British Society of Gerontology

40th Annual Conference

“Understanding and Promoting the Value of Older Age”

Book of Abstracts

5 – 7 July 2011, University of Plymouth, UK

Contents

Keynote Presentations

Andrew Achenbaum
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Title: **Time Matters: The Legacy of Robert N. Butler, MD**

Robert Butler was a giant in the field of aging--psychiatrist, researcher, public intellectual. He was the founding director of the National Institute on Aging, created the first department of geriatric medicine in the U.S., and founded the International Longevity Center. Studying his contributions across domains provides a window for understanding institutional structures and strictures after World War II. Robert Butler was "Aging's Visionary." He coined words and terms that we use everyday--"life review," "ageism," "productive aging"--and a few (such as "shortgevity") that might enter our discourse. Through his work, notably at the International Longevity Center, Butler laid the foundations for what he called "The New Longevity." To the extent to which he stirred gerontological imaginations, we are in his debt; to the extent that his vision remains unfulfilled, we who survive have work to do.

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Title: **Valuing Older Age: Looking Through Rose-Coloured Glasses**

The conference theme, *Understanding and Promoting the Value of Older Age*, situates population aging within a celebratory rather than an apocalyptic paradigm. From this standpoint, researchers have been documenting the participation and contributions of older adults to their families, communities and the polity. Yet the celebration is muted by evidence of exclusion of older persons from full participation, and of tremendous diversity in their social, and community connections. The purpose of this presentation is to explore constraints to a good old age, through examination of findings from two collaborative projects among researchers in Canada, the UK and Ireland.

Widening inequalities in later life point to increased disparity in the likelihood of older people's social inclusion. In the first part of the presentation, themes are drawn from a forthcoming edited book on global issues in social exclusion. They illustrate how place matters in terms of expectations of individual and societal responsibility for valuing older age; and in how lack of access to full citizenship may belie positive attitudes toward aging. This global discourse is followed by evidence from a UK-Canada research program on connectivities of older persons. Data from these studies illustrate the diversity of older adults in providing and attaining value through their community connections, raising questions about whether valuing is contingent on contributions. The presentation concludes with remarks about whether the cheerful optimism evoked by the phrase 'rose coloured glasses' is warranted in light of contemporary evidence of both valuing and devaluing of older age.

Christina Victor
Professor of Gerontology and Public Health
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Title: **Living Longer But in Worse Health? Reflection on Changes in the Health Status of Older People in the UK over the Last 40 Years and Speculation about the Next 40 years!**

At the time of the first conference of the British Society of Gerontology in 1971 life expectancy at birth in Britain was 69 years for men and 75 years for women, compared with 78 and 82 years respectively in 2010. Current projections suggest that by 2050 the average life expectancy will be approximately 90 years. Over the same period there has been a perceived awareness of the importance of quality as well as quantity of life and a recognition of the importance of chronic disease in shaping the experience of old age and later life. In this paper I will examine the factors underpinning the changes in mortality and morbidity that have characterised the last four decades, consider the challenges for the next four decades and review some of often forgotten inequalities in health status characteristic of old age but which are submerged by the focus upon summary statistics that emphasise the 'average' experience.

Symposia

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Title: **Old Attitudes: Varied Perspectives on Older Workers**

Paper 1. Old Attitudes: Varied Perspectives on Older Workers

The aim of this symposium is to enhance understanding of the varied attitudes towards old age, with particular reference to perspectives to older workers in work and in transition to retirement. The symposium draws upon a comparison of attitudes across Europe with specific examples drawn from the UK and the Netherlands. To introduce the topic and provide an overview of general attitudinal concepts, a study of 27 European countries presents varied perceptions of older people. Each subsequent presentation presents a unique viewpoint of older workers to provide specific detail to highlight these perceptions described in the first. The second talk presents older worker attitudes towards age and when to stop work, with particular focus on a wish to assist young workers. The third talk presents the various reasons that older workers choose to put off retirement and continue working, while exhibiting some guilt for this in regards to denying young workers. Finally, a multi-level analysis demonstrates manager views and their willingness to hire older workers for bridge employment before retirement.

Paper 2. Predictors of Attitudes to Age in the European Social Survey for the BSG 2011 Conference

As the populations age, in some countries faster than others, governments and policy makers are grappling with the question of how to change people's perceptions and expectations about ageing so that societies can adapt to these changes. Here, we present key findings from the Age Attitudes and Experiences of Ageism Module in the 2008/9 European Social Survey (ESS), which included respondents from 27 European countries (N = 54,988). We examined how people's demographic characteristics combine with different characteristics of the countries in which they live to affect their perceptions of older people. Taken together, the picture is one in which it is countries that have higher GDP per capita, those with later state pension ages, a higher proportion of people aged over 65 and those that value autonomy holds the most positive view of older people.

Paper 3. Older Workers Attitudes to Age: Impacts on Retirement Planning for the BSG 2011 Conference

The factors which influence retirement timing are well rehearsed through survey research: financial and pension position, health status, caring responsibilities, domestic circumstances; labour market factors and job satisfaction. Older workers attitudes and feelings about age have not figured so large in analyses which seek to understand retirement behaviour. Findings from a British qualitative study explored the interaction of the factors affecting retirement timing outlined above and are used to examine how men and women in the sample thought about their own age and how they framed age as an issue in retirement timing. Varied themes emerged: not feeling old but having a sense of having done one's bit through a long working life; expressing a view about the need to give way to younger workers and a sense of perhaps having little time left. The paper concludes that we should factor attitudes to age into our understanding of retirement planning.

Paper 4. Baby Boomer Attitudes towards Continuing Work in a Recession: The Guilt of Older Worker Employment for the BSG 2011 Conference

The benefits of continuing work are highly attractive to Baby Boomer workers who seek to redefine the transition to retirement. There are the financial benefits of continuing work, the social inclusion benefits, and the view of continuing to gain fulfilment and contribute to society. However, this can come at a price to younger workers wishing to enter the workforce and progress in their early careers. Exploring the data provided by a recent British qualitative study, this paper presents older worker attitudes and the ensuing guilt they feel in regards to the challenges of generations following them. Particular interest is presented in regards to younger workers, as many of these Baby Boomers experience a desire to continue working in the recession, while watching their employment-age children experience the difficulties of career entry and financial success.

Paper 5. Impact of Age Norms and Ageist Stereotypes on Hiring of Early Retirees in the Netherlands: A Multilevel Analysis of Managers’ Decisions for the BSG 2011 Conference

Changing patterns of retirement transitions suggest that a growing number of older workers can opt for bridge employment, i.e. employment that occurs between career jobs and permanent retirement. Our study investigates the role of managers in the employment process of early retirees in the Netherlands. In particular, we focus on the effect of managers’ age norms and ageism attitudes on their employment decisions. A vignette study was designed to answer this question. Profiles of hypothetical retired job applicants were presented to the employers who were asked to make a specific hiring decision. The results indicate that higher age norm (i.e., the age deadline defined as the age when an employee is too old to work) results in higher propensity of hiring an early retiree. Stereotypes, on the contrary, do not influence managers’ decisions.

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Christina Victor
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Title: **Ending Loneliness and Creating Connections in Older Age**

Purpose:

This symposium aims to:

- raise awareness of and provide background to the Campaign to End Loneliness.

- explain how the Research Hub will provide evidence to support the campaign.

- provide a summary of findings from research to date on the prevalence, risk factors and impact of social isolation and loneliness and the evidence around interventions.

- have a round table discussion on the areas needing most urgent attention in research / practice / policy.

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Title: **Grey and Pleasant Land?: Connectivity and Older People in Rural Areas (Symposium 2 of 2)**

‘Grey and Pleasant Land?: An Interdisciplinary Exploration of the Connectivity of Older People in Rural Civic Society’ is a ‘New Dynamics of Ageing’ Project involving five HEIs working in six different rural communities in England and Wales. The project covers a wide range of topics including travel/mobility; cultural capital, inter-generational relations; film and performance; and using the internet to connect stakeholders.

This is the first of two symposia whose objectives are to:
- Disseminate early findings
- Share emergent theoretical and methodological thinking
- Illustrate the relevance of our research to ‘Big Society’ debates

Paper 1. A Continuum of Mobilities for Understanding Connectivity Amongst Rural Elders

(Graham Parkhurst, Kate Galvin, Charles Musslewhite, Judith Phillips, Ian Shergold,Les Todres)

From the perspectives of wellbeing and quality of life, mobility for older people is about more than travelling from ‘A to B’. To be mobile is to participate in society and to feel ‘connected’. Mobility is a fundamental feature of humanity, which has social or psychological purpose and benefit. To enhance our conceptual understanding of these issues a continuum of ‘mobilities’ is proposed, drawing on data from surveys, semi-structured interviews and phenomenological interviews. The continuum includes literal mobility (actual physical movement), virtual mobility (realising the outcomes of mobility without recourse to movement), potential mobility (the desire to have more mobility options available than are used in practice), and imaginative mobility (through recollection of past experience or indirectly, through others' experience). The presentation concludes by drawing out the significance of this conceptual framework for social care and transport policy and practice.

Paper 2. Elders in the Travelling Community: Celebrating the Intangible Cultural Heritage of a Rural Minority Group

(Yvette Staelens, Avril Silk, Catherine Hennessy)

This presentation highlights project work focusing on culture and leisure among older people in the Travelling community. Findings from oral history interviews demonstrate the lack of distinction between cultural and leisure activities and working for economic gain in this group where traditional cultural pursuits frequently involve activities undertaken as part of earning a living. The livelihoods and lifeways of older Travellers are also intimately connected with the landscape and resources of the natural world in rural areas. This connectivity is a significant source of memory and identity for these older individuals. The oral histories form the basis for a museum exhibition developed by students at Bournemouth University to celebrate the intangible cultural heritage of these elders.

Paper 3. Older People's Participation in the Cultural Life of Rural Communities

(Catherine Hennessy, Gloria Lankshear, Andy Phippen)

This presentation explores older people's involvement in and contributions to the cultural life of their rural communities in the UK. Discussion of emerging findings from survey data and oral history interviews will address research questions regarding life course patterns of participation in cultural and leisure activities, the relationship of these patterns to involvement in later life, and barriers and facilitators to participation in these activities. An additional aspect of this work package is an intergenerational community oral history project ('Rural Memories of Culture and Community') involving younger people in collecting oral history interviews and designing a website and exhibition aimed at promoting awareness of older people as a source of community cultural capital. These activities and the evaluation of their impact will be described.

Paper 4. Using the Internet to Connect Stakeholders in Rural Ageing

(Ray Jones)

This project includes an exploration of how the internet might promote connectivity among stakeholders in rural ageing within the UK and internationally. For example, how does connectedness from the technological method affect confrontation versus consensus between individuals and groups? What are the barriers in rural settings to using the Internet for greater connectivity among later adopters? The findings will be used to develop a conceptual framework and guidelines to support Internet use by older persons in rural areas. The symposium will therefore include a live webcast of proceedings to members of our stakeholder panel, which includes 30 rural older people, 20 non-academic partners, and 10 international academic experts in rural ageing. The panel will have the opportunity to make comments and ask questions after each presentation.

This research is supported by the 'New Dynamics of Ageing' programme, a multidisciplinary initiative funded by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-353-25-0011).

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Title: **Tackling Ageing Continence through Theory Tools and Technology, TACT3**

The TACT3 project started in 2008 with the aim of reducing the impact of continence difficulties for older people. Incontinence is more prevalent in the older population but the popular view that it only affects the oldest old is far from the truth. In fact, continence problems are extremely common but very rarely discussed openly. In this symposium we report some of our findings, focussing particularly on environmental barriers to continence and assistive technology for continence pad users. The TACT3 project is funded through the New Dynamics of Ageing programme

User focussed design - opinions and stories. - Felicity Jowitt and Eleanor van den Heuvel

Two of the major concerns for continence pad users are pad leakage and urine odour. We set out to design two assistive technologies for continence pad users that would give them an early warning of leakage or odour. We used focus groups and individual interviews to gain a deeper understanding of the experience of wearing pads and to discover the key design criteria for our devices. This paper reports our key findings.

Smart Underwear - Eleanor van den Heuvel, Adele Long and Maryann Slack

In response to pad user requests, we have developed Smart underwear that will alert the wearer to a leak from the continence pad. The purpose of this product is to assist the wearer to avoid leakage spreading to outer clothing and seating surfaces, prevent the embarrassment of visible leakages and reducing the associated additional cleaning of clothes and soft furnishings. Pilot user evaluation data has been successful and the full evaluation is ongoing. We will report the results of the technical development and the clinical evaluation.

Environmental Barriers to continence - Jo-Anne Bichard and Gail Knight

Engaging with toilet providers has shown that anti-social behaviour and vandalism are major problems for toilet providers. We report of the “Problem Reduction Guide” progress, on the design of Robust Accessible Toilets (RATs)

Toilet providers concerns’ with information about toilet provision, tie in with the concerns expressed by users. This led to a focus on the information regarding toilet provision, especially service (provision location and opening times). We will discuss some design solutions to these problems and point to a practical way forward. **Ref: 1834**

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Title: **FUTURAGE - User Involvement in a Pan - European Project**

FUTURAGE is a two-year project funded by the European Commission, under the Seventh Framework Programme, to create the definitive road map for ageing research in Europe for the next 10-15 years.

Academic and non-academic stakeholders engaged in a state-of-the-art assessment of research priorities, emerging fields and methods to build consensus on the research priorities in ageing until 2025. The road map which is due to be launched in October 2011 will represent the most extensive consultation ever conducted in this field and identify the main priorities on ageing and health from a multi-disciplinary perspective.

In order to integrate the perspectives of users in the production of the Road Map, to discuss the role of users in real research priorities and to contribute to the development of a methodology of user participation for future research, FUTURAGE appointed AGE Platform Europe and AGE UK to lead a user engagement work stream.

Three fundamental precepts guided the development of the user involvement work stream. One was the potential for user involvement to improve the quality and productivity of research; another, the philosophical assumption that user engagement is under-pinned by the common European values of social inclusiveness, equal participation of all sectors, fairness in the distribution and utilisation of resources and freedom of speech; and the third, the requirement for researchers to be publicly accountable when funded by the public money.

Data were collected through two international workshops and directly from a much larger group of older people using a questionnaire.

The symposium will comprise lay presentations from users who will describe their experiences of participating in a large international project and two international discussants will develop the issues raised in the presentations.

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Title: **The Idea of Generation: Re-appraisals and Critiques**

The current financial crisis and the retrenchment of the welfare state have seen the re-emergence of a debate about generation in the UK. In particular this debate has focused on the seemingly unfairness of resources accumulated by older generations in respect to younger ones. One notable feature of these discussions is a lack of clarity about what constitutes a generation and how does it provide the basis for social divisions. This is all the more problematic because a general agreement has been reached in the media that those cohorts associated with the 'baby booms' and 'baby bulges' of the mid-twentieth century constitute the source of social injustice. The argument presented is that those cohorts who grew up in post-war Britain have not only benefited from the expansion of educational opportunities and relatively stable employment opportunities but they have also experienced higher levels of income and material comfort than previous cohorts. Yet, for the cohorts following behind the world looks considerably less friendly with some popular commentators arguing that the living standards of present day retirees can only be sustained at the expense of younger cohorts whose education, employment and social rights are being restricted as British society becomes less redistributive.

