites, or their smartphone is like losing a limb and being disconnected from the real world. Conversely, the utilization of wearable technology is being explored in regards to the deployment of such technology into the lives of older adults with the notion of monitoring systems in assisted living (Redmond, Lovell, Yang et al. 2014).

With younger generations being ofay with technology devices and software, an area that needs to start to be considered by academics and industry alike is the needs and requirements for future studies, for example rehabilitation studies for stroke, COPD, fall prevention and diabetes. Over the last two decades, literature has highlighted the positive benefits to utilizing technology across varying health issues, due to the nature of the respective projects and funding calls. Within these projects researchers have ascertained limitations of the work and provided recommendations for future work.

Although this work is much needed and provides several avenues for paving the way forward for future researchers in decades to come; what I am proposing is a two-fold approach. Firstly, to
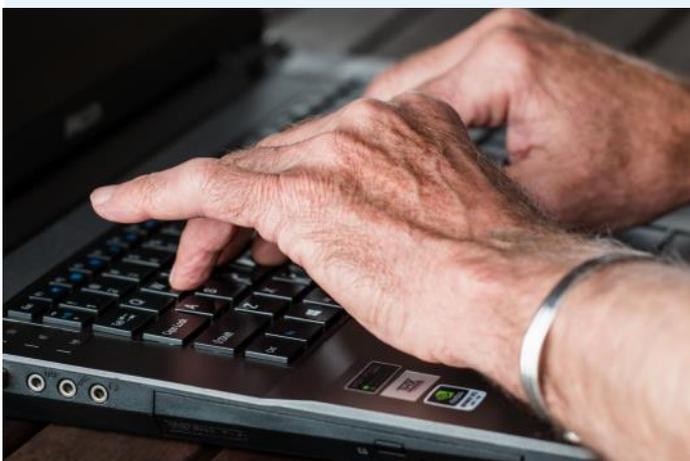
explore and ascertain the needs and requirements, experiences and rationale for technology use across our ageing populations (>70+ years) in a bid to be prepared for our current baby boomer cohort reaching old age (e.g. oldest old, centenarians). This notion has already started with the Technology In Later Life (TILL - http://tillproject.weebly.com/) pilot project which is an international, multi-centred study comprising of two countries and four sites. The four sites comprise two city/suburban regions and two rural. There is great scope for this project to be extended with the appropriate funding in so much as increasing the participant sample, adding additional areas within the two countries and/or adding more countries to understand how technology can influence the lives of ageing populations from a cultural, health, technological and gerontological perspectives.

The second approach is to commence studies comprising of a similar format to TILL primarily focusing on people from the Gen X, Gen Y and Millennials cohorts. I believe by taking this type of approach, baseline data and in-depth knowledge and understanding of technology use based upon needs, requirements and rationale would provide a record of baseline data and provide future researchers the insight into how these cohorts perceive technology. Let's take the example of digital games; digital games have been used in a variety of fields for several purposes.

Yet, for research questions proposed in projects, many of the purpose built and commercial games utilized at present are based upon the preferences of older adults. However, our future ageing generations will have had the experience of different game genres and enjoyed playing them for example; Grand Theft Auto (GTA), Call of Duty (COD), Super Mario/Kart, Halo, Guitar Hero, and Sing Star. Furthermore, these genres are accessible on a multitude of platforms, and peripherals (i.e. Sing Star), and in some cases gamers communicate with other gamers via a headset (i.e. COD) or the nature of the game interaction is through motion

sensor (i.e. Super Mario Kart). Moreover, in previous published work, gesture and motion based interaction has been implemented in addition to a multitude of options enabling users to engage with the system and choose what area they wish to experience (Gschwind, Eichberg, Ejupi, de Rosario, et al. 2015; Gschwind, Eichberg, Marston, de

Rosario, Aal, 2014) to achieve the goals and objectives of the project and in essence improve one's health.

Additionally, future ageing populations will also have experienced smartphones, wearable technologies, mApps and be fully tech savvy, more so than our current ageing populations. With this in mind, it is speculative that recruitment of participants in the coming decades could lead to additional issues and areas of concerns for projects and researchers. These concerns include the type of genre(s) chosen; for example, for those who play games such as COD, GTA, Mario and Sing Star, may find alternative games boring which may lead to dropouts or low adherence. Tech savvy people have their own mental models and experiences of digital devices, social media sites and technologies, and been presented with a certain type of smartphone, different to what they have previously used may cause confusion, even though they understand the

interaction process (i.e. swipe and touch). Tech savvy individuals will have read online, personal experience and observed through peers and friends the benefits for and against different technologies available on the market; which in turn they may prior to starting the project be put off in being a participant.

It is possible the needs and requirements of future participants in the coming decades will be greater than at present. Let's take digital games; this is an area of entertainment that has been popular with younger generations and they know what they like and the processes of completing games; could it be that future researchers will be less knowledgeable than the participants they recruit? If so, how will this be combatted? Could it be, that researchers and participants are learning alongside one another with new technological advances? Could it be that in some cases participants are engaging and enabling up-to-date technology more so than the researcher (s) thus, being more tech savvy? Will it be that future participants will expect standard measures previously utilized in RCT's (i.e. identify fall risk) to be available via mApps and not via paper based surveys?

The purpose of this article aimed to generate thinking in the academic community as to the design, development, execution and analysis of

projects utilizing technology in a bid to future younger generation who in turn will be reaching old age in the next 20, 50 or 100 years. What issues and concerns could arise and how they should be tackled. The author has offered a couple of solutions to tackling this area but she feels discussion should be started in a bid to not be caught off guard and for future projects to experience knee jerk reactions.

References

Marston HR, Smith ST. Interactive videogame technologies to support independence in the elderly: A narrative review. Games Health J 2012; 1:139–152.

Miller KJ, Adair BS, Pearce AJ, et al. Effectiveness and feasibility of virtual reality and gaming system use at home by older adults for enabling physical activity to improve health related domains: A systematic review. Age Ageing 2014; 43:188–195.

Bleakley CM, Charles D, Porter-Armstrong A, et al. Gaming for health: A systematic review of the physical and cognitive effects of interactive computer games in older adults. J Appl Gerontol 2015; 34:NP166–NP189.

Hall AK, Chavarria E, Maneeratana V, et al. Health benefits of digital videogames for older adults: A systematic review of the literature. Games Health J 2012; 1:402–410.

Marston, H.R., Freeman, S., & Bishop, A. Kristen., & Beech, C.L. (2016). Utilization of digital games for older adults aged 85+ years: A scoping review. Games for Health Journal; 5(3): 157-174. doi: 10.1089/g4h.2015.0087

Redmond, S.J., Lovell, N.H., Yang, G.Z., Horsch, A., Lukowicz, P., Murrugarra, L., & Marschollek, M. (2014). What does big data mean for wearable sensor systems? Yearb Med Inform; 9(1): 135-142, doi: 10.15265/IY-2014-0019.

Technology In Later Life (TILL) (2015)
http://tillproject.weebly.com/ Ethical clearance: Open University: HREC/2015/2028/Marston/1; UNBC: E2015.0714.061.00; Swansea University: and University of Regina: REB#2015-113

Gschwind, Y.J., Eichberg, S., Marston, H.R., de Rosario, H., Aal, K., Ejupi, A., Kroll, M., Drobics, M., Annegam, J., Wieching, R., Lord, S.R., Delbaere, K. (2014). ICT-based system to predict and prevent falls (iStoppFalls): study protocol for an international multicenter randomized controlled trial. BMC Geriatr; 14:91; doi: 10.1186/1471-2318-14-91

Gschwind Y, Eichberg S, Ejupi A, de Rosario H, Kroll M, Marston H, Drobics M, Annegarn J, Wieching R, Lord SR, Aal K, Vaziri D, Woodbury A, Fink D, Delbaere, K. (2015). ICT-based system to predict and prevent falls (iStoppFalls): results from an international multicenter randomized controlled trial. European Review of Aging and Physical Activity (EURAPA); 12(10). doi: 10.1186/1471-2318-14-91

The British Society of Gerontology 46th Annual Conference
Centre for Innovative Ageing, Swansea University, 5-7 July 2017
Do Not Go Gentle - Gerontology and a Good Old Age
The Art of Ageing

Abstract call: you are invited to submit an abstract for presentation in the oral paper sessions, poster exhibitions or as symposia.

The conference welcomes submissions from researchers, practitioners, educators, policy-makers, the third sector, students, and all other stakeholders interested in ageing.

To promote interdisciplinary and multidisciplinary perspectives of ageing, the conference will draw on abstracts from across the disciplines of social and behavioural sciences

Themes and sub-themes

The general theme of the conference is The Art of Ageing: reflecting the diversity of gerontology in Swansea and across the world; from arts based methodology to innovative dissemination and engagement strategies and of course not forgetting the style in which the population ages. This cultural turn is also reflected in the title of the conference "Do Not Go Gentle: Gerontology & A Good Old Age" incorporating the Welsh Poet Dylan Thomas and the ethos of ageing as a positive and stereotype defying period of life.

Gerontology is a diverse discipline, approached in many complementary way. This rich tapestry is something the conference seeks to embrace, encouraging abstract submissions from across the gamut of professions working with and for older adults.

To facilitate this, a range of conference sub-themes have been created to support the development of abstracts that can be grouped to maximise their impact and the experience of all delegates:

- environments of ageing
- social & supportive relationships
- participation & inclusion
- cognition & dementia
- cultural gerontology
- health & social care
- the arts & older people

Deadline for Abstract Submission:
20th January 2017

Instructions for submission:
Abstract submission can also be made NOW through the conference website

http://www.swansea.ac.uk/bsg17/

For any enquiries about abstract submission : BSGconference2017@swansea.ac.uk

Bursaries for attending the conference are available for people who have been a BSG member for over one year. You can apply for a bursary and get more details at http://www.britishgerontology.org/membership/members-area/bursaries.html Deadline for applying for a bursary is Friday 10th February

Loneliness in Later Life: Research, Engagement & Impact

Dr Deborah Morgan
Dr Alexandra Hillman
Steve Huxton

In early May, the Emerging Researchers in Ageing (ERA) group in partnership with Ageing Well in Wales and The Campaign to End Loneliness, held a one day event in Cardiff. The aim of the event, which was funded by the Centre for Ageing and Dementia Research (CADR: Swansea University) and the Welsh Institute of Social and Economic Research, Data & Analysis (Wiserd: Cardiff University), was to provide learning and engagement opportunities for emerging academic researchers, across disciplines, working on issues of loneliness and isolation in later life. The event attracted over 50 delegates, bringing together emerging academic researchers with community project teams, service providers, practitioners and older people themselves in order to discuss research needs for combatting loneliness and isolation. The event enabled early career researchers in ageing to communicate their research beyond traditional academic audiences, fostering dialogue between the academic community and local communities in Wales On a very sunny morning in May, delegates gathered at the beautiful Glamorgan Building in Cardiff. The day began with presentations from emerging researchers working on a diverse range of

issues related to loneliness. These included presentations on the impact of driving cessation on loneliness (Amy Murray, Swansea University), Inclusion and Exclusion over the lifecourse of older people in rural areas in Wales (Bethan Winter Swansea University), the relationships between social connectedness, physical activity and health in older age (Jolanthe de Koning, Bath University), and the life stories of older childless men (Dr Robin Hadley).

The presentations from the early career researchers were extremely well received and each of the presenters faced a barrage of questions from delegates wishing to hear more, resulting in a very lively discussion. The academic presentations were followed by one of the most powerful presentations of the day, when we heard from Vic, an older person who described his experience of loneliness. Vic is a very sociable man, with a warm, friendly

personality and he spoke eloquently about his experience of loneliness since the death of his wife. His presentation brought home to delegates the importance of addressing this issue. Indeed, one

> "I thought I knew what loneliness was but now I get it, now I know what loneliness is'. Vic's emotional and powerful presentation illustrated how loneliness can touch each and every one of us and that no-one is immune from experiencing it."

established academic commented afterwards that 'I thought I knew what loneliness was but now I get it, now I know what loneliness is'. Vic's emotional and powerful presentation illustrated how loneliness can touch each and every one of us and that no-one is immune from experiencing it. In addition, Vic's presentation challenged some of the unspoken assumptions in the room about who becomes lonely in later life. The morning session ended with a service provider view, provided by Sian Llewellyn from Contact the Elderly, who spoke about their work providing tea parties for lonely and isolated older people.

> We all have a responsibility to be more aware of how we refer to loneliness in general conversation and to challenge portrayals of lonely older adults as 'neglected.'

The afternoon sessions represented a change of pace, with a workshop event facilitated by Dr Kellie Payne from the Campaign to End Loneliness and Steve Huxton from Ageing Well in Wales. Delegates were arranged into mixed groups on round tables, with each table hosting a diverse range of expertise and experience. The groups were asked a set of key questions including: how can we identify lonely and isolated individuals in our communities? How we can tackle loneliness? And, what is the role of research in addressing the issue of loneliness in the future? The workshop sessions generated some lively debate and discussion and the mixed groups helped foster dialogue between delegates from different backgrounds. Overcoming stigma was identified as the single biggest barrier to identifying loneliness and isolation in later life. Delegates felt very strongly that we all have a responsibility to be more aware of how we refer to loneliness in general conversation and to challenge portrayals of lonely older adults as 'neglected.' Delegates felt

that it was important for communities and organisations to work together, to identify and support older adults at risk of loneliness. This should involve working across sectors rather than in 'silos'.

Key areas of research identified by delegates included:

• Researchers need to make their research and findings more accessible to communities of interest by simplifying findings into case studies/reports

• That research needs to be disseminated back to communities/individuals/services

• Research needs to focus more on what older people want from those services intended to address loneliness and social isolation in later life.

Feedback from delegates was overwhelmingly positive and delegates indicated that they would like to see more informal events of this kind.

So what have we learned from the event

The event attracted a significant interest from emerging researchers, more established academics from a range of disciplines, practitioners and community teams providing services to older people, and also from older people themselves. Indeed, the event was oversubscribed resulting in a

waiting list of researchers, older people and organisations hoping to attend. This illustrates the appetite and the desire of community groups and older people to engage with researchers in tackling the issue of loneliness and social isolation in later life. The presentations by emerging researchers highlighted the breadth of work being undertaken in this important area. In addition, the presentations widened the debate about why older people become lonely and helped identify different pathways into loneliness, and the importance of adopting a lifecourse approach to loneliness research.

The workshop event highlighted the difficulties of identifying those hard to reach individuals, who do not engage with services and came up with innovative ideas of how to overcome these issues. Finally, the event highlighted the need for academic researchers to publicise their research findings more widely, in an easy to read format, ensuring that their findings and recommendations for change are available and accessible to both practitioners and older people themselves.