This symposium therefore seeks to address the re-emergence of the idea of generation in public discourse by bringing together three key thinkers who offer different reflections on the concept of generation and how it relates to the study of ageing. Chris Gilleard investigates the way in which sociological concepts of generation are used in various ways to mean cohort, life stage and kinship. He also examines the way that lifespan developmental psychology utilised the idea of generation and generational orientation to locate the idea of generativity as a concern for future generations which emerges in midlife. Gilleard seeks to show how the relationship between generation as a demographic concept, generational habitus as a distinct 'mentality' or 'frame of mind' and generativity as a universal predisposition of the middle aged can be brought together to better locate the debates around generation. Julia Twigg examines the idea of generation through the cultural location of older people resulting from the interplay between age, cohort and period. Starting from the experience of individuals being or becoming a person of a specific age within an ordered age hierarchy of society, she argues that different generations or cohorts can experience the achievement of this state differentially. The 'babyboomers' are viewed as a group who are perceived to share a distinctive set of experiences or meanings which in some senses define them. However individuals are also young and old in specific historical times, whose nature is not necessarily shaped by them but imposed by historical circumstances. Twigg explores these tensions in the interpretation of the 'baby boomer' cohort. Finally Chris Phillipson addresses the issue of generational inequity directly and sees them as a new context for the political economy of old age as well as for critical gerontology. In particular Phillipson examines the role of the ‘individualisation’ thesis advanced by Ulrich Beck and his co-thinkers. He argues that these approaches have shifted the debates concerning the way in which the unravelling of the welfare state has impacted on ageing. This, he claims, is a challenge for critical gerontology much of whose analysis was linked directly or indirectly with welfare provision. Indeed, Phillipson argues, does generational conflict become one of a number of arenas of contestation in this reformulated social space?

The purpose of this symposium is to re-examine the idea of generation by exposing it to re-appraisal and critique in the context of its renewed importance.

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Title: **Connectivity, Place and Elective Belonging: Community and Later Life**

In recent decades, just as community and communities have been subject to economic and social disruption, so later life has experienced radicalised disconnections from previous stable and institutionalised life courses. This symposium is based on work being undertaken under the AHRC connected communities research reviews. The objective is to draw together different theoretical perspectives on community, connectivity and later life and identify research areas for social gerontology to address in the future.

Paper 1. Ageing, Mobilities and Place Attachments: Changing Conceptions of Community in Later Life

People in later life make a variety of adjustments to changed circumstances. These include ‘downsizing’, retirement migration, new patterns of travel to maintain (or sometimes escape from) family and social networks, and the take up of new technological fixes to manage distance and space. These adaptations have implications for the ways in which individuals use and relate to space and place, freeing some to express their preferences through an elective attachment to place, while others remain restricted by or embedded in prior commitments. This paper will examine evidence for variations in such practices, and consider how they relate to traditional and more recent conceptions of ‘community’. It will also explore how these relationships are likely to change, in the light of the shocks associated with the current recession, which has disrupted many of the plans and expectations which have underpinned such mobility practices.

Paper 2. Globalization, Community Change and Constructions of Ageing: Social Connections and Economic Divisions

Views that groups were becoming ‘detached’ from community life became familiar in the 1990s and early 2000s. This reflected arguments about a so-called decline in social capital and an apparent loosening of close-knit ties. Debates on globalization, however, have introduced variations to this debate: first, highlighting the possibility that local ties might become more not less important in a global world; second, noting complexity at a local level, with the embedding of transnational communities within neighbourhoods; third, pointing to the development of distinctive forms of mobility, with people crossing borders, and moving into and creating new spaces. Such developments suggest a different approach to the role of community in later life. Communities may indeed be ‘under siege’ for some (e.g., those living in areas with high levels of deprivation); others, however, may be reconstructing localities in their own image – linking ‘personal’ and ‘place’ biographies. Both instances make the case for new thinking about the way social connections are made or restricted through community change. The paper will explore this theme in the context of the challenges facing older people in urban environments, highlighting: first, the case for developing new forms of ‘urban citizenship’ which recognise changing needs across the life course; second, dilemmas for urban environments arising from the changing needs of the body; third, connections between environmental change and population ageing.

Paper 3. Mobility and Connectivity in Later Life: Exploring Cohort Changes in Use of Mobile Phones

The contexts of later life are changing. One element in that change is the nature and form of community and social connectivity. Using data from the British General Household Survey, we have examined trends in mobile phone use and ownership amongst people in their sixties and seventies over the period 1995 - 2010. Contrasting changes in ownership of other technologies that focus upon the household, such as dishwashers, microwave ovens and satellite TV, we demonstrate how take up of mobile phones follows a sharper and steeper rise compared with these other forms of domestic technology. Using this information we argue that this represents a major shift in the nature of community in later life, with more recent cohorts of sixty year olds showing clear signs of an increased mobility in their connectivity and a degree of freedom from the constraints of traditional communities of propinquity.

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Title: **Personalisation and Prevention**

Within the political agenda to modernise both health and social care services in England, we have increasingly seen terms such as 'personalisation' and 'prevention'. Both are seen to be central to the aim of encouraging people to become more involved in service design and how they receive support that meet their needs. To support the development of interventions around personalisation and prevention, a number of evaluations have been commissioned by the Department of Health. Three evaluations will be discussed in this symposium: the Partnership for Older People's Project (POPP), the Home Care Re-ablement Study and the Personal Health Budgets Evaluation (PHBE).

The Partnership for Older People Projects

The Department of Health initiated and funded the Partnership for Older People's Project which ran from May 2006 to March 2009. An independent evaluation was commissioned to run alongside the programme to explore the impact of the projects on user outcomes. The EQ-5D was used to measure, (amongst other outcomes), the changes in health-related quality of life (HRQoL), as compared to a similar sample drawn from the British Household Panel Survey. Through grouping the 62 projects into well-being (primary) and secondary and tertiary preventative categories, we demonstrate the changes in HRQoL: in particular, the perhaps unexpected health improvements found within the lower-level well-being projects, those that provided gardening, shopping and small repairs. The differences found within and across the interventions are also explored; identifying those structures and processes that may be supporting greater improvements. The POPP programme demonstrated that prevention and early intervention, positively affected HRQoL.

The Home Care Re-ablement Study

Home care re-ablement is a new, short-term intervention in English home care which helps users to regain confidence and relearn self-care skills and aims to reduce needs for longer-term support. Researchers at the Social Policy Research Unit (University of York) and at the Personal Social Services Research Unit (University of Kent) worked on a two-year study to evaluate the service. The study was funded by the Department of Health (DH) Care Services Efficiency. The research found that re-ablement had positive impacts on users' health-related quality of life and social care-related quality of life up to ten months after re-ablement, again in comparison with users of conventional home care services. At a 'willingness to pay' threshold of £30,000 for each increase in health-related quality of life, there is a very high probability (99 per cent) that re-ablement is cost-effective if health and social care costs are taken into account, and just under 100 per cent probability if social care costs alone are included. For social care-related outcomes, at a 'willingness to pay' threshold of £30,000 per outcome gain, there is a 78 per cent probability that re-ablement is cost-effective if both health and social care costs are included and a 98 per cent probability that re-ablement is cost-effective if just social care costs are included.

Personal Health Budgets Evaluation

The Department of Health is now leading a Personal Health Budget Pilot Programme and have commissioned a national evaluation that runs from November 2009 to October 2012. Overall, some 70 sites were chosen around the country and will be part of the evaluation. Twenty sites from all the pilots were selected to be in-depth evaluation sites with the remainder being wider cohort sites. The in-depth evaluation will cover the following conditions: long-term conditions (including chronic obstructive pulmonary disease, diabetes and long-term neurological conditions); mental health; NHS continuing health care; and stroke. An important aspect of the evaluation explores early experiences of implementation within the pilot sites. Interviews were conducted with personal health budget project leads, operational staff, health professionals, commissioning managers and third party budget holders. While the majority of participants were enthusiastic about the potential of personal health budgets and the positive impact of providing more choice and control, there were a number of challenges they faced in implementing the initiative, which all relate to changing the culture of health service delivery.

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Title: **Variations among Older Adults in the United States: Resources and Trajectories in Later Life**

By 2030 it is estimated that 20% of the United States (US) population will be 65 years of age and older. The aging population is expected to be more diverse than previous cohorts of older adults, with Hispanics making up the fastest growing segment of the aging population. Unlike previous cohorts, the diversity of this aging US population captures not only racial and ethnic differences but also variation with regards to available social and financial resources. As a result, future elders will have different needs and expectations with regards to quality of life, health care, and social care. This symposium will discuss the relationship between resources and aging trajectories among US older adults, highlighting the financial status of aging Hispanics, intergenerational ambivalence, bereavement, and health care use at the end of life.

I.

In the US, hospital stays have decreased and older adults are transferred to other less costly sites of care for rehabilitation and continued care. The two most common post acute care sites include skilled nursing facilities and inpatient rehabilitation facilities. For community-living older adults who have experienced a hip fracture, the majority are discharged to an institutional post acute care site with the goal of returning home. This presentation will discuss the national trends in the post acute care utilization, supply of post acute care, geographic variation in first site of care, and the relationship between the geographic region where a patient lives and the time to return home. Understanding variation in care sites and their impact on patient outcomes is essential as the population in the US ages, increasing demand for such rehabilitative services.

II.

In the US, informal caregiving is essential for older adults to remain in the community and avoid institutionalization. Exchanges of financial, instrumental, and emotional support within families comprise the bulk of informal caregiving; therefore it is important to understand the dynamics of parent-child relationships in later life. This research examines the mixed positive and negative feelings inherent in many parent-adult child relationships, which may decrease the quality and availability of social resources for older parents. Using longitudinal survey data, characteristics of parents and children associated with ambivalent feelings towards each other will be presented. The diverse causes and outcomes of increased intergenerational ambivalence, within the context of established theory, will also be discussed.

III.

Older adults disproportionately experience loss with the death of loved ones more frequently than other age groups. Losing a loved one can be one of the most stressful life events experienced; especially in later life. This presentation discusses longitudinal bereavement data and examines the literature concerning a number of age-related changes that occur within the physical, psychological, coping, and protective systems during late life. These changes in resources reflect an increase in older adults' vulnerability to dependency, emotional distress, disrupted social and emotional networks, and morbidity.

IV.

Since the inception of hospice as a Medicare benefit in the US, racial/ethnic disparities in service use have been evident. Numerous studies have documented lower rates of hospice enrollment and higher rates of aggressive care at the end of life among African Americans, Hispanics, and Asian/Pacific Islanders. The identification of patient care preferences and is a crucial step towards addressing hospice utilization disparities. This talk presents an overview of the preferences and subsequent care received by US minorities at the end of life. Findings from national data on factors associated with minority hospice enrollment will be presented and strategies for promoting hospice utilization will be proposed.

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Title: **Grey and Pleasant Land?: Connectivity and Older People in Rural Areas (Symposium 1 of 2)**

‘Grey and Pleasant Land?: An Interdisciplinary Exploration of the Connectivity of Older People in Rural Civic Society’ is a ‘New Dynamics of Ageing’ Project involving five HEIs working in six different rural communities in England and Wales. The project covers a wide range of topics including travel/mobility; cultural capital, inter-generational relations; film and performance; and using the internet to connect stakeholders.

This is the first of two symposia whose objectives are to:
- Disseminate early findings
- Share emergent theoretical and methodological thinking
- Illustrate the relevance of our research to ‘Big Society’ debates

Paper 1. How Does Trust Stimulate Connectivity Amongst Rural Elders?

(Nigel Curry, Rhiannon Fisher)

Using the Simmellian notion of ‘sociation’ this paper explores the relationship between the connectivity of older people in rural areas and the development of social capital, through the medium of trusting. From a survey of elders in nine rural areas in England and Wales, quantitative indices of personal trust and system trust are explored in relation to socio-economic and residence variables. Personal trust is positively related to measures of affluence and system trust, whilst generally lower, is related to affluence, education and place of residence. Instrumental trust increases through familiarity, stability and perceptions of competence, but both require a greater 'leap of faith' than personal and system trust. All types of trust are seen as a necessary but not a sufficient condition in the development of connectivity amongst rural elders.

Paper 2. Urban and Rural Dimensions of Placelessness and Attachment to Place

(Vanessa Burholt, Judith Phillips)

Studies of how ‘place’ contributes meaning to everyday life have focused on people's relationship with familiar spaces. This is particularly relevant in studies of older people's ‘attachment to place’ where meaning and a sense of place have developed through a lifetime of memories and associations. Increasingly older people are experiencing the unfamiliar - either through increased travelling as tourists, through redevelopment of town centres or through cognitive decline. This paper draws on urban and rural data to explore the relevance of conceptual frameworks such as ‘attachment to place’ for understanding both urban and rural lifestyles in later life. Given increasing globalisation and consequent mobility, which exposes older people to unfamiliar environments, the concept of ‘placelessness’ is increasingly relevant.

Paper 3. Placing Poverty and Welfare: The Material, Social and Cultural Worlds of Older People on Low Income in Rural Areas

(Paul Milbourne, Shane Doheny)

This paper explores the relations between older people, poverty and social welfare in rural places in England and Wales. It develops previous work on rural poverty that points both to the significance of older people within the poor population and their denials of poverty within their lives and places. Focusing on the material, socio-cultural and natural worlds of older people on low-income, it highlights the ways in which their narratives of everyday life are constructed as much in terms of inclusion as exclusion, with the social and natural contexts of their settings influencing their constructions of places and personal situations. The paper draws on key findings from a survey of older people in South-west England and Wales and interviews older people living on low-incomes.

Paper 4. Civic Engagement and Rural Elders: How Important is ‘the Big Society’ Debate?

(Simon Evans, Robin Means)

The 'Big Society’ agenda focuses on concepts of freedom, responsibility and empowerment, and how they can lead to a change of culture whereby people help themselves and their communities instead of turning to local authorities or central government. The success of this approach relies on increased citizen involvement in civic activities such as volunteering and co-production. This paper explores the implications of this approach for rural elders and the extent to which they might be able to take up the opportunities that Big Society presents. We draw on data from the ‘Grey and Pleasant Land’ survey, including rates of internet access, modes of transport used and distances travelled to take part in civic activities, and perceptions of engagement with local communities.

This research is supported by the ‘New Dynamics of Ageing’ programme, a multidisciplinary initiative funded by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-353-25-0011).

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Title: **Knowledge Transfer for Extending Quality Life: Taking Forward the Agenda**

The first aim of this interactive symposium is to inform delegates of the work of KT-EQUAL and how they might get involved. The second aim is to place this activity in the context of the research impact agenda. 'Pathways to impact' is now requested within research proposals and it is therefore unlikely that separate Knowledge Transfer consortia such as KT-EQUAL will be funded in the future.

To meet these aims the symposium will comprise of an introductory presentation by Gail Mountain (the consortium lead) and Helen Haigh (research coordinator). They will briefly describe the history of the EPSRC KT-EQUAL Consortium, its membership and remit. This will be followed by a number of podcasts by other members of the team and those they have worked with to illustrate the range and scope of activities. We will demonstrate how research is being pushed out into practice,into industry; how the skills of early stage researchers are being supported and how stakeholder engagement is being encouraged. We will also describe some of the challenges that this agenda presents for the research community.