Ageing Well in Wales Perspective

The event was organised in conjunction with Ageing Well in Wales, a national programme hosted by the

Older People's Commissioner for Wales. Steve Huxton, Network Coordinator for Ageing Well in Wales said: "This was a fantastic opportunity for us to bring together researchers, the third sector, and older people themselves. We weren't quite sure what to expect, but were hoping to break down barriers, to share the findings of research, and to have the direction of future research shaped by older people and those working closely with them. The end result far exceeded all our expectations, with groups freely and passionately discussing their experiences, their needs and ideas. If we want research to make a real positive change to communities, it's vital that we allow the voices of people from these communities to shape research, and make sure that findings are made accessible to those who can make best use of them. This event proved just how much can be achieved by bringing people together, and it's something we will be replicating in Universities

and communities around Wales going forward."

Ageing Well in Wales is a national partnership programme hosted by the Older People's Commissioner for Wales. It brings together individuals and communities with public, private and voluntary sectors to work together to develop and promote practical and innovative ways to make Wales a good place to grow older for everyone. Ageing Well in Wales challenges negative and outdated stereotypes about older people, and

celebrates the massive contribution that older people make to our society, culture, and economy. The Ageing Well in Wales programme has five aims:

- To make Wales a nation of age-friendly communities
- To make Wales a nation of dementia-supportive communities
- To reduce the number of falls
- To reduce loneliness and unwanted isolation
- To increase learning and employment opportunities for older people.

We have a rapidly growing network of individuals and organisations from a wide variety of backgrounds from all over Wales. We support network members to make positive changes in their communities and workplaces. We bring people together, helping them find new partners to work with, and organise network events around Wales. We develop the tools and resources that people tell us are missing, and share good practice and inspiring ideas.

For more information about Ageing Well in Wales, you can contact us at ageingwell@olderpeoplewales.com or 02920 445 030

July 2016, Wales are surprisingly dominating the European football championships at their first qualification for a major tournament in 58 years. Just over a couple of borders north in Scotland, focus was on the beautiful Stirling campus for the BSG Conference. Here we have two reports from delegates about their experience of the conference.

Don't ditch the experts –just understand who they are

Carol Maddock, PhD Student, Swansea University

c.a.maddock@swansea.ac.uk

Professor David Bell kick-started the conference with some topical post-Brexit economic analysis. Looking forward, he addressed some potential effects of Brexit for different sections of the population - but in particular focussed on the implications for older people. There are, of course, differing opinions, interpretations and ramifications postulated about the same data presented; but the important point is that we do consider and debate the data, as well as what can and can't be extrapolated from them. We do this by considering expert knowledge. This perhaps was one of the more worrying aspects of the recent referendum – the experts' damning! What might have been more useful was to consider thoughtfully who are the experts and explain their expertise and credentials and thus why they may be worth listening to.

I certainly went on to listen to a variety of experts over the next three days from different philosophical approaches, from those who've entered the world of gerontology from a plethora of disciplines and not least - from those who were speaking as experts in their lived experience. I attended a great session on Thursday that described the co–researcher experience. It was delivered by Caroline Swarbrick, a researcher from Manchester University, with two of her co-researchers and members of the Scottish Dementia Working Group (members are people living with dementia). They described working together across eight work streams of an ESRC /NIHR funded project, the '*Neighbourhoods and*

Dementia' study. The presentation highlighted the importance of a model of research produced by the group, '*The Co-researcher Involvement and Engagement Model*'. The model ensures that the research reflected the variety of needs, interests and priorities important to people living with dementia –the acknowledged experts in this situation. It was also interesting to note that one of the first priorities identified was the need for a training programme for dementia care researchers that would equip the researchers with the skills to carry out effective research with and to support those with dementia in this process to enhance the experience for all. I look forward to following the progress of this research and will look out for any tips and tools that will ensure inclusive ways of working.

On a more general level, attending and presenting at the BSG was an extremely valuable experience all round. I spoke about my PhD research to date (Dementia Literacy in older adults) at the 1st session on the first day, and so I was able to relax and take in the remaining sessions without any additional pressure. My particular areas of interests were dementia and social support - and there was a lot too choose from –too much in fact. Sadly, I couldn't switch between the parallel sessions as much as I'd have liked to, as often the venues were a bit too distant to allow slipping surreptitiously into the back of a room having sprinted down the corridors of academia.

There are always positives to any situation and this was manifest in several ways:

- I ended up listening to sessions I wouldn't have otherwise thought to attend – taking me out of my comfort zone and providing some different and stimulating views and approaches.

- The distance between venues also meant an interesting evening was guaranteed in the 'comparing of the fit-bit sessions' (alternative monitoring devices are available)

- And just occasionally I decided to consolidate the sessions by benefiting from the beautiful outdoor spaces that were available to us in abundance at this lovely venue. The setting really seemed designed to lift the spirits, with the loch and the Wallace monument and the varied wildlife, to name a few of the delights– and all accompanied by predominantly lovely weather. This was all of course corroborated in the final keynote speech (Catherine Ward-Thompson) who detailed the importance and many benefits of green (and blue) spaces to physical and mental health. The one that really captured my imagination was the **Attention Restoration Theory** (ART) that asserts that people concentrate better following time spent in or even looking at scenes of nature –it certainly seemed to ring true and note to self –add a few lovely images in my next presentation!

A Marvellous 45th Annual BSG Conference

Amy Jenkins PhD Student, Swansea University

643775@swansea.ac.uk

I was privileged to be awarded full package funding to attend the 45th Annual Conference of the British Society of Gerontology (BSG) – 'Communities in Later Life: Engaging with Diversity' – at the University of Stirling, Scotland. As a PhD student I was also keen to attend the Emerging Researchers in Ageing (ERA) pre-conference event a day earlier. On arrival at the University I was astounded by the natural beauty on campus and the breathtakingly beautiful surrounding landscape.

Val D'Astous (ERA Chair) and the Executive Committee Members had organised a fantastic ERA event which began later that day. Dr Shannon Freeman, Assistant Professor from the University of Northern British Columbia, shared her invaluable knowledge, skills and experiences through an excellent interactive workshop focused on building impact into research, creating a professional profile, and networking. Specifically, I found the development of our 'elevator pitch' most helpful.

The parallel sessions on the first day of the full conference were very well planned out and incredibly informative. At the final session of the day I was most looking forward to hearing two researchers talk about the research they are doing at the University of Manchester…they did not disappoint. They talked about their innovative research looking at identifying computer use behaviours that could indicate early cognitive decline, and the cultural validation of the Amsterdam IADL questionnaire. Our research at Swansea has some interesting links with theirs in relation to technology use in the older adult population.

The drinks reception and buffet that evening was great! This was then followed by a disappointing but incredibly proud evening watching our Welsh football team play in the UEFA EURO semi-finals.

The second day of the conference was an important day for me. Firstly, I presented my research at the first parallel session of the day on the health and social care pathways for people experiencing subjective cognitive impairment (SCI). Within the same session there were excellent talks from Lisa Trigg (London School of Economics and Political Science); Ann Leahy (Maynooth University); and An-Sofie Smetcoren (Vrije Universiteit Brussel). Later on that day I was also filmed for Ageing Bites. Ageing Bites is a series of short films each highlighting a different aspect of ageing or ageing issue. Again I talked about the care pathways for people experiencing SCI. Claire Ford (BSG Manager) was very helpful in the lead up and during the filming process. I would highly recommend doing an Ageing Bite as it is a great platform to talk about your research and reach a large and interested audience.