Delegate participation will be encouraged throughout – how are researchers interpreting pathways to impact?, what else can be done to ensure that research leads to real benefits?, who should we lobby to maintain the profile of ageing research?

Ref: 1868

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Title: **Costs and Outcomes of Extra Care Housing**

Extra care housing aims to meet the housing, care and support needs of older people, while helping them to maintain their independence in their own private accommodation. It has been viewed as a possible alternative to, or even a replacement for, residential care and includes a range of specialist housing models. However, there is a lack of robust evidence about the effectiveness and, in particular, the costs of extra care housing. In the absence of such evidence, in the current financial climate we can expect judgements on investment in and use of such accommodation to be made on the basis of short-term finance considerations and cost shunting. The symposium will report on the final results of a large scale national evaluation of schemes that were funded under the Department of Health's Extra Care Housing Funding Initiative. The evaluation focused on the outcomes for residents and evaluated cost-effectiveness of this promising type of provision.

The schemes and residents

Nineteen schemes that opened between April 2006 and November 2008 participated in the evaluation, including three villages, each with approximately 250 units of accommodation, and 16 smaller developments, with between 35 and 75 units. The schemes were intended to support residents with a range of levels of disability, as well as to provide facilities for members of the local community. They offered a mixture of housing tenures, including rented accommodation and leasehold and shared ownership arrangements. The evaluation identified approximately 800 residents with care needs who moved into the schemes, collecting comparable data to a longitudinal survey of people who moved into care homes on their current level of physical and mental functioning and their use of care services. Although residents as a whole were much less dependent than those moving into care homes, the results were consistent with the aim of creating balanced communities.

Outcomes for residents

Analysis of the data collected on the characteristics of the residents at the time of moving in suggested that extra care housing may be operating as an alternative to care homes for some individuals, as well as providing for a wider population. Residents were followed up at 6, 18 and 30 months following entry, and a survival model developed for residents admitted to care homes was used to predict average length of stay from resident characteristics. The presentation will discuss changes in dependency over time, the survival and predicted survival of residents, and the destinations of those who left. The results will be used to examine the degree to which residents with differing levels of dependency can be maintained in extra care and identify the types of residents who may need to move to accommodation with higher levels of support.

Costs and cost-effectiveness

The costs analyses followed key economic principles. Costs were measured comprehensively to include as many service components as possible, differences in cost between individuals were identified and explored, and costs were related to outcomes. We report total costs of extra care housing for our sample at six months, the components they were associated with (capital, housing management, health and social care services, living expenses) and the results of the multivariate analysis of cost variation at the individual and scheme level. Equivalent information collected in previous PSSRU studies of admissions to residential care homes in 1995 and 2005 provided the opportunity to explore comparative costs and outcomes at six months. To achieve an unbiased comparison, statistically matched samples were extracted from the extra care and 1995 residential care datasets. Using change in physical functioning as the primary outcome measure, the results suggested that there is a high probability that extra care is more cost-effective than residential care.

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Title: **Means and Measures: New Developments in Understanding, Assessing and Promoting Well-being in Older People**

This symposium draws together recent research on new and innovative ways of addressing of considering and promoting well-being of older people. These have been developed by researchers who have experience in clinical practice and are intended to influence delivery of services as well as academic thinking.

Setting the broad context, Andrew Papadopoulos will speak about an ‘ecosystemic framework’ for understanding well-being. The framework gives prominence to six properties of well-being which form the basis of WES, a new, psychometrically sound Well-Being Evaluation Schedule, which will also be introduced. Nikki Wheeler will then present a paper concerning an action research project involving ‘well-being reviews’ of older people in in-patient mental health wards, with the aim of increasing the attention paid to holistic well-being needs. The third paper addresses the development of PIECE-dem, an observational process to assist understanding of the care experience and its impact upon wellbeing for people living with advanced dementia in care homes.

Overall, these three papers address developments in understanding the meaning of well-being for older people in three different settings, using three contrasting approaches - questionnaire, structured review and observation.

Paper 1. An Ecosystemic Model of Well-being in Older People: From Concept to Measurement

If the concept of well-being is to be used both as a basis for informing policy and provision of care to older people, it is important that measures of well-being reflect a valid theoretical framework for defining and describing parameters of human existence. This paper will describe research which investigated well-being, resulting in a model of understanding and an associated Well-being Evaluation Survey. Six overarching themes or properties of well-being emerged from the data namely: Integrity of Self, Integrity of Other, Belonging, Agency, Enrichment and Security. Each property having three psychological dimensions: Subjective; Behavioural and Contextual. The Well-being Evaluation Scale (WES) was then developed as a questionnaire that is grounded in this framework.

Paper 2. Reviewing and Promoting Well-being in In-patient Mental Health Settings

Despite at least two decades of work focusing on the promotion of person-centred dementia care, it remains a challenge to find workable systems that embed into everyday care in practice. This paper will present data and lessons learnt from two cycles of resident well-being reviews, conducted in NHS mental health in-patient units for older people, as a supplement to the established medical ward rounds. To prompt the translation of discussion into action, the facilitators and multi-disciplinary team members felt that there needed to be some paperwork to capture the range of topics discussed, and all the action points, in a format which would be useful to staff with their care planning duties and ensure that actions discussed would be carried out. This led to the development of the "person-centred well-being care planning tool". Initial findings on its application will be described.

Paper 3. How Can I Tell You What's Going on Here? PIECE-dem, an Observational Process to Assist Our Understanding of the Care Experience and Its Impact Upon Wellbeing for People Living with Advanced Dementia in Care Homes

Limited evidence currently exists to assist us to understand the experience and impact of abuse and neglect for those who are most vulnerable, including those with dementia. This research study carried out focus groups and interviews with people living with dementia, family carers and professionals, to elicit their perspectives on care which is protective of wellbeing, or leads to risk of abuse, neglect or loss of dignity. The results were used to inform the development of PIECE-dem. PIECE-dem seeks to explore through observation; the experience of the Person, the Interactions occurring, the psychosocial Environment and therefore the overall Care Experience. The result of this observation facilitates the identification of care experiences which are protective of wellbeing, or are likely to indicate a risk of abuse neglect or loss of dignity.

Ref: 1477

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Title: **Environments for a Life Time**

The main aim of this symposium is to consider the future development of the housing environment. How can we create lifetime homes at a local level? Here we focus on the bathroom, the kitchen and ways in which people in later live to contribute to this discussion.

Paper 1. Strategies for Providing Inclusive Environments (Lynn Watson, Andy Shipley)

The ageing population has significant implications for the nation's housing stock and the wider built environment. We shall need an increasing supply of accessible homes with easy access to services and amenities. In 2008 the then Government launched a national response entitled '*Lifetime Homes, Lifetime Neighbourhoods*' and set clear objectives for building new homes to the Lifetime Homes Standard and developing more accessible neighbourhoods. However, the Coalition Government has turned away from centrally driven strategies in favour of the new 'localism'. So how do we support local decision makers to address this national problem at a local level? Habinteg and its collaborators are developing tools to help local decision makers adopt a coherent response to the need for homes and neighbourhoods that will encourage and facilitate continued independence and full participation in community life for older and disabled people.

Paper 2. The Future Bathroom: Designing for People with Age Related Disability (Gail Mountain, Paul Chamberlain, Maria Burton, Heath Reed)

Our perceptions of the bathroom have radically changed over the last 50 years. The bathroom is now viewed as a place for luxury and pampering rather than being a room confined to the undertaking of functional tasks. Contemporary design reflects this new thinking but does not take account of the limitations resulting from age related disability. As a consequence older people often find that they require assistive technology to adapt their bathroom environment to meet diminishing functional abilities. The Future Bathroom, a multidisciplinary project, seeks to identify new design solutions for bathroom furniture which meet the needs of all bathroom users and negate the requirement for assistive technology. The views of older people are therefore at the core of the project seen in their involvement as lay researchers working with other older people. Findings will be described as well as some of the innovative ideas that design colleagues have subsequently created and how they were received by older participants.

Paper 3. ‘Future Kitchens’ – Life Long Living in the Kitchen (Martin Maguire, John Percival)

A large proportion of time in the home is devoted to activities in the kitchen. It is desirable then to provide an environment that is comfortable allowing tasks to be performed with the minimum effort and strain. ‘Transitions in Kitchen Living’, a multidisciplinary project in the NDA Programme has explored people’s experiences of kitchens past and present looking at how kitchens reflect changes in people’s lives. This session will focus on the present kitchen, how well it meets the person’s needs and any coping strategies they adopt to overcome any problems in using it. We consider issues which relate to personal health and well-being e.g. height of surfaces; dealing with storage space; coping through adaptations. This paper asks the question ‘how can the design of kitchens evolve to meet lifetime needs, and so realising inclusive design?’ ‘how can past experience influence developments in present day assistive technology?’

Paper 4. EVOLVE: The Design and Development of a Tool for the Evaluation of Old people’s Living Environments (Judith Torrington)

EVOLVE is a tool for evaluating the design of housing for older people. It is used to assess how well a building contributes to the physical support of older people and their personal wellbeing. The paper describes the evolution, structure and form of the tool. A multi-disciplinary group from the University of Sheffield and PSSRU aimed to design a tool which could be used at all ages in the life-cycle of a building, from design and design evaluation to post-occupancy evaluation. It was compiled from a range of sources: design guidance, reviews of recent buildings, policy and regulatory documents. User input was derived from consultations with architects, housing providers, housing managers and staff, and from people living in extra care housing. The final tool consists of a series of checklists that can be used in a walk-through a building and is now publically available.

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Title: **Ageing in Urban Environments: Cross-National Perspectives**

Population ageing and urbanisation are both identified as two of the most significant social trends affecting life in the twenty-first century. At the same time as cities are growing, their share of older residents is increasing. By 2030, the major urban areas of the developed world will have 25 per cent or more of their populations aged 60 and over. This symposium aims to explore both constraints and opportunities of urban environments for older people. On the one hand, urban settings impose limitations on daily life in old age, with older people who become reliant upon their immediate environment especially vulnerable to area-based social exclusion. Older people may experience a variety of pressures reflecting physiological and cognitive vulnerabilities; changing patterns of spatial use; and reliance upon community and neighbourhood relationships for support. On the other hand, despite the constraints, the advantages – both existing and potential – of urban areas for older people will also be highlighted, these including aspects such as the social and cultural resources contained within cities; the importance of the attachments and bonds formed within urban neighbourhoods; and the benefits of urban environment for groups such as first and later generation migrants.

To address this area, the contributions in this symposium will address a number of issues in the context of the age-friendly city debate:

- First, the policy goal of ‘age-friendly cities’ will be critically discussed by shifting the focus from questions such as ‘What is an ideal city for older people?’ to the question of ‘How age-friendly are cities’?
- Second, evidence for factors either contributing to or militating against ‘age friendliness’ will be examined.
- Third, research findings from a study on experiences of ‘place’ and ‘home’ among older migrants in deprived urban neighbourhoods in England and Belgium will be presented.
- Fourth, findings from a study on the relationship between aspects of ageing in urban neighbourhoods and feelings of unsafety in Brussels, Belgium, will be presented.

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Title: **Issues and Interventions in Narrative Gerontology: The Value of Storytelling in Older Age**

Narratives help constitute our realities and modes of being. We organize our experiences through and into narratives, and assign meaning to them through storytelling. Narratives help guide action, and are a psycho-socio-cultural shared resource that give substance and texture to people's lives. Narratives are also a way of telling, and a means of knowing about our lives (Richardson, 2000). They work for bodies, and on bodies (Frank, 2010). Given these points, and if we are constructed by stories, or are storytellers by nature, or perhaps both, then narrative must, surely, be a prime concern of social science (Andrews, Sclater, Rustin, Squire, & Treacher, 2000; Phoenix, Smith & Sparkes, 2010).

Over the last twenty years, gerontology has also taken what’s been described as the “narrative turn”. This emerging field of narrative gerontology, has much to offer our efforts in promoting the value of older age (Kenyon, Clark & de Vries, 2001; Kenyon, Bohlmeiher & Randall, 2011). Acting as both theory and method, it celebrates complexity, and can honour the dignity, humanity and uniqueness of the lives of older persons. An appreciation for the narrative dimensions are essential if we are to seek a balanced and more optimistic perspective on what ageing is about.

The purpose of this symposium is to extend understandings of narrative within gerontology by engaging with current theory, research and practice that critically considers narrative to be at the centre of ageing well. It develops a bridge between conceptual notions of the life-as-a-story metaphor and the practical ways in which narrative has been used to value the lives of older adults.

To open, William Randall will identify a number of interests and issues guiding theorists, researchers, and practitioners in narrative gerontology, which intersect with interests that also guide narrative psychologists. He will discuss how such points of intersection can enrich discourse and extend understanding in both fields. Next, Ernst Bohlmeijer will demonstrate how narrative can be used in an applied setting. Drawing upon a narrative intervention undertaken with colleagues in The Netherlands, he will discuss how life-review might be integrated in a narrative therapeutic framework to improve the mental health of older adults. Finally, Gary Kenyon will consider the effectiveness of narrative care, an approach to care and caregiving that is based on a biographical encounter between storyteller and storylistener. Reflecting upon his professional experiences of T’ai Chi with older adults in long term care, he will propose how meaning and wisdom are, in principle, accessible even in extreme circumstances of frailty. In line with much narrative research, to close the symposium will invite dialogue with the audience via an open discussion on storytelling in older age.

Andrews, M., Sclater, S., Rustin, M., Squire, C., & Treacher, A. (2000). Introduction. In A. Treacher (Ed.), Lines of narrative (pp. 1−10). London: Routledge.
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Kenyon, G., Clark, P., & De Vries, B. (Eds.). (2001). Narrative gerontology, theory, practice and research. New York: Springer Publishing Company.
Phoenix, C., Smith, B.M., Sparkes, A.C. (2010). Narrative analysis in aging studies: a typology for consideration. Journal of Aging Studies, 24, 1-11
Richardson, L. (2000). Writing: A method of inquiry. In N. Denzin & Y. Lincoln (Eds.), Handbook of qualitative research (pp. 923−948). London: Sage.

Paper 1. : Narrative Gerontology Meets Narrative Psychology: Points of Intersections (William Lowell Randall)

In exploring the complexities of biographical aging and related topics, narrative gerontology has drawn, explicitly or implicitly, upon insights from a broad range of fields. Among these are literary theory, narratology, sociology, history, therapy, theology, and ethics. For much of its energy and direction, however, narrative gerontology is indebted to narrative psychology in particular, and to the work of such pioneers as Jerome Bruner, Donald Polkinghorne, Donald Spence, Dan McAdams, and Mark Freeman. The aim of this paper is to identify interests and issues guiding theorists, researchers, and practitioners in narrative gerontology which intersect with interests guiding narrative psychologists as well, and to discuss how such points of intersection can enrich discourse and extend understanding in both fields. Referring to contributions included in Storying Later Life (Kenyon, Bohlmeijer, & Randall, 2011), the paper will focus on selected concepts such as narrative coherence, narrative identity, narrative reflection, narrative foreclosure, narrative time, and narrative truth, plus such notions as counter-stories, small stories vs big stories, master narratives, and the poetics of self.

Kenyon, G., Bohlmeiher, E., & Randall, W. (2011). Storying later life: Issues, investigations, and interventions in narrative gerontology. New York: Oxford University Press.