The drinks reception and conference dinner that evening were outstanding. The bagpipes on arrival was such a lovely touch! The food was impeccable, especially the haggis! The very talented and passionate Stirling Makar and poet, Anita Govan, blew me away! Her poem titled 'Confuzzled' was incredibly

poignant and fitting for the evening. This poem was composed from words supplied by delegates of a dementia friendly arts symposium. The traditional Scottish band Barluath were also fantastic, and the dance floor was full!

The final day of the conference was again full of very interesting parallel sessions and was drawn to a close by Professor Catharine Ward Thompson at the closing plenary session. Her keynote titled 'Lifetime Experience or Moment by Moment?' was thought provoking, especially when talking about Mobility, Mood and Place (MMP)...it was a great conference close.

Thank you to the Stirling Conference Organising Committee, Stirling University, and the BSG for putting on an amazing annual conference. The academic, social, and cultural programmes were fantastic! You have done yourselves and the society proud!

Ageing with a Learning Disability: Self-building peer support to combat loneliness and social isolation

Andrew Power* and Ruth Bartlett[+]

*Lecturer in Human Geography, University of Southampton, Hampshire, UK Email: a.power@soton.ac.uk

About the authors:
Andrew Power is a Lecturer in Human Geography at the University of Southampton, UK. Andrew's area of interest is in working on issues associated with disability, welfare and care, particularly in the context of personalisation and day services.
Ruth Bartlett is an Associate Professor in Ageing and Dementia Care at the Faculty of Health Sciences, University of Southampton, and member of the British Society of Gerontology Executive Committee (chair of International Relations subcommittee).

Introduction

Ageing is often associated with increased vulnerability to loneliness (SCIE, 2015). The health risks of loneliness in older age are well documented, and include an increased risk of mortality and depression (Luo et al, 2012). In light of this evidence, numerous initiatives have been established in an attempt to reduce loneliness and social isolation in later life, including for example, dementia befriending services, Wellbeing Choirs, and 'Men in Sheds' projects (Age, UK, 2015). While these initiatives are welcome, they may not always take into account the literacy and communication difficulties experienced by some older people. Most notably, older people with a learning disability.

According to the British Institute of Learning Disability (2012), the number of people with learning disabilities aged over 60, in England, is predicted to increase by over a third between 2001 and 2021 (Emerson and Hatton 2008). Recent evidence suggests that older people are one of the fastest growing groups of the learning disabled population (Emerson and Hatton 2011). However, this is likely to be an underestimate of the actual numbers of older people with learning disabilities both now and in the future as many people with learning disabilities are either not known to services or indeed do not use learning disability services in adult life.

Adults with a learning disability are likely to have had very different lifecourse experiences, from other older people. Not all of which will necessarily be recognised by local authorities or the third sector when initiatives to combat loneliness in later life are established and rolled out. For example, older people with learning disabilities are more likely to be living on low incomes and in poor housing than the rest of the older population as they have had less opportunity to work and save money through their lives (British Institute of Learning Disability, 2012). Also, adults with a learning disability are more likely to live with an ageing parent (than a spouse) and so they are at increased risk of social isolation from peers of their own age (British Institute of Learning Disability, 2012). Such differences have led to the development of day services and opportunities specifically for adults with a learning disability (SCIE, 2007).

Over a decade ago, a national survey of people with learning disabilities found that 39 per cent of all people with a learning disability attended a day centre, two-fifths of whom attended five days a week (SCIE, 2005). However, a recent report by Mencap has revealed that due to cuts to day services, nearly a third of local authorities have closed day services to adults with learning disabilities in the last three years. This has resulted in 1 in 4 of these adults now being stuck at home and becoming more vulnerable to social isolation. While not a panacea, these services were nonetheless important sites of collective encounter for people with a learning disability, albeit in often institutionalised and inflexible settings.

The reason for the decline in day service provision is twofold. Firstly, it is an outcome of personalisation which offers the promise of more choice and control and wider participation in

the community. Secondly, it is an outcome of local council austerity cuts, which have affected the whole adult social care sector. Regardless of the reasons, we were keen to find out what is filling this gap in older people with learning disabilities' daily lives, and in particular, to know whether local peer-advocacy has a role to play?

To address this question, we applied for and were awarded a British Society of Gerontology (BSG) Averil Osborn Award. This award is an important source of support for more collaborative, inclusive approaches to research and dissemination *with* older people. It encourages and supports research that enhances the quality of life and citizenship of older people through directly involving older people in the research and dissemination. The ethos of the fund resonates with our own approach to research: we sought to involve people with learning disabilities as co-researchers, actively contributing to the data collection, analysis and dissemination, rather than being solely research subjects in the study.

After gaining University of Southampton ethical approval, we designed the study with the involvement of two (self-identified) self-advocates with learning disabilities in co-researching roles and two professional advocates from our participating advocacy partner in more advisory roles. Self-advocates are people (in this case with learning disabilities) who advocate for themselves, often through coming together and acting collectively in formal and informal groupings. Our advocacy partner nominated potential self-advocates who agreed to take part in interviews. The co-researchers undertook 5 interviews each with different people with learning disabilities as well as an interview with each other (12 in total). The interview participants were equally divided into two age groups: 40-55 and 55+. The co-researchers and a local self-advocacy group were also given the opportunity to prioritise key themes from the findings in the analysis phase. The following report documents the main findings and discusses the implications of this research.

Opportunity to keep and expand social networks

Our study found that there were a small range of local peer-support groups around the urban region where the study took place. These occurred within ordinary places in the community (e.g. a local pub and a children's day service). They were facilitated by a paid advocacy worker but the self-advocates had active roles in 'self-building' the content and format of the meetings. The use of local ordinary places meant that members of the non-disabled community had more opportunity to interact with the participants, and they in turn had the opportunity to network with those beyond the disability community. Such opportunities are an important factor in the integration of people with disability into mainstream society for they show that there is a 'mutual responsibility' for making integration work (Van de Ven, et al, 2005).

The peer-support groups enabled people to meet other self-advocates, defined by one participant as '*someone that you're comfortable with*' (Caroline). This idea of being comfortable with others was an important finding, as most participants did not self-identify as confident and/or vocal people. Indeed, many in the group admitted being initially very shy and only built enough confidence to contribute to a group over time.

When asked what participants like about the groups, Caroline below said:

Good, because you can see people like [John] and [Thomas] and [Ann], people like that, I don't normally see and it's quite nice to see them, very nice to see them. (Caroline)

This was an important finding as peer friendship and frequency of social interaction are often expressed as important ingredients for positive mental well-being. As stated above, the focus on the need for friendship and interaction is most commonly featured in gerontology literature and age-related health campaigns, as older people are often portrayed as being especially vulnerable to loneliness (SCIE, 2015). However, our study revealed that loneliness and isolation are also experienced by people with learning disabilities. The assumption of having friends was questioned by one participant, who revealed 'I haven't got any friends!' (Henry). This exposed a bias in our question, *How do you keep in touch with your friends?*, and made us reflect further on the potential for peer-advocacy. We must acknowledge however that despite often experiencing loneliness, the interviews also revealed examples where participants socialised and gained support from people with learning disabilities outside of the peer-advocacy group. Many spoke of texting or phoning their friends, going to drama group and one used Twitter.