Paper 2. The Stories We Live By, A New Intervention for Depressed Older Adults Integrating Life-Review and Narrative Therapy: Theory and Efficacy (Ernest Bohlmeijer, Gerben Westerhof, Jojanneke Korte)

A specific challenge for narrative gerontology is to contribute to the amelioration and transformation of the care we offer to older adults. At one level this may be done by investing in the training of generic, narrative competences of caregivers. At another level specific interventions based on the narrative metaphor could be developed and implemented in health care. Reminiscence and life review offer excellent opportunities in mental health care. Recently a new framework for implementing reminiscence and life-review in mental health care was proposed (Westerhof, Bohlmeijer & Webster, 2010). Based on this framework a new life-review intervention for depressed older adults was developed: the stories we live by. In this intervention life-review is integrated in a narrative therapeutic framework. A short case-study, the underlying theory integrating evidence on autobiographical memories and reminiscence, the components of the intervention and the results of a randomized controlled trial with 200 moderately depressed older adults (Korte et al., submitted) are presented.

Westerhof, G.J., Bohlmeijer, E.T. & Webster, J. (2010). Reminiscence: Recent progress in conceptual understanding, empirical study and implications for practice. Ageing & Society. 30: 697–721
Korte, J., Bohlmeijer, E.T., Westerhof, G.J., Cappeliez, P., Smit, F. Life-review therapy for older adults with depressive symptomatology. Evaluation in a pragmatic Randomized Controlled Trial (submitted).

Paper 3. Spiritual Aging and Narrative Care: The Case for Growth through Diminishment (Gary Kenyon)

This paper will explore insights from a selection of lifestories that demonstrate the paradoxical process of losing in order to gain meaning and wisdom in later life. The sources of these insights, which give us access to what is termed "inner aging" in narrative gerontology (Kenyon, Bohlmeijer & Randall, 2011), are based on accounts of dementia survivors from the author's professional encounters, including Tai Chi groups in long term care. A reflection on these and other examples of inner aging leads one to the interesting question as to whether aging itself is a spiritual journey to more life, and not less. The paper will also consider the effectiveness of narrative care, an approach to care and caregiving that is based on a biographical encounter between storyteller and storylistener. This model of care arises from the foregoing discussion, in that it presupposes that meaning and wisdom are, in principle, accessible even in extreme circumstances of frailty. This might mean, in some cases, a matter of assisting another in finding the "stillness" in their story. The paper will conclude with an exploration of how we might become better travellers on the journey to life by learning from those who have gone before us.

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Title: **Public Services, Climate Change and Ageing: An Emerging Area of Research**

This symposium reports on multi-disciplinary research from a new field of research: developing public services in the context of climate change and an ageing population. It also celebrates a new thinkpiece on this topic, published as part of a collaboration between the BSG and the International Longevity Centre–UK.

Paper 1. Developments in Sustainable Public Services: An Overview

(Catherine Max)

“Many of the principles used in social care, such as risk assessment, harm reduction, resilience and the importance of early intervention, are equally useful when we think about the environment.”

Bradshaw, Sillett and Walker. SCIE Report 33. Independence, community and environment: Final report of the Sustainable Social Care Learning Network (2010)

The Sustainable Social Care Programme, supported by the Department of Health and SCIE, makes the case for an approach to social care that considers social, economic and environmental factors simultaneously. This has included, for example, work with Bristol City Council exploring the role of personalisation in stimulating the market for sustainable services. Catherine Max will share learning from this and other initiatives (such as the Baring Foundation-funded Big Response) and a national Local Authority Learning Network to show how individual wellbeing, recovery and independence are linked to, not separate from, community good and environmental protection.

Paper 2. Making Infrastructure for Older People’s Care More Resilient to Climate Change: Joining Up Environmental, Social and Engineering Perspectives

Sarah Curtis, Sim Reaney, Ralf Ohlemuller, Chris Dunn, Mylene Riva, Lena Dominelli, Jonathan Wistow, Katie Oven, Jonathan Erskine, Dimitri Val, Roland Burkhard, Richard Holden, Sarah Nodwell, Karen Bickerstaff.

This presentation reports on preliminary findings from the multi-disciplinary project Built Infrastructure for Older People’s Care in Conditions of Climate Change (BIOPICCC) funded under the Adaptation And Resilience to Climate Change programme by the EPSRC. The functioning of health and social care systems and the infrastructures supporting them are likely to be influenced by climate change and rapid population ageing. It is therefore important for health and social care systems to build capacity to adapt to the impacts of extreme weather events. This study focuses on the built infrastructure (e.g. buildings, transport networks, utility systems) on which health and social care systems depend. A national scale modelling exercise has identified areas of the country that are most likely to see most rapidly changing risk of weather hazards and where projected increase in the relative numbers of older people in the population will be most pronounced. Case studies are providing new information on the local factors that are likely to affect the risks for the systems that support older people's care in conditions of climate change and population ageing. We explain how these relate to methods applied in engineering to make built infrastructure more resilient to protect the systems supporting health and social care for older people.

Paper 3. Climate Change and Sustainable Public Services: A Thinkpiece

(Simon Evans)

This presentation celebrates the launch of a joint thinkpiece by the BSG and the International Longevity Centre, UK, a think-tank impacting policy on longevity, ageing and population change. It represents the first in a series to be produced under a new collaborative agreement between BSG and ILC-UK.

Climate change is widely recognised as the greatest challenge facing society. This is reflected in a raft of policies and strategies that emerged during the New Labour government and are being taken forward under the coalition's aspiration to be 'the greenest government ever' and to mainstream sustainable development across the public sector. The ageing of the population is also a crucial factor in the sustainability of our public services because older people are more likely than other age groups to use these services. The thinkpiece considers how sustainability can be embedded in the way public services are commissioned and delivered, and reports on examples of good practice from across health and social care. Hard copies of the thinkpiece will be available, and it can also be downloaded from www.ilcuk.org.uk

Ref: 1843

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Title: **On the Critical List: Social Work with Older People**

The recent personalisation agenda in social care has placed an emphasis on individual 'autonomy' and 'paternalism' in any form has become a dirty word. For older people with complex and changing needs this new reality is often reflected in 'forced autonomy' due to resource constraints and the further marginalisation of older people as other care priorities privilege others. Within a managerialist agenda gerontological social workers have become 'tick-box' practitioners abandoning their traditional roles in supporting the most vulnerable. Although limited, gerontological social work research is not particularly visible, and is often squeezed to the margins by current policy directives.

Following the BSG conference in July 2010, a group of gerontological social work academics have been meeting to consider social work education, practice and research, to increase the visibility of social work in an ageing society, to promote social work with older people as a desirable career pathway, and to carefully define social work's purposeful involvement with those with complex needs. The purpose of this symposium is to present a scoping of the 'problem' and propose a future agenda that captures social work's distinctive contribution to well-being in older age.

The structure of the symposium is as follows:

1. Chair (M.P. Sullivan)
2. Diagnosing malaise: The context for critical gerontological social work (M. Ray)
3. Malignant symptomatology? Gerontological social work research and education (S. Richards D. Tanner and M.P. Sullivan)
4. Restoration and recovery: A future agenda for gerontological social work (A. Milne, C. Beech and J. Phillips)
5. Discussant (J. Phillips)

Diagnosing malaise? The context for critical gerontological social work (M. Ray)

Whilst there has never been a 'golden age' of social work with older people, the reforms associated with a managerialist agenda have resulted in an increasingly bureaucratised approach to practice with older people, dominated by regulation and procedures. The inherent complexity of work with older people has all too often been reduced to a technical procedure aimed at demonstrating eligibility, with resultant loss of confidence by social workers in the knowledge and skills which characterise their professional contribution to gerontological practice. The current emphasis on personalisation and individual budgets brings further uncertainty as well as opportunities for social work with older people. The work emanating from the Social Work Reform Board offers a timely and important opportunity for social workers to articulate and make visible their distinct contribution to gerontological practice.

We argue that a critical gerontological social work means being able to work skilfully in complex situations which require the ability to manage uncertainty, change and multiple perspectives. A critical gerontological social work practice makes clear the value base needed to work effectively with older people as well as articulating the distinct skills and knowledge that social workers can contribute. Fundamentally, we argue that gerontological social work is best placed to respond to some of the priorities identified by research with older people with high support needs. Our skill in working with social models of understanding will help to ensure that practice recognises and maintains the personal identities and biographies of older people, harnesses their strengths and resources and advocates for those who are most at risk of living marginalised lives.

Malignant symptomatology? Gerontological social work research and education (S. Richards, D. Tanner and M.P. Sullivan)

Social workers are trained to understand and to intervene with individuals and families facing difficult life transitions, yet despite the projected increases in the numbers of older people with dementia and other complex needs, the future of gerontological social work is uncertain. Paradoxically the drive towards personalisation has seen local authorities transferring social work functions to other agencies and to less highly trained staff. In the academy too the case for gerontological social work is often unheard, eclipsed by other teaching and research priorities.

To explore the extent to which social work with older people features in current social work teaching and research, and the specific form this takes, we present our findings from two areas of enquiry. First we discuss results derived from a survey on the teaching of social work with older people on qualifying programmes in HEIs in the UK. Alongside this we present findings from a content analysis of research relating to older people published in the main UK social work journals. Drawing on the results of these activities, we highlight the low visibility of gerontological social work within the social work curriculum and its limited presence and remit within social work journals. We see this work as a first step towards making the case for a more prominent and extensive role for gerontological social work within social work education and research and, as our colleagues will contend, in social work practice.

Restoration and recovery: A future agenda for gerontological social work (A. Milne, C. Beech and J. Phillips)

Future social work with older people is unlikely to retain its home within a local authority context, where relegation to the narrow role of safeguarding those at risk appears to be the reductionist future that beckons. We propose a different path(s). Aligning ourselves with health has certain attractions and, arguably, inevitabilities. It is inside the health domain that most older people with complex needs reside. Arguably, it is also here that the deployment of traditional social work skills, such as building relationships, advocacy, negotiation, adopting a holistic perspective, and biographical assessment has the capacity to be most effective and efficient. Examples include delivering preventive interventions to bolster health and wellbeing, facilitating earlier discharge from hospital and supporting carers. While health settings may give less scope for recognising links between social inequalities and health outcomes, the status and influence of social work could be boosted through its alliance with health, paving the way for social work to challenge ‘from within’.

Lessons from North America, where a robust tradition of gerontological social work remains, may be useful in assisting us to determine the characteristics of its UK counterpart. Variances within the UK context, particularly within devolved nations such as Wales, reinforce our case with the recent social care white paper as it emphasises the ‘relationship’ as being at the heart of interventions with older people. Moreover, a confident gerontological social work practice also has the potential to respond to emerging possibilities such as consultant social work services.

A significant part of the future agenda is for researchers to evidence the effectiveness of social work interventions, and promote the distinctive roles, skills and knowledge of gerontological social workers. There is also a wealth of other research evidence directly relevant to older people which is, as yet, untapped in regard to its relevance to gerontological social work. If critical gerontological social work is to assert a new status and location/position within UK policy and practice, then more radical ways of capturing and mapping our distinctive impact on practice and policy imperatives are crucial.

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Title: **Our Big Old Society: Experiences and Consequences of Ageism**

The aim of this symposium is to enhance understanding of the causes and consequences of ageism. Based upon psychological theories of prejudice the first talk describes key constructs that have been used to map experiences of age discrimination, the meaning of old age and relations between age groups. Each subsequent presentation expands upon a key construct described in the first. The second talk refers concepts of generation and life stages which are explored in relation to workplace attitudes and values. The third talk describes age differences in attitudes towards our community which are discussed in relation to engagement. Finally, an experiment demonstrates how the existence of age stereotypes can be self-limiting.

Ref: 1453

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Title: **The New Dynamics of Ageing**

The main purposes of this symposium are to present new research results from the NDA Programme and to prompt a discussion on the challenges of multidisciplinary research on ageing. The NDA is the largest and most complex programme of ageing research ever mounted in the UK. It spans five Research Councils and comprises 35 projects. Four NDA projects will report their findings, covering the role of gardening in later life; financial abuse; families, social networks and everyday life among older Bangladeshi and Pakistanis; and the social and technological dimensions of incontinence. One of the strands that links these four projects together is well-being in later life and each will have new evidence to report on this topic. As well as presenting findings from these four specific projects, the symposium will include an overview of the NDA Programme.

Paper 1. Gardening and the Social Engagement of Older People (Sharon Middling, Jan Bailey, Thomas Scharf, Sian Maslin-Protheri)

Evidence suggests that gardening can make a positive contribution to the lives of older people (Bhatti 2006; Brown et al 2004; Jackson 2005). This paper discusses the reasons why older people may find garden projects appealing, and the potential benefits of participating. It explores four garden projects developed with older people living in disadvantaged areas of Manchester as part of CALL-ME, a study supported by the New Dynamics of Ageing programme, which focuses on enhancing social engagement among older people. CALL-ME adopts a participatory action research (Kemmis and McTaggart, 2005) approach with the older people selecting activities they wished to undertake and controlling all stages of the process. In relation to the garden projects, older participants were supported by fieldworkers, who gradually withdrew as the projects developed. A range of data was collected including: focus groups, one to one interviews, field notes and survey. This paper focuses on the qualitative data and was analysed thematically.

Analysis suggests that a number of factors encouraged older people to become involved in the garden projects, including: aiding the community; improving the local environment; enjoying gardening; and the opportunity to socialise. Older people highlighted the following benefits of participation: health improvements; improved community spirit; increased socialising; personal development; and a sense of achievement. Involvement in gardening can have a number of benefits both for older people and the wider community. The participatory approach encourages older people to take ownership and responsibility, which enhances their commitment to and the sustainability of the projects.

Paper 2. Decision Making in Detecting Elder Financial Abuse: A Study of Health, Social Care and Banking Professionals Using Case Scenarios (Mary Gilhooly, Miranda Davis, Priscilla Harries, Deborah Cairns, Ken Gilhooly)

With increasing numbers of cognitively impaired older people cared for in the community, there are growing challenges associated with money handling. Financial abuse of vulnerable older people is of growing concern. It is equally important to protect professionals and carers from unfair allegations of financial abuse. The aim of this project is to examine decision-making in relation to the detection of financial elder abuse. Health, social care and banking professionals are the focus of this study. There are three phases to this study:

Phase I In-depth interviews, using critical incident methods, with health, social care and banking professionals.
Phase II Experiments aimed at testing hypotheses about decision-making using case scenarios:
Phase III Examination of policy documents and guidelines.

This paper will present findings from Phase II.

Paper 3. Exploring Families, Social Networks and Everyday Life amongst Bangladeshi and Pakistani Growing Older in the UK (Christina Victor, Wendy Martin, Maria Zubair)

Within the next 20 years the proportion of older people living in minority black and ethnic communities within the United Kingdom will significantly increase. Due to specific migration histories and patterns this rise will be notable within Bangladeshi and Pakistani communities. We have limited knowledge about the lived experiences, family lives and social networks of older people living in these South Asian communities. This paper reports findings from our NDA research project: *Families and Caring in South Asian Communities*. We conducted 110 interviews with a diverse group of Bangladeshi and Pakistani men and women aged 50+ years and social network 'maps' were created by 109 participants. Participants were resident in the local community and not recruited from specific care provision agencies. Interviews were either recorded, translated and transcribed verbatim or extensive field notes taken according to participants' preferences. Our data highlights the changing context of family lives, social networks and transnational ties as participants grow older and the significance of gender and ageing to varying experiences of family life, social networks and daily lives. We explore the interconnections between the descriptions of participants' social networks from the interviews.