Another participant revealed that it offered an opportunity to get out of the house, as a way of overcoming being stuck and isolated at home. '*It means I can get out, meet people, make friends.*' (Catherine). This point was further reinforced by another participant who said that he tried to remain active with going to groups, otherwise, '*if you don't, you get sort of lonely, sad and depressed*' (Henry). Henry's account revealed a very palpable sense of the monotony and boredom of life at home alone.

Learning skills to participate in the community

One important finding is that peer advocacy seemed to do more than relieve feelings of loneliness and isolation; it offered participants vital opportunities to problem-solve issues and learn new skills and information collectively. Throughout the interviews, multiple examples were expressed where the groups offered people vital opportunities to 'group-solve' issues. The groups also had a professional advocate present, who helped facilitate the meetings and offered support where necessary. As well as helping to resolve current issues, and as a vehicle for accessing the support of a paid advocate, there were also opportunities for wider informal learning of information needed to get by safely in the community.

> *All today's useful projects, like the today's how to deal with the Police, how to deal with things of what could happen to you these days, and having knowledge in what to do and how to deal with a problem, first-aid, social problems, all so very useful, which all of us are lacking so much so it's really great to know about these things* (Henry)

The interviews revealed a wide range of important topics relating to living independently and participating in the home and community, including employment, housing, transport, first-aid and more, as shown in the quote below.

> *[What do you talk about?] We talk about, there's a whole range of things, like health, and issues affecting benefits, employment, and different, and housing and other services that are on, like transport, that will affect people with disabilities.* (Mike)

In the absence of other opportunities for learning, these topics identified above hold particular relevance for those who often have to face marginalisation in their communities. The latter point about helping with social problems illustrates how this informal learning takes place within a space that is safe, and where the participants clearly felt comfortable discussing their issues openly with their peers. Indeed, adults with intellectual disabilities are a group who are particularly poorly served by formal education, and often must seek informal opportunities where available (Nind, 2014).

Peer-Support in Demand but vulnerable to Decline

The findings show that peer-support offered the participants some opportunities for collective encounter but in a more bespoke, flexible, community-based and user-led manner, thus filling some of the residual spaces left from personalisation and austerity. The study reveals how some (not all) people with learning disabilities are coping with changes and cuts, by gathering together for solidarity, support and friendship and building informal networks of support. The groups offer opportunities for defensive coping, as well as for problem-solving and informal learning. The everyday experiences of the people in the study are very much situated within the broader context of personalisation, which is reshaping the landscape of care they encounter and have to respond to.

We recognise there are several limitations of peer-support. Firstly, These peer-support/advocacy groups do not have an 'analogue' with other support groups that non-disabled people form such as those mentioned above. It is also difficult to argue that a peer advocacy group, meeting once a week, is sufficient to compensate for the loneliness and lack of purposeful activity that many participants described. Nonetheless, having a point in the week that offers a 'ray of sunshine' (Mike) in an otherwise solitary week can offer an important anchor point in their lives.

Another limitation was the degree to which these groups are likely to be sustainable in the future within the wider context of austerity and limited social care funding. Despite the significant potential for peer-support, it still occupies a very ambiguous position in policy. It is not mentioned in the Care Act 2014 (although local authority support for preventative initiatives for wellbeing are). It is also often seen as a soft cut as evidenced elsewhere (Goodley, 2015). If left to continue to decline, these groups will likely become more vulnerable to

decline, just like their formal day service counterparts. As a result, older people with learning disabilities arguably will become more at risk of being vulnerable to isolation and loneliness.

Dissemination

In order to reach out and inform disability and social care scholars as well as the groups who arguably needed to hear about the research most (commissioners, service providers and people with learning disabilities), we actively sought to disseminate the findings beyond this Generations Review article.

To reach out to the first audience, we published a paper in the Journal of Intellectual Disability (http:// eprints.soton.ac.uk/386134/). This documented the key findings reported here, as well as offered a more detailed account of the changing landscape of social care provision for people with learning disabilities. We also have a paper

accepted subject to revisions in the British Journal of Learning Disabilities. And finally we will also be presenting the findings at the BSG Annual Conference at the University of Stirling under the 'quality of life' subtheme.

To reach the second broader audience, we organised a one-day conference that was specifically targeted at these groups. This took place on 25 May 2016 in Southampton in Unity 12 CIC (home of SPECTRUM Centre for Independent Living). The findings from the study were presented with the two co-researchers from the project, Matthew King and Donna Evans, and received very positive feedback. Details of the event, including the presentation slides from our presentation are given on our disability platform's website: https:// spiritdisabilityplatform.wordpress.com/. The event was very well received according to the evaluation forms and videos of the presentations will be made available on the website once ready.

References

Age UK (2015) *Promising approaches to reducing loneliness and isolation in later life.* Age UK: London

British Institute of Learning Disability (2012) *BILD Factsheet: Older people with a learning disability*. BILD: Worcestershire.

Emerson, E and Hatton, C (2008) Estimating the Future Need for Adult Social Services for People with Learning Disabilities in England. Lancaster: Lancaster University Centre for Disability Research.

Emerson, E and Hatton, C (2011) Estimating the Future Need for Adult Social Services for People with Learning disabilities in England: An Update. Improving Health and Lives: Learning Disability Observatory www.improvinghealthandlives.org.uk

Goodley D (2015) *Self-advocacy and people with learning disabilities in an age of austerity: Policy Brief*. Available at: https://bigsocietydis.wordpress.com/policy-briefings/

(accessed 15 February 2016)

Luo, Y, Hawkley, L, Waite, L, and Cacioppo, J (2012) Loneliness, Health, and Mortality in Old Age: A National Longitudinal Study, *Soc Sci Med*. 74(6): 907–914.

Mencap (2012). *Stuck at home: The impact of day service cuts on people with a learning disability*. London: Mencap.

Nind, M (2014) Inclusive research: a site for lifelong learning for people with learning disabilities? In, *European Conference of Educational Research, Porto, Portugal, 02 - 05 Sep 2014.*

SCIE (2007) Knowledge review 14: Having a good day? A study of community-based day activities for people with learning disabilities. London: SCIE

SCIE (2015) *Preventing loneliness and social isolation among older people*, London: SCIE.

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

For more details visit

http://www.britishgerontology.org/era.html

Who's Who: Dr Martin Hyde

Senior Lecturer in Sociology, University of Manchester (soon to be Associate Prof, in Gerontology, Centre for Innovative Ageing, Swansea University).

Describe yourself in three words.

Inquisitive, collaborative, energetic.

How did you get here today?

I got in to ageing research by chance, but stayed by choice. Following my MSc at University of Bristol I was lucky enough to get a job on a project based in the Department of Epidemiology at Imperial College to design a survey to look at quality of life in later life. At this point I hadn't done any research on ageing and I even had to look up what epidemiology meant! But I did my research, which paid off as I got the job. This was the post that made it all happen. Working with Paul Higgs, Dick Wiggins and David Blane we developed a short measure of quality of life (the CASP-19) for our study. This has gone on to be adopted by numerous studies and used in over 20 countries worldwide. From that I went on to work on ELSA and SHARE and spent the first of many research visits in Stockholm University. In 2006, after 6 years of working in London, I took a teaching post at Sheffield Hallam Uni. That was tough, a lot of teaching and not much time for research. So when the chance came to move to Sweden and work full time with my colleagues there I took it. I had 2 ½ amazing years there as Deputy Director of the Epidemiology Unit at the world-renowned Stress Research Institute. However personal and professional reasons brought me back to the UK and I got a post at the University of Manchester where I have been for the last 2 ½ years. It is a shame that I am leaving Manchester just as Debbie Price has taken over at MICRA. She is so enthusiastic and energetic I know I would have benefitted from being there with her. However, I am very excited to be taking the next step in my career as an Associate Professor with the excellent team at the Centre for Innovative Ageing.

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

'Build your networks' – and by extension, 'Don't be shy, just go and talk to people'. This was great advice that Paul Higgs gave me very early on in my career and it has really benefitted me. Through having a number of different networks I have been fortunate enough to meet some fascinating people who have helped me to develop my ideas and skills. I love getting to work with them and just hang out with them. I also think it puts me in a much stronger position when applying for grants as I can already draw on a wealth of expertise and experience as well as having contacts around the world. It definitely takes time and effort to build and maintain them. But I am lucky that I get to work with people who I genuinely like and admire.
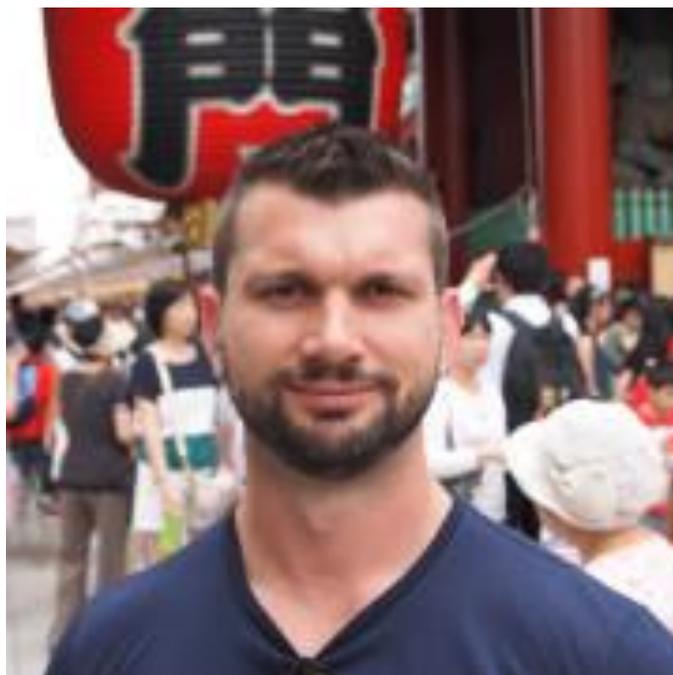
Who is or has been the most influential person in your career?

I have been lucky enough to work with a number of outstanding people in my career. However, Paul Higgs is definitely the most influential person in my career. He saw my potential at that very first meeting in London and has supported me at every key stage since. He has given me

advice, introduced me to key people, argued with me, listened to me and encouraged me. He was an excellent PhD supervisor. We have just written our first joint authored book together and I benefitted enormously from his advice and experience. I admire him and his achievements immensely. I feel that he is always pushing and developing his ideas and that, whether you agree with them or not, this has been great for our discipline as it encourages debate and research.

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

This is a really tough question. I try to read a lot of books from a lot of different genres. The best academic book I ever read is probably *Economies of Signs and Space* by Scott Lash and John Urry. It made me think about social structures and space in a much more complex way. In terms of classic novels anything by Conrad or Dostoevsky. For more modern books again anything by David Mitchell or China Miéville and, as a massive fan of magical realism and a bit of a romantic, *The Night Circus* by Erin Morgenstern was a standout book for me.

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

Again I think that this is almost an impossible question to answer. As Associate Editor of Ageing & Society I am privileged to read so many good papers (and some not so good ones!). Different papers have different qualities. Some papers, like the BMJ paper by Westerlund and colleagues broke methodological ground and helped me think about new ways to do my research. I also love Morten Wahrendorf's paper in Ageing & Society, in which he uses chronographs to visually depict the different lifecourse trajectories for older people in Europe. Alternatively there are some papers that I really, really like because they are so far beyond what I normally do that they bring a whole new perspective. Cathrine Degnen's paper, again in Ageing & Society, on place attachment and embodied subjectivities was one such paper. It really made me think about my experiences of growing up and the places I used to walk through and how they have changed and the impact that has on my sense of self as I age.

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

I love doing research and I do tend to work long hours. But I am trying to get better at taking some time off – and my partner is very good at helping me to do so. So when I am not doing work I do quite a lot of different things. I don't really have a single hobby. I like to read a wide range of books, everything from history to space opera. We watch a lot of foreign language programmes, especially anything Scandi, documentaries and comedy shows. But I also have an embarrassingly high threshold for bad TV and can pretty much watch anything. I try to keep fit and go to the gym a few times a week and recently I have really gotten into cooking, especially Middle Eastern and North African food, which I love.

Best research project you have been involved with and why?

Again this is a really difficult question to answer. I have been really lucky to be involved in a number of really great projects. I have worked on ELSA and SHARE and I am still on the steering committee for the Swedish Longitudinal Occupational Study of Health. These have been great experiences in working in large interdisciplinary groups. But if I had to choose it would probably have to be the ESRC Cultures of Consumption project with Paul Higgs, Chris Gilleard, Ian Rees Jones, Christina Victor and Dick Wiggins. This was a great team and I genuinely felt that we were doing something ground-breaking.

What's the future for ageing research?

As the apocryphal Chinese saying goes, I think all social research is going through 'interesting times' and ageing research is not immune from that. On the social and political level we are witnessing a worrying emergence of prejudice, xenophobia, hatred and social divisions around the world. This raises huge challenges for us to look at how these might impact on older people. We have already seen some of this in the heightening of intergenerational hostility following the Brexit vote. However, what really frightened me about the referendum and what we are seeing in the run up to the US elections is the dismissal of any sort of expert knowledge. As a community of researchers we need to rise to this challenge and show the value of our research. Where I am positive that we can do this is the continued advances that are being made in data collection, such as linking to administrative data, and methods, such as the use of digital technologies.

Cycling into older age

Findings and recommendations for enabling a cycle BOOM?

Tim Jones, Reader in Urban Mobility, Oxford Brookes University tjones@brookes.ac.uk

Ben Spencer, Research Fellow, Oxford Brookes University

bspencer@brookes.ac.uk

Back in the February 2014 edition of Generations Review (Vol 24 No 1) we outlined the need for research in the UK into how the design of the built environment and technology shapes engagement with, and experience of cycling as people get older, and how this affects their independent mobility, health and wellbeing. We explained the multi-disciplinary mixed methods we were aiming to use in the three year cross-Council Lifelong Health and Wellbeing funded cycle BOOM study. Now, after involving nearly 240 participants between the ages of 50 and their mid-80s in Oxford, Bristol, Reading and Cardiff we can provide a summary of our findings and recommendations.

An initial task was data mining to find out more about the problem and potential for older cycling in the UK. This revealed that under different circumstances cycling could play a more significant role in the lives of the older population, as summarised in Figure 1.

These figures show that those aged 60 or more are generally less physically able and are less confident to cycle. However, it was unclear what enables those that continue to cycle to do so, and for those that stop, it is unclear when and why this happens, and whether these people could be encouraged to resume cycling.