We highlight the complex spatial dimension of family and social relationships which are expressed at local, national and transnational levels and the complex links between these different geographically configured relationships. We also illustrate interconnections between gender, social class, ethnicity and ageing; meanings of public and private space; and highlight the diverse and changing transnational and family contexts amongst Bangladeshi and Pakistani communities.

Paper 4: Tackling Ageing Continence through Theory, Tools and Technology (TACT3) (Eleanor van den Heuvel, Mary Gilhooly, Adele Long, Patrick Gaydecki, Jo-Anne Bichard, Stuart Parker, Norman Ratcliffe)

This interdisciplinary project aims to reduce the impact of continence difficulties for older people. Continence problems are extremely common, difficult to cope with and associated with a strong social taboo. This paper reports the current findings from the three research workpackages as follows

1. **Challenging Environmental barriers to continence:** Two sets of stakeholders are involved: older people with continence difficulties and toilet providers. Focus groups, workshops and interviews are being used to identify key issues. Outcomes beyond the original scope have been identified.

2. **Improving continence interventions and services:** Two parallel studies whose aims are threefold: (1) to examine the views and experiences of continence care service users; (2) to examine the views and experiences of continence service managers from NHS Trusts and long-term care settings and; (3) to examine the views and experiences of health care professionals working within continence care services.

3. **Developing assistive devices** Fear of leakage and odour have been cited as two of the most common concerns among continence pad wearers. We have designed and evaluated a washable fabric underwear wetness sensor and alert mechanism. Results to date will be reported. Colour change jewellery, that indicates the presence of stale urine smell at levels comparable to the human nose, have been developed. Results from the preliminary in vivo tests will be described.

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Title: **Social Networks and Daily Lives of Older South Asians: Issues of Social Support, Health and Well-being**

This symposium examines the daily lives of older people from South Asian communities from two perspectives. Our first two papers draw upon data from two large research projects on older people from the Bangladeshi and Pakistani communities to highlight two different aspects of their daily living – namely, religion and food – and how these relate to their involvement in potentially supportive social networks. The third paper extends our perspective by focusing upon the issue of measuring social support among older South Asians. We conclude by using comparative international data to discuss the variations that exist between the different South Asian migrant groups and their counter-parts in the countries of origin.

PART 1 – DAILY LIFE AND SUPPORT NETWORKS OF OLDER SOUTH ASIANS

Religion, social networks and the use of time and space

Maria Zubair, Wendy Martin and Christina Victor

Exploring the daily lives, care and support networks and the lived experiences and meanings of the family, community, place and ageing among older Bangladeshis and Pakistanis in the UK have been some of the important aims of the ESRC NDA project: Families and Caring in South Asian Communities. The data from this research comprising 110 semi-structured interviews with participants aged 50+, along with 109 'social network maps', has revealed the important role of religion in the everyday lives of our participants. In particular, it has highlighted: (1) the role of religion in structuring our participants' time; (2) the use of religious spaces as places of engagement with local community networks; (3) and variations by gender in the levels of engagement with the public/private religious space. We discuss how these issues of time, space and religion impact on the daily lives of our participants, and conclude by reflecting on the implications these may have for their social connectedness, health and well-being, and experiences of ageing.

Social networks and food-related behaviours

Janice Thompson and Joy Merrell

Bangladeshi women report the poorest health status of any ethnic group in the UK, with high rates of centralised obesity and related chronic diseases. There is limited understanding of how migration impacts on food related behaviours and ageing in Bangladeshi women. The extent and nature of inter-generational and transnational exchange of nutrition information and foods is also under explored. We report on findings from a mixed methods study of Migration, Nutrition and Ageing Across the Lifecourse in Bangladeshi Families (MINA), which included samples of Bangladeshi women aged 45+ who migrated to the UK and their adult daughters (aged 18-35), and 44 women of the same age groups living in Bangladesh. We identified frequent transnational exchange of food and nutrition information. Mothers and daughters in Bangladesh were more likely to follow the cooking practices of their mothers and all groups consumed below the UK recommendations for fruit and vegetables. Perceived social support differed transnationally and between generations. Implications of these findings for practice and policy will be addressed.

PART 2 – DAILY LIFE IN CONTEXT: MEASURING SUPPORT NETWORKS AND EXPLAINING INTERNATIONAL VARIATIONS

International differences in support networks

Vanessa Burholt and Christine Dobbs

Specific measures of social support networks have been developed for use with older populations. It is doubtful as to whether these measures are ‘fit for purpose’ in all of the studies in which they are utilised. Many measurements that have been developed for indigenous populations have not been extensively tested for use with migrant or ethnic minority groups. We use a new measure of support networks developed for use with older South Asians and show how this differs from a pre-existing typology. We compare the support networks of older Gujaratis, Punjabis and Bangladeshis living in the UK with those living in South Asia, to investigate how networks in the country of origin differ from those of migrants from these countries. There are significant differences in the distribution of network types of migrants living in the UK compared to the indigenous population in South Asia, and international variations differ by ethnic group. This suggests that either the process of migration and the reconstitution of networks, or the norms of the country of residence have an impact on the formation of supportive networks.

Discussion

We will open up a discussion around identifying the challenges of appropriately measuring the social support networks of older people from different ethnic minority groups. The implications of these older minority people’s particular daily life practices in relation to the issue of social support, health and well-being will also be addressed.

Ref: 1487

Oral Presentations

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Title: **Flexible Employment: The Use of Flexibility Policies to Aid Older Worker Employment and Financial Outcomes**

Many organisations in the UK today report having flexibility policies in place to support their workers as they attempt to balance various life-stage issues in the home. This presentation provides a review of a recent qualitative research project sponsored by Age UK which looked at how these policies actually work in 'practice' for employees aged 50+. The realities of the daily use of flexibility policies were assessed from two viewpoints. First, from the employer view in regards to full implementation of policies and 'buy-in' at all levels including line-management and employee peers. Second, from the employee viewpoint including desire to work collaboratively with their employer in finding a flexible solution for work exit (often requiring discussions through the life course) and personal views of flexible working and work exit planning. Through this, the realities of the current use of flexibility policies became more apparent, insight into employee views of flexible working and collaborative employer discussions were obtained, and further support for earlier life course interventions in regards to work exit planning were found. Refocusing flexibility policies in this alternative way may hold the key to retaining ageing workers in the current economic downturn. This has significant employment and social policy implications as flexibility policies can be used to keep older workers in employment in order to avoid the benefit dependence which often follows early employment exit, as well as ensuring an extended retention of older worker knowledge within organisations.

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Title: **Just the Ticket: The Potential Contribution of the Concessionary Bus Pass to Enriching Pass Holders' Quality of Life**

Since April 2008, older people in England have benefitted from unlimited area-wide travel by bus under England's Concessionary Fares policy, with the result being a substantial rise in the number of bus boardings on local bus networks. Whilst existing research has explored the impacts of the concessionary pass at the aggregate level, there is a distinct dearth of research that addresses the key questions of how and why the individual has responded in his or her daily life context; which is a crucial issue given the individualistic nature of social exclusion that the policy specifically aims to target.

The aims of the paper are threefold. First, drawing on literature and primary data (a quantitative survey of 500 concessionary pass holders and nine focus groups), the paper explores how possessing a pass has in some cases fundamentally altered pass holders' spatial and social practices. Second, it analyses the wide range of emergent benefits that the concessionary pass has afforded pass holders, including reduced travel costs, choosing not to drive and being able to undertake new routine activities. It is found that access to these benefits can vary substantially between different groups of pass holders. Finally, the paper discusses the effect of the pass on pass holders' reported justifications of decisions to use the pass, including for extra travel. The paper concludes by discussing the implications of the paper's findings for concessionary fares policy and specifically for the future of the pass.

Ref: 1278

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Title: **The Influence of Caregiving on Sleep Quality in Later Life: Analyses of 'Understanding Society'**

The impact of providing care for older or disabled relatives has been widely studied, but limited attention has been paid to how caregiving influences the sleep quality of carers. This paper examines how caregiving impacts on sleep quality and duration in later life.

The paper analyses Wave 1 of the Understanding Society survey (replaces the BHPS) for 2009 for people aged 65 and over (n=3131). Self-reported sleep duration (hours and minutes), sleep latency (unable to get to sleep within 30 minutes), problems of sleep maintenance (waking at night or early in the morning) and self-reported sleep quality are analysed using nested logistic regression models, which included gender, age, marital status, hours of caregiving, education, income, housing tenure, self-perceived health and health limitations.

Co-resident caregiving is strongly linked to poor sleep quality and reported sleep problems. Older people providing care for more than 100 hours per week have worse sleep (odds ratio of 2.44) compared to non-caregivers, which is not moderated following adjustment for co-variants. Non-resident caregiving had no effect on sleep quality. Since sleep problems among caregivers can lead to placement in residential care, it is important to recognise the adverse effects of co-resident caregiving on the sleep of caregivers, and provide support to assist sleep or caregiving at night.

The SomnIA project is funded by the New Dynamics of Ageing initiative, supported by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009).

Ref:1329

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Title: **The Abuse of Older People and an Ethic of Care**

The need to understand and promote the value of old age (the themes of this conference) has particular salience in the role social workers have in preventing or responding to potential abuse of an older person. This paper presents findings from research on what influenced social workers' decision-making when they dealt with alleged abuse of an older person. The mixed methods research was carried out in an adult social services department in Wales, UK. Multiple methods included: semi-structured interviews and focus groups with every social worker and manager; direct observation of relevant meetings; and documentary and statistical analysis of adult safeguarding data over a three-year time period.

The research found the way social workers conceptualised and responded to elder abuse was constrained by resource shortfalls, known poor service quality, and structural pressures such as the trade-offs involved in making unfunded, unmandated inter-agency safeguarding partnerships work. There was little questioning or critique of why the resource base of services to elders was so low relative to other groups of adults at risk, or of why the known quality of some care homes was barely compliant with regulatory requirements. None of these factors was conceptualised as a matter of ethics, nor as mirroring the way old age and vulnerability are typically devalued, socially, economically and culturally. This paper critically deploys Joan Tronto's (1993) work on an ethic of care to suggest where and how ethical scrutiny can be imprinted into policy-making, implementation, and professional practice with abused elders.

Ref: 1397

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Title: **The Management of Behavioural and Psychological Symptoms of Dementia (BPSD) – A Changing Landscape?**

Behavioural and psychological symptoms of dementia (BPSD), such as, wandering, repeated questioning, psychosis, agitation and aggression are common and have severe effects on the quality of life of people with dementia, care giver burden and societal costs. Antipsychotic agents have been widely used to help manage BPSD, this use is predominantly off label and highly controversial. Although these drugs have some efficacy they also have harmful side effects and are associated with serious adverse events and a higher risk of mortality. Currently the Government is aiming to reduce the use of antipsychotic medications for people with dementia by two thirds before November 2011. Consequently, non-pharmacological interventions are now being called on as first line treatment options for BPSD. The emphasis moving towards such interventions could represent a shift away from the biomedical model of dementia care, allowing recognition of a more psycho-social approach. However, non-pharmacological interventions are context specific, currently have a limited evidence base and are often time consuming with poor accessibility, which raises challenges for their incorporation within current task orientated work practices. As yet, the consequences of antipsychotic cessation are unknown, but may have potential to enact a change in care philosophies, ultimately affecting both care settings and individuals with dementia.

This presentation provides an overview of BPSD and the dilemmas a possible changing landscape creates for all concerned with dementia care.

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Title: **Going Solo: Living Alone in Later Life in the Slums of Nairobi**

Although population ageing is a phenomenon that is largely associated with developed countries, within sub-Saharan Africa the full effects of ageing are just beginning to make themselves known. With poor infrastructure and a lack of provision for older people, support in later life is largely presumed to be the responsibility of the family and other informal networks. The onus on the family to provide care results in the assumption that many older people in Africa live in the same household as their family. Thus the living arrangements of older people are important indicators of their welfare and have the potential to highlight existing vulnerability among this group.

This paper details the analysis of 2,541 older people living in two Nairobi slums and finds that, in contrast to conventional wisdom, a substantial number of respondents live alone (34%). It conducts a multivariate analysis and finds that the propensity to live alone among older people is influenced by their individual characteristics, the interaction with their children and their place of residence. Gender, age, marital status and education all play a role in determining solo living arrangements. The number of children an older person has and their location are also crucial factors, as are the location of the older person and their duration of residence in the slum. The paper suggests that further work is needed to establish whether there is an indication of vulnerability for those who reside alone.

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Title: **The Closure of Care Homes for Older People in Wales: Phase 1 – Prevalence and Causes**

Care home closure is often the subject of media coverage and commonly believed to have an impact on the health and mortality of older residents. In 2009, the Welsh Assembly Government (WAG) published guidelines outlining the responsibilities of health and social care agencies in the event of closures. These guidelines could usefully be supplemented with principles for good practice to reduce the negative effects of poor relocation planning for older people. This paper will report on phase 1 of this study which seeks to identify the prevalence and causes of actual and potential care home closures. This study uses mixed methods including secondary analysis of CSSIW (Care and Social Services Inspectorate Wales) data supplemented with telephone interviews with CSSIW inspectors and managers of care homes that have closed.

According to annual reports published by the (CSSIW), rates of closure have fluctuated over recent years including a sharp rise that coincided with the implementation of the WAG guidance in 2009 from 27 to 40. Our data shows that a majority of homes closed or are at risk of closure due to difficulties in complying with increasing care standards and financial difficulties resulting from low local authority referral rates. We will also be incorporating the views and experiences of CSSIW inspectors and commissioners who were involved in situations where closure was avoided. This will have implications for policy and practice in managing the consequences of the distressing uncertainty older people may face when living in homes under threat of closure.

Ref: 1437

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Title: **The Experience of Age Related Macular Degeneration: A Case Study**

Age related macular degeneration (AMD) is the leading cause of blindness in the UK. AMD is a progressive disease in which light sensitive cells found in the macula (the central part of the retina which serves fine, discriminatory vision) degenerate, leading to deterioration in central vision. The prevalence of AMD in older people is high, 8% of over 65's have AMD with this percentage increasing with age.

Quantitative research has indicated that individuals with AMD experience: decreased quality of life and well-being, and increased depression and health-related disability, comparable with other serious illnesses such as arthritis, cancer and stroke. However, little is known about the lived experience of AMD. Qualitative research can address this need to understand the experiences of AMD within the context of patients' everyday lives.

The present study employed Interpretative Phenomenological Analysis to explore the experiences of 14 patients with AMD. This presentation focuses on a case study of an 87-year-old female with advanced, untreatable wet AMD, in order to demonstrate the in-depth experiential analysis conducted and the complexities involved in patients' lived experience.

Analysis established four themes; interactions with the health service, emotional impacts, challenges of ageing and multiple losses, and retaining a sense of past self. This case highlights the particular importance of life-context and past experiences and their impact on the experience of AMD. These findings provide a greater understanding of the disease, which has the potential to inform the development of rehabilitation and support services for AMD patients.

Ref: 1237

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Title: **Can Photovoice Illuminate the Meaning of Home for the Baby Boomers?**

Home provides a sense of identity, sense of security, sense of control and autonomy, for those in later life (Sixsmith 1990; Tinker 1997). Understanding the sense of 'the self' in relation to home is important since with age an increasing proportion of time is spent there. Government policy actively encourages 'ageing in place', with age, perceptions of self may well be compromised especially as fitness declines.

Home is an emotive concept and everyone will have an interpretation of what 'home' means for them. The meaning of home for the large cohort of baby boomers about to enter later life has not been specifically studied. This paper will report the findings from the pilot study of my Phd looking at this specific cohort, using a visual methodology to explore a deeper meaning of home. Participants are asked to take photographs of their homes and then explain their meaning in a taped discussion. Group interpretation of the photographs and highlights from the transcript then takes place to provide a broader analysis of what home means for those entering later life.

This visual methodology respects the autonomy of participants, to enable them to share their own unique meaning of home. The methodology also acknowledges that the concept of home is universal, and the researcher and the readers of the research will be influenced by their own experience/interpretation of home when reading the study. The presentation will outline the rationale for using a visual methodology illustrated with examples from the pilot study.

Ref: 1442

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Title: **'What Works' in Increasing the Voice, Choice and Control of Older People?**

This presentation will share the outcomes, findings, stories and lessons from a national initiative funded by the Office of Disability Issues, involving 3 local authorities in the South East of England . NDTi worked with older people, local communities, leaders, managers and staff from statutory and non statutory agencies to adopt practical approaches for supporting older people to exercise voice, choice and control, and take up opportunities to be part of family and community life.

A change management and qualitative research programme was delivered over 2 years to embed diverse ways of increasing the voice, choice and control of two target populations: older people living in care homes and those at risk of moving into care. Outcomes include:

- Older people with high support needs, including people with dementia, forming self organised collectives to influence local developments
- Reduced levels of depression and isolation among older people living alone in local communities and those living in care homes
- Happier and healthier staff, with reduced sickness and turnover levels
- Care home residents being supported to access and use personal budgets, with some people being supported to return home to live independently
- Transport developments enabling older disabled people in rural areas to get out and about independently
- Important learning about undertaking research with older people with high support needs including those living with dementia.

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Title: **Dignity and Respect in Residential Care: Issues for Black and Minority Ethnic Groups**

Little is known about the experiences of people from black and minority ethnic (BME) groups who live in care homes, whilst concerns have been expressed about the potential for mistreatment if care is not culturally competent and if racism may occur. Our research set out to ascertain experiences and issues for BME care home residents and the staff and family caregivers supporting them. Fieldwork was completed in seven care homes across the UK. Staff perspectives emphasised the challenges of relationships and interactions within the care homes; the complexity of cultural issues and their interactions with other aspects of life experience in influencing people's preferences. Staff were found to have explicit knowledge of mistreatment and neglect, and many had seen it occurring in care homes. They perceived choice as a crucial dimension of respect and dignified care. The exercise of cultural values and identity, whilst important, was noted to have negative aspects, for example problematic attitudes to care staff or to people with dementia. Residents' and family caregivers' perspectives emphasised the need for care to be based on a thorough understanding of and engagement with the individual, especially to avoid possible stereotyping of needs according to presumed cultural characteristics; they highlighted the need for attention to relationships between residents, and negative consequences of poor relationships, such as racism and isolation. Their need to feel safe in raising problems was clear, and the significance of issues of mistreatment beyond the care home emphasised. In conclusion, implications for delivering dignified and respectful care are discussed.

Ref: 1853

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Title: **Differences with Ethnic Status and Overall Quality of Life, Social Relationships and Participation in Three Samples of Older People: The Older People's Quality of Life Questionnaire (OPQOL)**

Methods: Personal interviews were carried out with over 1000 people aged 65+ living at home responding to three national surveys (ONS Omnibus and Ethnibus). Measures included Quality of life (OPQOL, CASP-19, WHOQOL-OLD), health, social and socio-economic/demographic circumstances.

Results: Respondents in ethnic minority groups were more likely to have the lowest quality of life (QoL), compared with other respondents; they had markedly worse QoL on both the social relationships and participation and home and neighbourhood sub-domains, despite having larger household sizes and more relatives in their networks. Independent predictors of OPQOL scores included independent measures of social relationships, social participation, as well as health and psychological outlook. Conclusions: The OPQOL had excellent validity and reliability. Social relationships and social participation were key to a good QoL in older age in all groups. People in ethnic minority groups had poorer scores on overall QoL, including social domains, which merits further investigation.

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Title: **Cost-effectiveness of Self-management of Chronic Pain in Older Adults: A Systematic Review**

Objective

To determine the cost-effectiveness of self-management techniques for older populations suffering from chronic pain.

Methods

Systematic review of randomised controlled trials (RCT) with cost-effectiveness data and at least 6 months follow-up, up to December 2010.

Results

No RCT studies reported cost-effectiveness of self-management exclusively in the over 65 age group. Ten reported participants with an average age of 60 years or over, and met all other inclusion criteria. All of these studies measured cost-effectiveness as cost per improvement in primary outcome, seven of which used the Western Ontario and McMaster universities osteoarthritis index (WOMAC) pain score. Seven studies reported cost per Quality Adjusted Life Year (QALY) gained information. In seven studies, relative to usual care, self-management was effective, and in the remaining three studies, there was no significant difference. Amongst those reporting cost per QALY gained results, self-management did not lead to statistically significant QALY gain relative to usual care. Eight studies suggested that the cost of developing and delivering self-management interventions may be offset by savings from reduced subsequent health care resource use.

Conclusions

Self-management is effective and may be cost-effective when outcomes are measured using the WOMAC pain score. Cost-effectiveness is less certain when measured using the QALY metric. Uncertainty over conclusions regarding cost-effectiveness exists partly due to lack of information regarding societal willingness to pay for pain improvement. There is a need for large multi-centred high quality randomised controlled trials to confirm the findings of this review exclusively among the over 65 age group.

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Title: **The Emerging Nurse Practitioner Role in Acute Care of the Elderly**

The role of the Gerontology Nurse Practitioner (GNP) is new to the acute health setting in Australia. An important aim of this emerging role is to reduce functional decline through recognition and management of geriatric syndromes.

This paper will describe a fresh approach in the comprehensive assessment, diagnosis and treatment of the broader issues relating to the older patient, not only in the acute presentation, but then on throughout the continuum of care. The GNP works alongside the medical team enabling interdisciplinary management and a direct gerontic nursing perspective in the diagnosis and treatment of the older person.

This new model of care is timely, given the number of older patients admitted to hospital with acute conditions increasing in Australia and across the developed world. These older patients frequently have a number of pre existing co-morbidities, some of which are treated, some unrecognised and others under managed. This patient group is frequently on multiple medications, which can further impact on their in-hospital clinical course, and in some cases, may not have been critically reviewed, in a timely fashion.

The findings of a recent prospective clinical study undertaken by the GNPs at their regional health service have focused on finding the local prevalence of common co-morbidities of the older person in the acute setting together with the important part the GNP plays in the diagnosis and management of these conditions and the quality care of the older person delivered by GNPs in an acute setting via this innovative Australian nursing model.

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Title: **Bridging the Gap between Policy and Practice: Dignity in Care for Older People**

This paper presents an overview of the aims and research design for a thirty month project, funded by the Dunhill Medical Trust, which aims to explore how dignified care for older people is understood and delivered by the health and social care workforce and how organisational structures and policies can promote and facilitate, or hinder, the delivery of dignified care. Whilst the past decade has seen a growing emphasis upon ensuring dignity in the care of older people, persistent high profile reports on poor standards of care for older people indicate that this policy objective may not be being consistently achieved and point to gaps between policy and practice. The focus of this study will be in NHS trusts that are acknowledged as providing dignified care. Data will be collected through a case study approach, using a variety of quantitative (questionnaire survey) and qualitative (interviews and focus groups) methods in a range of settings where older people are cared for. Health and social care workers, and their managers, will be asked what factors promote (and inhibit) the provision of dignified care. This approach will allow the project team to explore the complexity of the contribution of the health and social care workforce and organisational context in maintaining patient dignity and to inform the development of policy and practice.

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Title: **On the Road Again: Supporting Best Practice in Australian Rural Residential Aged Care**

Residential Aged care has traditionally been task oriented. In this context, a person-centred approach to care is compromised and indeed, difficult to even introduce. This is further exacerbated in rural residential aged care settings by the tyranny of distance that limits access to education and resources that can support culture change. The Australian Government Department of Health and Ageing, Encouraging Best Practice in Residential Aged Care Program funded a rurally based two year study involving aged care facilities in seven locations. The project was aimed at implementing existing evidence specific creating dementia friendly physical and social environments, and to facilitate best practice in addressing behaviours of concern. This project utilised a hub and spoke model of supporting a group of rural residential aged care facilities to effect sustainable person-centred practice. This presentation describes how such a model is well-suited to provide ongoing practical support to offset the disadvantages experienced by many rural providers who have limited resources. The model centred around empowering staff, to interact with their workplace more responsively and not view person-centred care as additional work but rather as integral to their everyday work routine. The evaluation data from the project demonstrates how an external facilitator, who is perceived as objective but credentialed in aged care can be a powerful resource to an organisation. The discussion will include the structure of the model, the key factors in implementation and its potential for rural best practice in residential aged care.

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Title: **The Demographic Bounty: 'Third Age' Volunteers in the Republic of Ireland**

Across Europe governments and policy makers recognise the advantages of growing third sector activity. In the context of demographic ageing and increasingly binding fiscal restraint in most countries, voluntary activity can help bridge the gap between need and service provision. At the same time, increasing longevity has given rise to a generation of fit and healthy older people who represent a significant demographic bounty. As volunteers, unpaid carers, parents, grandparents, mentors or retired workers, so called 'third agers' make important contributions to social and economic life. Volunteering can also enhance the health and quality of life of the volunteers themselves. In the Republic of Ireland, there is a long-standing history of voluntary activity in the social care sector. The Irish welfare state is less structured than its European counterparts, and has depended on voluntary activity, social enterprise and social entrepreneurship to fill major gaps in service provision. With this context in mind, the paper presents a quantitative and qualitative analysis of voluntary activity by older people within a major social enterprise in Ireland: the Third Age Foundation. Context and motivations for volunteering are examined, as well the impact on quality of life and well-being of volunteers. The broad economic and social significance of the work of older volunteers is also explored.

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Title: **Creating an Evidenced Based Model on Mental Well-being in Older People**

There is no comprehensive, evidence-based model that explains how mental health and well-being in older people are maintained. Consequently, policy and practice supporting mental health in an ageing population are often based on anecdotal evidence. Mental health research remains fragmented and has tended to focus on what impacts on mental well-being, the epidemiology of mental illness, and on clinical or single activity interventions, rather than on how factors that impact on mental well-being interact.

We received a Lifelong Health and Well-being network grant from the MRC to develop a coherent, comprehensive and evidence-based model of mental well-being in later life, and to derive, from this model, testable hypotheses for policy and practice changes. PALM (Promoting Action on Lifelong Mental well-being) was established in June 2009 for 10 months.

The PALM network brought together researchers from Leeds Metropolitan University, Northumbria University, the Universities of Bangor, Leeds and Newcastle, and two London colleges, King's and University College London, stakeholder organisations and older people based around three thematic groups: social gerontology; health behaviour and lifestyle, and physical environment.

This paper presents and discusses the development of the conceptual 'Foundations of Mental Well-being in Later Life' (FUEL) model. It illustrates the distinctiveness between the FUEL model and other relevant mental health models and discusses the dilemmas in developing robust research on mental well-being, which moves from theory to model development, then feasibility studies, and on to intervention trials that can be transferred to real life settings as demonstration and dissemination studies.

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Title: **Intergenerational Differences of Filial Responsibility between Middle-aged and Elderly Generations: Does Gender Make a Difference?**

Purpose: This study investigated whether changing dynamics of filial responsibility among the two generations in Taiwan, as well as their effects, differ between genders. Methods: Data was collected in Taiwan through interviews with 1,310 elderly over 65 years and 1,143 middle-aged people from ages 45 to 64. A polynomial logistic regression model was applied for analysis. Results: The significant variable for filial responsibility between middle-aged and elderly generations is the cohorts themselves. Middle-aged people were less likely to receive care from their adult children, and preferred taking care of themselves. In contrast, the elderly group preferred that their adult children assume the caregiving responsibilities. Multivariate analysis also revealed that gender was an important predictor of filial responsibility. Among the women in both groups, the preference was for their children to take care of them; the men from both groups showed a higher preference for self-care. Another interesting finding is that among adult children caregivers, female children have become increasingly more involved. Conclusion: While middle-aged and elderly women's attitudes toward filial responsibility have remained stable, those of men have changed. The social change theory that once served as the best explanation for expectations of filial piety has been replaced by gender. This means that the current pension system should promote women's financial independency. On the other hand, the new social trend of adult daughters taking on caregiving responsibilities has helped to create more equality between sons and daughters.

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Title: Reviewing and Developing Life Planning Theory

This paper will review the theoretical contributions to existing life planning theory and then lead to the presentation of a new integrative model for life planning. What areas of theory contribute to Life Planning? Life planning is informed by theory development from different fields of knowledge. Typically, theory from psychology and sociology build the underpinning knowledge in life planning (Johnson, 2005; Bengtson et al 2009). More specifically from within psychology the humanistic school provides insight such as cited by Biggs 1997 (referring to the work of Jung, Gestalt and Rogers). These approaches validate the individuals lived experience and their perceptions of the world. Developmental psychology after Erikson (1989) and Maslow (1996) provide ways of understanding development and relating to the individual with in a psychosocial life course context. Also, Positive Psychology after Seligman (2000); pyschosynthesis after Assagioli (1965) and transpersonal psychology (Tart, 1991; Wilbur, 1996) place a positive slant on the way thinking impacts on an individual's life and consciousness. What is the current state of development of life planning theory? Life Planning theory in itself is relatively underdeveloped, and really embraces a range of eclectic models. These models originate in psychology and social theory (as already indicated), and its applications to subjects like identity and gender, change, health, money, and relationships. What would a theory Life Planning Theory for the 21st Century look like? What are the key factors that require assessment at each stage or event in the life cycle?

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Title: **Involving Community Researchers to Enhance the Participation of Bangladeshi Women in Research**

In the UK 27% of people aged between 50-64 report having a chronic condition such as diabetes and hypertension (ONS 2001). This proportion is substantially higher for Black and minority ethnic groups (BME) (e.g. 54% and 49% amongst those of Bangladeshi and Pakistani origin, respectively). The complex challenges of ageing within these migrant communities including barriers in communication, diverse cultural values and practices, changes in traditional family structure as well as experiences of racism and poverty leaves many BME elders feeling vulnerable and marginalised in the final phase of their life. Tailoring service provision to meet the needs of BME groups has been impeded by the paucity of reliable data related to specific ethnic groups. Conducting research with these communities, especially with some ethnic elders, can be challenging due to low recruitment rates, levels of literacy and lack of sufficient numbers of trained BME researchers.