We worked hard to ensure that the participants in our study included non-cyclists, those who currently cycled, who we termed 'resilient riders', and 're-engaged' riders - those who wished to try cycling again after a significant break, sometimes stretching back to childhood or early adult life. We followed resilient riders on rides and talked to them about their
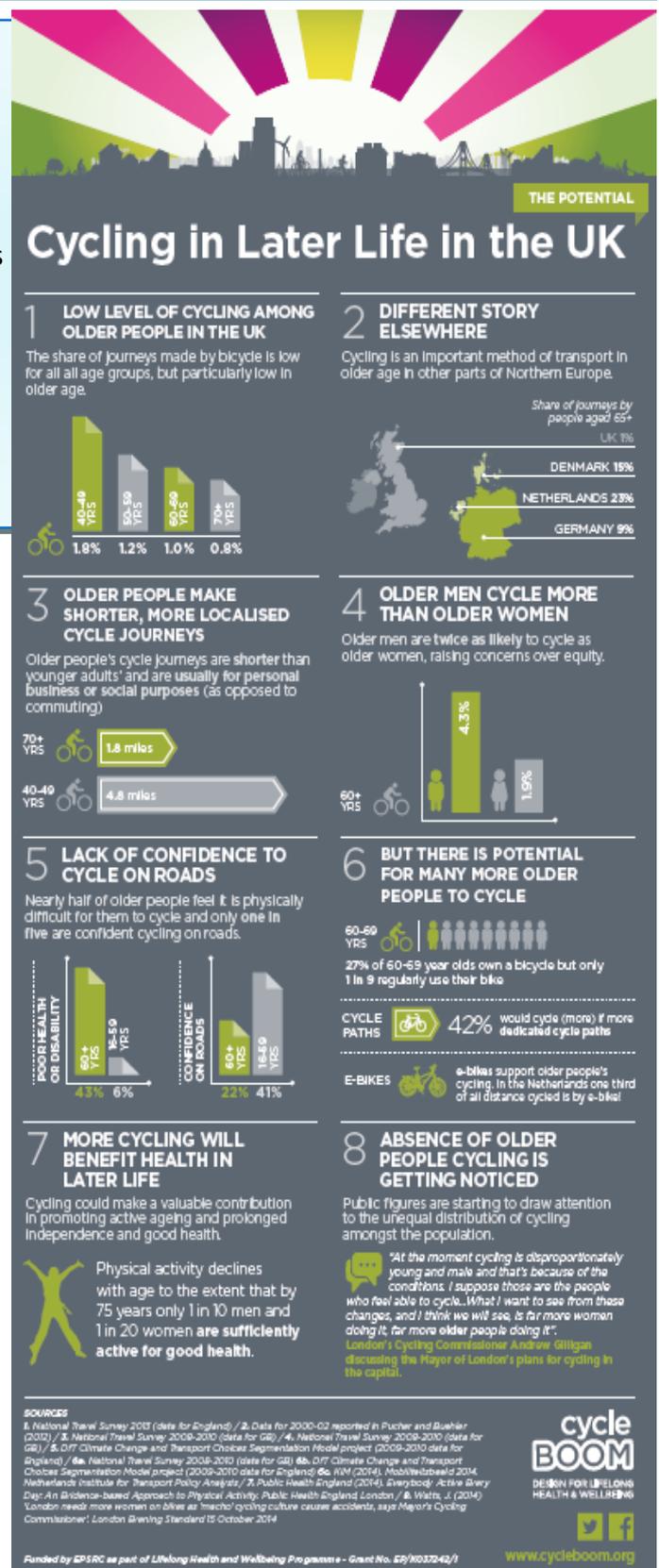

Figure 1: Portrait of 'problem and potential' for older cycling in UK. This infographic is available as a bookmark; let us know if you would like copies.

experience. The re-engaged riders took part in an eight-week 'cycling and wellbeing' trial where we got them back onto a pedal cycle or loaned them an electrically assisted 'e-bike' and asked them to keep a diary of their experience. We also measured their physical and mental health before and after taking part in the trial.

What our results showed is that cycling improved physical and mental health among these re-engaged riders but that cycling was 'partial', that is, it was predominantly performed in pleasant surroundings away from motor traffic, for example, along green corridors.

Our resilient riders demonstrated that everyday cycling requires tremendous physical and emotional labour and willingness to develop resilience to the traffic conditions. Strategies included timing journeys so that they took place outside of peak periods, using routes that avoided traffic and riding on pavements in situations where they did not feel safe. Common to all riders with different levels of experience was the view that decreasing capabilities as they got older,

complexes and underpasses to circumvent busy transport corridors. Few participants referred to cycling into and across the city on arterial routes. In outer areas of Bristol and surrounding communities, off-road cycle paths were well used both for functional journeys and recreational cycling, although these were not always highly regarded aesthetically. In dense, inner areas of Bristol homes had confined spaces for storage that affected the ease of using bikes (Figure 2). Bristol's characteristically hilly topography meant that gradient was seen as an unavoidable part of cycling in the city.

In **Oxford** congestion in the city centre and on arterial roads, a lack of permeable streets for private motor vehicles and the pressure for car parking discouraged driving. Most resilient Oxford cyclists discussed the general ease and efficiency of getting into the centre and around the city by bike compared to other cities, while traffic-free routes through natural spaces (river and canal-side paths) were particularly valued. There was some criticism of the inconsistency of the cycling environment on some of Oxford's arterial roads with, for

Figure 2: Confined space for storing cycles affected ease of use

(Photo: cycle BOOM)

coupled with poor and unsupportive infrastructure, and fear of injury from other traffic, had a negative impact on their cycling experience.

The experience of cycling varied in the four cities studied. In inner Bristol routes were created using parks, residential

example, fragmented cycle lanes, the domination of buses and challenging junctions. Oxford's hills which lie to the east and west of the city, either side of the river, deterred some participants from using their bikes more extensively for their travel.

In **Reading** the presence of a number of wide and fast 'urban motorways' - most notably the A33 and A327 - coupled with a lack of high quality infrastructure served to discourage cycling. Reading cyclists appreciated riverside and canal paths and also cycle-specific initiatives where they exist, such as the A4 Bath road cycle track and cycle-specific lights at the junction of Queen's Road and Watlington Street, but most avoided the city centre where possible.

In **Cardiff** , the combination of compact city centre, flat topography and numerous green spaces, provide features that should help to encourage cycling. However, the city also suffers from having a mix of central pedestrianised streets and large car-centric roads (for example the A4161 and A4160) that serve to discourage cycling. Many Cardiff cyclists make use of green corridors particularly the Taff Trail through Bute Park to the Cardiff Bay area.

The cycling life history interviews we undertook also revealed the ways in which cycling was practiced by the participants and how it contributed to their lives. There were 'all-purpose' cyclists for whom cycling was their means of mobility and who were confident to cycle in different environments and had shown the ability to adapt their bicycles and riding practices as they got older (more commonly males). Cycling was preferred to other modes of transport due to being quicker, more reliable, flexible and cheaper. It also freed up a car for other household members who might need it. A small number of participants (more commonly females) did not drive or have access to a car and cycling enabled them to more effectively organise their key activities such as getting to work and offered more freedom of movement than possible with public transport. There were also participants still working who had taken up cycling to work with support from their workplace and from colleagues.