Drawing on the experiences of a transnational, mixed methods study of Migration, Nutrition and Ageing Across the Lifecourse in Bangladeshi Families (MINA), we explore the benefits and challenges of adopting a participatory approach involving community researchers. Community researchers were invaluable in identifying the most effective ways to engage with older Bangladeshi women and facilitated recruitment. The importance of valuing knowledge within the community whilst also creating opportunities to develop skills and career prospects for the community researchers will also be highlighted.

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Title: **EOPIC - Engaging with Older People and Their Carers to Develop Interventions for the Self-Management of Chronic Pain. Phase One - Older People's Account of Living with Chronic Pain**

This paper reports on phase one of a four-year MRC funded study. The five phase study aims to achieve a deeper understanding of the consequences of ageing with chronic pain and, through this, develop innovative ways in which older people can possess the knowledge, skills and confidence to live independently at home with self-managed pain.

AIMS: (1) To explore ways in which older people's experiences of living with chronic pain in later life link to their earlier biographies and to ageing; (2) To investigate the personal impact of chronic pain, including interpersonal aspects of everyday life, and pain-related barriers to participation, as played out in their particular social context.

METHODS: A purposive sample (n=20~) of community-dwelling older men and women living in North East Scotland were recruited to participate in (1) biographical interviews to explore how they 'make sense' of chronic pain, its impact on their lives and future plans and (2) semi-structured interviews to follow-up themes from the first interviews. Data were analysed using narrative and thematic analysis (Reissmann 2004), managed by NVivo.

RESULTS: Emerging themes include: difficulties ascribing a 'number to the pain;' importance of knowing the cause of pain; unpredictability of good versus bad episodes of pain; struggling, fighting and accepting pain; adapting to and giving up activities.

CONCLUSION: Initial findings highlight the complexity of the pain experience and the importance of a multidimensional approach to pain management; emphasising the interconnections between chronic pain, physical and emotional functioning, material resources and social aspects of older people's lives.

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Title: **The Role of Religiosity and Spirituality on the Wellbeing of Older People in the Informal Settlements**

Research has shown that religiosity and spirituality can have positive effects on the lives of older people and religious organisations can play an important role in enhancing the wellbeing of older people in society. The urban areas of Africa support a community of diverse religious backgrounds, with few established support networks for older people. Very few older people receive a pension. This paper investigates the role that religiosity and spirituality plays in the lives of older people living in the slums of Nairobi, Kenya, and examines the circumstances under which older people take up the spiritual support offered to them. The research examines the barriers to participating in organised social and religious support groups. The research analyses qualitative data from in-depth interviews with older people and stakeholders who provide spiritual and practical support for older people in these communities.

The paper will report on the findings which indicate that many older people who live in the informal settlements compare themselves favourably with their demographic counterparts in the rural areas, due to the opportunities to work and the wider community support offered, as well as the proximity and accessibility of healthcare. In addition, older people in the informal settlements tend to be more spiritually aware and spiritually dependent due to their material poverty, and move easily between groups to take up support. The paper discusses the implications of the findings, particularly for policy and training.

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Title: **Assessing Spirituality in Later Life: Enabling Articulation of Personal Meaning**

Spirituality is still a poorly represented aspect of older persons’ quality of life, even though it relates to issues fundamental to ageing regarding meaning, belonging, purpose and commitment. Its neglect is due in part at least to pessimism about valid and reliable assessment in this area. This paper reviews changing trends in talking about belief, and draws on the presenter’s 40 years of interviewing experience and research supervision in this area, studying persons of certain, uncertain and no faith. Illustrations are given of the various ways spiritual meanings contribute to quality of life, particularly in illness, bereavement and coping with the demands of caring. The paper makes three main points concerning: 1) the appropriate use of religious/spiritual terms with older people; 2) awareness of the ambiguities and complexities in the beliefs and faiths that may be expressed; and 3) the need for openness and patience in data collection in this field. The concept of spirituality is currently being widened to encompass both religious and non-religious (including atheistic) discourse about sources of existential meaning. However it is still not a language with which the oldest generations in the UK are comfortable. Most research assessment interviews in this area begin (and end) with the person’s early religious socialisation, and although beliefs provide powerful links across generations, an increasingly multi-cultural and multi-faith society opens up possibilities for change as well as renewal. Older people themselves indicate that they want to be more actively involved in the choice of spiritual services offered to them.

Ref: 1335

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Title: **A Senior Peer Mentoring Programme: Its Impact upon Social Inclusion of Older People**

Older people's lives vary enormously; there is a stark contrast between those who remain socially engaged and integrated in their communities, and those detached from their social life and interpersonal networks. In later life, loss, in its many forms, i.e. poor physical and mental health, communication problems, sensory impairment, reduced mobility, diminished confidence, isolated housing, and difficulties accessing transport, amongst other factors contribute to their feelings of isolation. As age advances the accumulative effect of these factors can undermine the individual's resilience and this can contribute to ever more self-imposed restrictions on their social life The senior peer mentoring programme in the North East of England was developed to provide one to one support, the core element focused on promoting activity as a time-limited, goal orientated intervention. The evaluation process utilized a contextural action research approach involving continuous learning through 6 learning events, 11 individual interviews and 4 group discussions with both mentees and mentors.

Individuals accessing the programme suffered unique problems which had limited their ability to interact with other people thus contributing to their retraction from social life. Positive outcomes were achieved for some individuals but not for everyone. The findings indicate how senior peer mentoring impacted upon the social inclusion of the older people involved.

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Title: **Music for Life: Promoting Social Engagement and Well-being in Older People through Community Supported Participation in Musical Activities**

Although there is now an accepted need for initiatives that support older people's well-being, little attention has been paid to the potential for music-making to effect a significant contribution to the quality of life of older people. This research explored the role of music in older people's lives and how participation in community music making can enhance their social, emotional and cognitive well-being. The research comprised three UK case study sites, each offering a variety of musical activities. At each site a sample of people aged 50+ (total N = 398), some of whom had recently begun musical activities and others who are more experienced, were recruited to complete questionnaires that included the CASP-12 quality of life measure, developed for use in research on ageing. These were completed before and after nine months of active engagement with music. A control group (N=102) completed the same measures. In- depth interviews were carried out with a representative sample, followed by observations of musical activities, focus groups and interviews with the facilitators of the activities. Higher scores on the CASP-12 and the basic needs scales were found consistently amongst the music participants, in comparison with the control group. Although the research was limited by a relatively short time period in which to explore longitudinal outcomes music participants attributed significant social, emotional and health benefits to their music making. Many re-invented a prior musical self-concept, suggesting that musical opportunities early in the life-course may have a cumulative, long-term influence on resilience in older age.

Ref: 1339

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Title: **Evaluating an Innovative Service Model for People with Dementia**

Introduction

The National Dementia Strategy (2009) proposed a ‘Dementia Adviser’ service as a new approach to facilitating access to information and support for people with dementia (PWD). The Alzheimer's Society set up two ‘Pathfinder’ Dementia Adviser services to pilot this model. This paper outlines the results of evaluating this innovative new service.

Method

Dementia Advisers collected client data at referral and at contact interactions between 07/09 and 06/10. A postal questionnaire was developed focusing on the experience of PWD; non-respondents were followed up. Client and survey data were analysed for frequencies with free text data thematically analysed. Two clients were purposively sampled for illustrative case studies.

Results

Of 194 total clients; 108 are PWD, 32% of whom live alone. Referrals increased gradually, mostly from local Memory services; none were referred by their GP. Case studies illustrate the variation and changing needs of clients. Survey response rate was 71%. 57% of PWD reported dementia information needs prior to receiving the service. All respondents reported valuing the service. 66% reported they would contact their Dementia Adviser about dementia or dementia services in the future.

Discussion

Importantly clients valued this service and findings highlight the unique placement of the Dementia Adviser to meet their varied, changing and unmet needs. Through the service PWD who live alone will still have access to dementia information and support that a carer might otherwise facilitate. This service is building momentum but lack of GP referrals suggests the service is not fully integrated into local dementia care pathways.

Ref: 1799

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Title: **Addressing Behaviours of Concern "in the Bush": Creating Dementia Friendly Residential Aged Care Environments in Australia**

Many rural communities in Australia are faced with significant challenges in providing quality dementia care, with ageing buildings designed for acute care, a workforce that is itself ageing, a severe shortage of skilled health care professionals generally and many barriers to up-skilling and educating staff. The Australian Government Department of Health and Ageing, Encouraging Best Practice in Residential Aged Care Program funded a rurally based two year study involving aged care facilities in seven locations aimed at implementing existing evidence specific creating dementia friendly physical and social environments to facilitate best practice in addressing behaviours of concern. Evidence-based practice was implemented using a framework of culture change targeting the dimensions of philosophy, management support, leadership, skilled staff and environment. Three education components underpinned the implementation process, with environmental modifications, policy review and Dementia Care Mapping informing practice change over an 18 month period. Using a pretest-posttest non-experimental design for the evaluation, outcome indicators included levels of psychotropic drug use, frequency of behaviours of concern/incident reporting, measures of individualised care, well-being, quality of life and family involvement. The results of the evaluation revealed increases in staff Individualised Care Inventory scores, needs-based problem solving embedded as standard practice, better quality family involvement, reductions in behaviours of concern, decreased use of psychotropic medications and increased resident well-being. In this presentation, the translation of knowledge into practice as part of routine work schedules is highlighted and evaluation data illustrating outcomes for staff and residents is discussed.

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Title: **A Cross-national Study on Abuse and Violence against Older Women: Results on Prevalence and Perpetrators**

This contribution offers results from the prevalence study of Abuse and Violence against Older Women in Europe (AVOW-study). The study involves scientific partners from five EU countries: Finland, Austria, Belgium, Lithuania and Portugal. In these five countries, the same research on prevalence and perpetrators of elder abuse has been conducted during 2010. Using data from 2880 older women living in the community, the results indicate that 28.1% of older women across all countries have experienced some kind of violence and abuse in the last 12 months by someone who is close to them. A typology of severity of abuse has been created which offers a nuanced picture of the issue. Moreover, the presentation will offer specific numbers for the prevalence of different types of abuse (physical, psychological, sexual, financial, violation of personal rights and neglect) in the different participating countries and offers additional insights by presenting results about the main perpetrators for the different types of abuse. There will also be some discussion of the implications of these findings for the development of policy, practice and further research in future.

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Title: **The Lived Reality of Growing Older: An Exploration of Older Adults' Perceptions and Experiences**

Current literature conceptualises aging successfully as negotiating the balance between inevitable losses and personal gains in both a reactive and proactive manner. Much of this negotiation involves the complex interplay between the physical, cognitive, social and cultural environments that are dynamic and ever changing. While this presents a myriad of challenges, in order to fully understand the process and experience of aging, it is necessary to explicate and elucidate how older adults manage these inherent challenges. Whilst literature in this field has expanded over the past decade, the main thrust has been on developing empirical research of a quantitative nature. This study uses a phenomenological approach to explore in- depth how 12 older adults, who are in the process of moving to adaptive houses, manage a variety of demands by seeking to optimise individual well-being. In fact, preliminary findings suggest that although older adults have to contend with diverse and unique circumstances they use strategies that reflect the Selection, Optimisation and Compensation Model (SOC) (Baltes and Baltes, 1990; Baltes and Carstensen, 1996) to promote well-being and achieve personal goals.

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Title: **Risks, Roles and Responsibilities: Evaluating Falls in Inpatient Mental Healthcare Settings for Older People**

There is an urgent need to improve the care of older people at risk of or who experience falls in mental health settings. A report by the National Patient Safety Agency found that in 16 mental health services, falls formed almost a quarter of all patient safety incidents, 85% of these were in inpatient areas with rates ranging from 13 to 25 falls per 1000 bed days.

This study, funded by NIHR Research for Patient Benefit will:

- evaluate how fall prevention and management are understood and experienced, in inpatient mental health settings providing care for older people.
- analyse current local and national falls policy and guidelines specific to mental health settings.
- develop local policy, practice guidelines and patient and carer information.

This paper will present findings from the first phase of the study. We will draw on a documentary analysis of falls policies, assessment tools and pathways in use by NHS Mental Health Trusts across England and Wales (Health Boards) (n= 58). Non-participant observation, and mapping of five wards caring for older people with mental health needs to identify 'fall hot spots', review of falls audit data collected by the Trust, and interview and focus groups with ward staff and senior managers. Findings will explore how the risks, roles, responsibilities, guidelines and policy for fall prevention are understood and enacted at a number of levels across the Trust and nationally.

Ref: 1421

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Title: **Law, Ageing and Municipal Power**

At the beginning of the third millennium it is no simple matter to claim that decentralization and the broadening of the jurisdiction of local government are appropriate methods of promoting the rights of the older population. Moreover, it is generally accepted that historically, the development of the modern welfare state and the division of constitutional powers between the federal/state and the provincial/local levels, have dramatically reduced the scope and independence of local government.

The goal of this presentation is to present and articulate an original legal-policy argument: it is time for local communities and local governments to use and facilitate their legal authorities in order to legislate and enact local by-laws and ordinances that define and establish the rights of their older citizens.

The empirical framework for the argument will be based on findings from three different studies, conducted in three different legal contexts: Canada, USA, and Israel. While the legal framework in the different countries is very different, the absence of municipal elder law is shared by all of three.

The conclusion is that local municipalities, in different countries, hold the legal powers and the social potential of making a significant contribution in the legal sphere to the promotion of the rights of the older residents under their jurisdiction, and that this power has been so far neglected.

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Title: **Exploring Determinants of Social Relationships on Voluntary Work in Later Life**

In recent years, academics and policy-makers have become more interested in volunteerism in later life. Although, there is an increasing attention, the profile of those who do not volunteer and adults who are willing to volunteer but are not yet volunteering in later life remains under-researched. Understanding the barriers that people face in deciding to volunteer, could help reverse this trend. The main purpose is to investigate which key factors determine voluntary work among older people. In particular, the research looks at the relative impact of social relationships features. In the present research a sample of 59.977 Belgian older adults (aged sixty and over), living in 127 municipalities and cities in Belgium is used. We applied a multinomial logistic regression to analyse whether social relationship factors determine if one is a volunteer, a recruitable volunteer or a non-volunteer. The regression analysis indicates that non-volunteers have less contact with friends, acquaintances, neighbours and people from their neighbourhood than older adults who volunteer. Next, older adults who are willing to volunteer but are not yet volunteering have less contact with friends and acquaintances than older volunteers. In addition, the results highlight the importance of the level of education, income and physical health condition.

In the conclusion, the most important findings are formulated. The findings stress the need for recognising the various multidimensional factors that affect voluntary work. We discuss the findings and their relevance for voluntary organisations and social policy. Finally, we outline several paths for future research.

Ref: 1470

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Title: **Methodological Approaches to Understanding 'Wisdom' in Older Age**

This paper explores some 'deep' ethnographic methods which, it argues, can be used to characterise cultural settings inhabited by older people and the capacities they exercise within them, particularly with regard to 'wisdom'. It deals with some limitations attaching to more conventional qualitative methods if employed on their own, using three types of example: older people in rural settings; older people in cultural settings which give special emphasis to the idea of 'practice'; and explorations of 'wisdom' exhibited by some older people in a variety of settings. The paper argues that what it describes as 'deep' ethnographic methods involve types of access to older people and their worlds which are particularly appropriate to the significant – but diffuse and elusive - concept of 'meaning'. Nonetheless, ethnographic methods are time-consuming and demanding; it seems unreasonable to demand that they should standardly be deployed in all investigations. In conclusion, the paper makes some suggestions about what types of insight different kinds of ethnographic method can yield, how they could profitably be combined with other modes of approach, and how they can support understanding 'the value of older age' itself.