Figure 3: The poor state of surfaces was a recurrent theme (Photo: cycle BOOM)

For many participants cycling was only practiced for recreation. This could be occasional recreational cycling on traffic-free routes accessible from home or by taking the bicycle by car to another location. Many participants expressed the wish to cycle more for recreation but lacked others with which to cycle. A large proportion of male participants returned to a form of cycling they had done earlier in life, including time trialling, organised cycle groups or exploring their local area on their own, with purchasing of high-value, specialised bikes for the purpose. Re-engagement amongst the female participants tended to be less structured and on a smaller scale, involving using a bike for local trips or arranging to ride with a friend or partner.

Many of those continuing to cycle, and returning to cycle, incorporated cycling in personal or shared projects to be physically active and enhance health. Some participants who were experiencing difficulties with their joints had found cycling to be more comfortable than running or walking. There were participants who were very positive about how cycling had helped them cope with physical and mental health problems. It was clear for many participants that cycling gave them a sense of achievement.

Our mobile observations of rides and subsequent video elicitation interviews with resilient riders revealed a number of key issues. Unsurprisingly, cycling alongside motorised traffic was perceived to be a risky activity. The dangers posed by drivers of cars were often discussed but there was particular concern about riding among buses and heavy goods vehicles in inner-urban areas. The experience of using shared-use paths with pedestrians and other cyclists, while preferred to sharing with vehicles, was also problematic. A recurrent theme was the poor and deteriorating state of surfacing (Figure 3) and how this contributed to feeling distracted, uncomfortable and vulnerable.

A lack of clarity of what is expected of cyclists and the extent to which this aligns with their capabilities as a rider was also a source of disquiet with the legibility and coherence of infrastructure often seen as challenging.

It's not like a drive, is it, when you know you've always got a lane? On the bike you've got loads of different things, haven't you? Sometimes you have got to cross a pavement, sometimes you've got a

cycle lane, and sometimes you're among the traffic, sometimes you're in a dangerous spot in the middle of the road. It's nothing like being in the car, is it?" (Sibylle, 50s, Cardiff)

There were many instances of older cyclists 'breaking the rules' with riders often eschewing specific cycle infrastructure provision where it was regarded as less convenient or less safe than other options. For example, participants rode on the pavement or dismounted and pushed their bikes.

Participants who took part in the cycling and wellbeing trial wished to re-engage with cycling after a hiatus and we received significant interest from the public to take part in the trial – especially to try an e-bike. The experience of both pedal and e-bike participants was overwhelmingly positive. Those using e-bikes reported the sheer enjoyment and thrill of e-biking and how this allowed them to cope with physical ailments that made ordinary pedal cycling challenging. E-bike participants also reported feeling safer riding an e-bike compared to an ordinary pedal cycle because it allowed them to move away from junctions more quickly and to avoid wobbling up inclines. The e-bike also allowed riders to cover more distance in less time but both pedal cyclists and e-bikers enjoyed the freedom to discover new routes in their local area and beyond. They also appreciated the ability to engage more intimately with the landscape and to do so in the company of others. The e-bike was seen as particularly beneficial in providing opportunities to ride with a more agile partner or friend. A series of short video vignettes were produced with twelve participants from the trial. These were selected as they exemplify many of the key themes highlighted and all agreed for their videos (and identity) to be made public. The videos are available here: http://www.cycleboom.org/video/

The results of the physical and mental health measures indicated that cycling may improve spatial reasoning, executive function and mental health. However, we did not detect any significant change in memory or attention scores when comparing pre- and post-trial test results for either e-bike or pedal cycle groups.

There is still much more to be done to create the level of physical infrastructure and social support required to enable safe, pleasant and more inclusive cycling. Our Summary Report sets out in detail how this could be achieved as part of an Age Friendly City agenda. We argue that there is a need to recognise the full potential of cycling for older people's health and wellbeing and that transport systems need to cater for all capabilities and a wider range of types of cycle. Cycling should

Figure 4: Towards infrastructure for intergenerational cycling. Hills Road, Cambridge (Photo: cycle BOOM)

be an easy, safe and enjoyable way of moving around urban and rural areas. This includes provision of high quality protected cycle lanes on all arterial routes into towns and cities (see Figure 4) and well-maintained low speed spaces that encourage positive social interaction and opportunities for appreciation of the wider environment. Housing should provide secure and convenient cycle storage with easy street access and the need to 'think beyond the building' to the immediate neighbourhood to gain access to services by bike. Provision for older cyclists will benefit younger and less confident cyclists too, enabling truly Age Friendly intergenerational cycling.

Further details of the policy background to cycling in the UK, our sample, methods, findings and recommendations can be found in our Summary Report (details below). We have also produced a series of Briefing Notes for Planners, Engineers & Designers; Health Promoters and for the Cycle Industry.

The cycle BOOM team are continuing to engage with policy makers and practitioners to promote better understanding of the potential for older people's cycling, for example, through the Age Friendly Cities and NHS Healthy New Towns initiatives. Please visit www.cycleboom.org for more details or get in touch if you require further information or printed materials.

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
- Entitles you to significantly reduced rates at the Annual Conferences of the British Society of Gerontology
- Gives access to our vibrant group of Emerging Researchers in Ageing (ERA), which includes students, postdoctoral researchers and those established in their careers but new to the field of ageing, who 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

OUR VOICES

The experiences of people ageing without children

How will, and should, older adults without children approach their later years? While many issues affecting older people have received attention, two questions that remain under-researched and under-reported are, why more people over 50 are entering later life without children and how this will affect them. One in five people over 50 are not parents, while others enter later life without children because of death, estrangement or distance. By 2030 an estimated 2 million people over the age of 65 will be without adult children. An unspoken assumption underlying policy and planning on ageing is that older people have children and grandchildren who can provide the required help, support and care. Those without children are not considered.

Our Voices, a research report, based on focus groups, interviews and case studies, highlights the concerns voiced directly by people ageing without children. Six main themes emerge from the experiences that participants describe in their own words: feeling invisible; being judged unfavourably for not having children; having no one 'to tell your story' when you are no longer able to tell it yourself; the 'trigger-point' significance of becoming a carer oneself; the issues of practical support; and losing touch with other generations. The report examines each of these themes and the many factors contributing to them, which include false assumptions, ageism, language, political narratives focused on 'hardworking families', and the fact that many people ageing without children belong to groups experiencing other forms of discrimination, including racial discrimination, and discrimination against LGBT people. Besides the comments participants voice on particular points, several personal experiences of ageing without children are narrated at greater length in the report.

'They won't let me go home from hospital unless there's a named person to pick me up… I tell them I don't have a name to give and they look surprised as if it never happens. Perhaps it is just me who doesn't have anyone.'

There are no easy answers to these questions, but the report identifies a number of solutions that people ageing without children propose themselves. These include measures to help central and local government planning take account of present realities and future needs, to ensure that medical and social care services are sufficiently informed and equipped to provide the required support, and that advocacy services are available for people ageing without children. Steps are also recommended to help people to plan adequately for their later life, to broaden public understanding of the issues, and to invest in intergenerational programmes. Finally, the report identifies a number of areas where further research is needed.

Our Voices: The experiences of people ageing without children is published jointly by the **Beth Johnson Foundation** and **Ageing Without Children**. Printed copies of the report are available from **The Beth Johnson Foundation, Parkfield House, 64 Princes Road, Hartshill, Stoke on Trent, ST4 7JL** or by emailing **admin@bjf.org.uk**

The report can also be downloaded in PDF form from **www.bjf.org.uk** or **www.awoc.org**

BJF
Beth Johnson
FOUNDATION
www.bjf.org.uk

AGEING WITHOUT CHILDREN
www.awoc.org