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Title: **Knowledge Transfer: Bringing SomnIA (Sleep In Ageing) Research Findings to Care Homes**

Knowledge transfer is an important component of the research undertaken within the New Dynamics of Ageing programme. Based on the experiences of one the SomnIA work packages this paper presents the development of knowledge and the resulting transfer to practice in care homes. The study aimed to identify the determinants of poor sleep experienced by old people living in care homes. Using mixed methods, research was undertaken in 10 English care homes. Data were collected from 183 male and female residents aged 65 – 100 (mean age 85-90). For two weeks the participating residents wore actiwatches and diaries denoting their daily activities were maintained. In addition, 240 hours of dawn, dusk and night time observations, and interviews with 50 care staff were conducted. The analysis of the quantitative actiwatch and diary data identified that residents were experiencing fragmented sleep and spending up to 13 hours in bed. The qualitative data analysis indicated that these factors were related to care giving routines and processes. In two workshops with almost 200 participants from the care home sector, the findings were presented and discussed. Contact has been maintained with participating organisations and a senior care service manager, who is implementing the Eden Alternative philosophy of care, reports on how the knowledge from the research findings have been transferred to care service delivery.

This research is supported by the New Dynamics of Ageing initiative, a multidisciplinary research programme funded by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009)

Ref: 1833

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Title: **Sustainable Teaching and Learning Approaches for Care Homes**

This paper details innovative approaches to teaching and learning for care home staff. A project funded by Primary Care Trusts within the South West of England has enabled the development of programmes of learning for care homes. The programmes are supported by primary care trusts, local authority, CQC and the University of the West of England. Each programme is hosted by a care home and facilitated by university lecturers. Programme topics are selected by care home, university and primary care staff. Two members of staff attend each session and all staff are encouraged to attend at least one appropriate session for them.

Through access to expert topic speakers, lecturer facilitation skills, action learning and action plans it has been possible to encourage and introduce different ways of working in care homes to enhance care for older residents. Each programme has monthly sessions and spans a year. The aim is to reduce the incidence of inappropriate admission of residents to hospital and offer current knowledge and support to care homes in their every day care. At the completion of each programme a Care Home Learning Network is established to sustain this model of working. Currently 6 programmes of learning have been set up across the region, 3 have been completed and Networks established. Informal feedback has been gathered to demonstrate changes in ways of working and care services as a result of action learning sets, however following ethical approval a formal evaluation for this project is set to commence in 2011.

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Title: The Impact of the Economic Recession on Well-being and Quality of Life of Older People

This paper explores the impact of the recent global recession on older people and implications for their well being and quality of life. The importance of economic wellbeing is recognized in recent UK Government policy, and research suggests that having enough money to meet basic needs is essential to wellbeing and quality of life for older people. Older people may be particularly vulnerable to economic fluctuations as they are often reliant on fixed incomes and assets which are reducing in value. They may also be disadvantaged by financial exclusion, including difficulty in accessing appropriate financial services (Mitton, 2008), and limited financial capability. Links between financial capability and psychological wellbeing have been established in the literature (Taylor et al., 2009).

Preliminary findings of a recent research project funded by the Institute of Chartered Accountants of Scotland (ICAS) will be explored. This uses a qualitative methodology to explore older people’s experiences of the economic downturn, and the impact on their well being. Factors including perceptions of the recession and financial capability will be discussed in relation to their sense of well being and quality of life and their financial information and advice needs.

Mitton, L. (2008) Financial inclusion in the UK: Review of policy and practice, York: Joseph Rowntree Foundation

Taylor M, Jenkins S, Sacker A. (2009) Financial capability and wellbeing: Evidence from

The BHPS Essex, UK: Institute for Social and Economic Research, University of Essex

Ref: 1306

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Title: **Developing International Perspective on Care of Older People: A Study Tour to Great Britain**

While global perspectives can help inform students in their studies of gerontology, the numbers and types of opportunities to actually study abroad are often limited. In an effort to address this issue, the author developed and implemented a study abroad course for students at the University of Kentucky. This paper provides a description of a study tour entitled "International Perspectives on Care of Older People." Specific aims of the study tour include the following: 1) to cultivate in students an international perspective when considering care of older people, 2) to cultivate inter-professional perspectives, knowledge, and skills in considering care of older people, and 3) to consider how innovations in other countries can assist in meeting community goals for patient-centered care. Now in its' second year, the course is open to all students in both the health sciences colleges and in other health-related fields. The course initially begins on the University of Kentucky campus during the Spring Semester where participants have both orientation sessions and independent directed studies regarding care of older people. Students, faculty, and direct service providers then travel during the summer from the United States to England, Scotland, and Wales to various venues. The focus is on health policies and community and institutional care of older people in Great Britain with special emphasis on dementia care. As a result of the study tour student are encouraged to "think globally and act locally" when considering policies and programs for older people.

Ref: 1778

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Title: **Effects of Individualised Live and Recorded Music on People with Dementia Who are Nearing the End of Life and Their Primary Carers**

As the populations of developed countries age, calls for the development of non-invasive, non-pharmaceutical, safe ways to palliate people who are approaching the end of life, including those who have dementia, increase. Researchers often overlook people with dementia who are nearing the end of life due to inherent difficulties with communication and complex ethical issues. Prior research indicates that music may be able to activate uninjured parts of the brain (Cuddy and Duffin 2005; Ziv et al. 2007; Gerdner 2009), and thus may reach people even when other forms of communication have greatly diminished. Additionally, music has been recognised for its power to provide signposts for different phases and important events in one's life (Bell and Troxel 2001; Gerdner 2009). Moreover, music can provide comfort for both the person with dementia as well as for their carers (Holmes et al. 2006), and may improve the quality of social interactions (Park and Specht2009; Sacks 2007; Svansdottir and Snaedal 2006). This paper reports on findings from PhD research currently in progress that is exploring the effects of live and recorded music on people with dementia who are approaching the end of life and their primary carers. Based on the realist evaluative model, this paper discusses emerging ethical issues, observation methods, topics, patterns, questions, and limitations/barriers arising from current fieldwork taking place in several care homes within Scotland.

Ref: 1788

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Title: **Bridging the Dementia Gap**

This paper considers the import of an existential orientation in dementia care. In adopting this underpinning philosophical model, the discussion focuses upon the ontology of individual existence that is affected by existential anxiety and nihilist fear, impacting upon both the patient and the carer. Both the *persona* and attendant relationship factors are presented as dependent variables, and the existential human being is seen to be the independent factor – the *conditio sine qua non* The psychosocial self and the relationships may alter, but the dementia patient is the enduring human being, or the organismic individual that is of the same ontic species, with the same unique DNA, dwelling in her/his own mindscape, whatever the changes in wellbeing, cerebrally, biologically or relationally. Unconditional positive regard takes on a new challenge in the 'I' and 'thou' dementia encounter, particularly for carers because 'conditions of worth' and trust have been radically challenged. The paper will draw upon the recent debates and conflicting ideas as argued by mainline existential theorists and social gerontologists, together with the ethical implications for dementia care.

Ref: 1821

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Title: **Narratives of Masculinity, Illness and Ageing: A Phenomenological Study of Men's Narratives of Living with Parkinson's Disease**

Narrative research approaches, with their focus on the construction of experiences in the form of 'stories'; have proved beneficial in elucidating the lived experience of ageing, particularly within the myriad range of illnesses associated with ageing. Drawing on a PhD study investigating how older men suffering from Parkinson's Disease develop narratives as a resource in making meaning from their illness, this presentation discusses the opportunities narrative enquiry provides gerontological research endeavours examining health and illness amongst older people. Narrative enquiries also have the power to situate these accounts within wider sociological concerns, including the implications of gender identities for individuals and groups as they age.

Drawing on embodiment theory, this study examines what shows up in the lifeworlds of older men as they renegotiate life with Parkinson's disease. Particular attention will be given to the following considerations; the reconstruction of time in individual's narratives; the disrupted and disruptive body; and navigational strategies used in negotiating social relationships in the wider social world. Drawing on the use of narrative in this study, this presentation concludes with a discussion of some of the wider implications of developing narrative enquiry within research on the lived experience of health and illness amongst older people.

Ref: 1850

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Title: **Stories 'Sold' and Stories Told: Health, Ageing and Running Women**

The number and variety of stories that are shared and circulated about health is ever-increasing, including stories both about the maintenance of personal good health and the institutional provision of health care, health practices and health products (Frank, 2006). These stories are gendered, classed, and also progressively more stratified by constructed age categories. Individuals are now often classified as 'middle age', 'third age', older age, oldest old or 'fourth age' – and each of these categories comes equipped with discourses around normal, natural and normative ageing as well as ageing well via lifestyle choices (Gilleard & Higgs, 2010; Jones & Higgs, 2010). Within the context of a women's-only non-elite running group, I employ a narrative perspective to explore how health stories 'sold' at the metanarrative and public narrative level are engaged with at the ontological/individual level (Somers, 1994). I consider how the health stories that circulate in wider culture and in the organisational literature of the running group implicate or influence the stories that women subsequently tell or re-tell about their own health and ageing bodies. I argue that for these women, health has multiple and varied meanings that – though shaped by larger cultural and narrative resources - are individual, personal, and unique.

Frank, A. 2006. Health stories as connectors and subjectifiers. Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine, 10 (4), 421-440.
Gilleard, C. & Higgs, P. F. 2010. Theorizing the fourth age: Aging without agency. Aging & Mental Health, 14, 121-122.
Jones, I. R. & Higgs, P. 2010. The natural, the normal and the normative: Contested terrains in ageing and old age. Social Science & Medicine, 71 (8), 1513-1519.
Somers, M. R. 1994. The narrative constitution of identity: A relational and network approach. Theory & Society, 23 (5), 605-649.

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Title: **The Emotional Impact of Caring for People With Neurological Disease and Cognitive Impairment: A Meta-ethnography**

The majority of people with degenerative neurological conditions are cared for within their own families. Cognitive impairment can be a significant and increasing symptom of these conditions. In this article we report how a team of experienced researchers carry out a meta-ethnography of qualitative research articles focusing on the impact of caring for a loved one with cognitive impairment. We follow the seven step process outlined by Noblit & Hare (1988). Findings suggest emotional impact is complex and uncertain. Living with someone who becomes less and less the person once known coupled with the possibility of aggressive behavior can be equally (if differently), debilitating for the carer. The carers' role appears to focus on the intense and relentless effort of maintaining a satisfactory quality of life for both the carer and the person living with the condition, and has implications for how carer support is managed.

Ref: 1913

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Title: **A Structured Process for Defining a Research Question for Systematic Review of Interventions to Enhance Wellbeing in Peri-retirement**

The LiveWell programme is a multidisciplinary research project which aims to develop interventions to promote health and wellbeing in peri-retirement. Interventions will target three areas: patterns of physical activity and diet, and a range of relevant social factors. Our initial objective is to systematically review the evidence for interventions within each area. However the range of social factors pertinent to successful ageing is diverse. Wellbeing is used to describe a spectrum of outcomes in healthcare research and policy, yet definitions and measurement vary widely. We developed a procedure to meet three objectives: (i) identify relevant social factors amenable to intervention in peri-retirement; (ii) define wellbeing outcomes and compare them to existing concepts in the social gerontological literature; and (iii) specify an appropriate research question for systematic review.

We constructed a conceptual framework of ‘wellbeing’ using a range of resources including observation of local wellbeing initiatives, existing reviews, and communication with experts. Our framework was refined via a catalogue of 196 key terms drawn from the literature, which were printed in triplicate and independently sorted into 4 themes. The themes were refined to a core concept by consensus panel. A scoping review of ‘social-connectedness’ enabled us to identify a research question for systematic review.

In this paper we describe our methods and results. In doing so, we suggest an approach which may be of benefit to researchers developing social interventions with wellbeing outcomes.

Ref: 1412

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Title: **A Mixed Method Investigation of People with Dementia in Transition from General Hospital to Care Homes**

This paper describes findings from a recently completed two-phase study of 'what happens to people in general hospital who are identified with dementia' undertaken by a multi-disciplinary research team. The first phase of the study consisted of an on-ward semi-structured interview with the person with dementia (PWD) if they were assessed as being able to respond to the interview questions, and also with a person who self-identified as a family member involved in their care at that stage.

We recruited 111 pairs of PWD and their carers from patients referred to a specialist psychiatric liaison service in two general hospitals in England. Data was also obtained about quality of life (QoL-AD and EQ5-D0), severity of dementia (MMSE), carer stress (GHQ), activities of daily living (I-ADL) physical illness and depressive symptoms (GDS), and economic data on care services and resources. Where possible these measures were repeated at six months and again at twelve months after baseline. In the second phase of the study we identified a sub-set of 15 PWD who were to move into a care home on discharge. With their self-designated family carers, they participated in an in-depth qualitative study of their experiences pre, during and post hospital admission and the transition to care home living. This paper focuses on themes identified in the second phase of the study, incorporating relevant data from the first study.

Ref: 1417

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Title: **"It's As If My Doctor Doesn't Want to Hear Me": Older Canadian Adults' Experiences of Chronic Illness and Interactions with Physicians**

The majority of older adults will experience at least one chronic condition in later life and the average number of chronic conditions has been found to increase with age. This paper focuses on what it is like to interact with health care providers as an older, frail individual who has multiple and often complicated health concerns. We draw on data from multiple interviews with 35 older adults (aged 75+) who had a range of three to 14 chronic conditions (average of six). Our analysis reveals that most of participants were dissatisfied with the level and nature of care that they were receiving from their physicians and other health care professionals. A few of our participants reported that they had good-to-excellent relationships with their physicians as well as positive experiences within the health care system. However, the majority of our study participants felt that their general practitioners did not provide them with prompt and adequate care nor did they grant them sufficient opportunity to fully discuss their health issues and bodily concerns. Other individuals expressed frustration or anxiety at being unable to obtain primary or specialized care for their various chronic conditions and spoke of the ways in which this lack of care affected both their health status and quality of life. We consider our findings in light of the extant research on physician-patient relationships and the experience of chronic illness in later life. We further discuss our findings in relation to theorizing and research pertaining to ageism.

Ref: 1327

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Title: **What Do We Know About the 4th Age?**

Contemporary debate and policy formation recognises and sometimes demonises the existence of a rapidly ageing population, where large numbers do and will live into very old age. Public policy across Europe promotes the view that maximising independent living is the optimal approach and this should include far greater choice, along with personalised budgets. Alongside this perspective is denigration of care homes, which some believe can be avoided altogether on the grounds that living in one's own dwelling is always better and deliverable. The principles of supported independence and autonomy are laudable and reflect cultural dispositions. However the underpinning assumptions are not evidence based. A closer examination of the of the scale, support systems, kinship networks, illness and disability profiles of people in the 4th age – as this paper presents – reveals very large numbers living alone with multiple disabilities. Moreover examination of the current levels of social and medical support, which are scheduled to be subject to drastic reductions, demonstrate the wide gap between aspiration and reality. The paper argues that present policy and practice compels older people who are physically sick, frail and often significantly confused, live not in choice laden independence but painful 'institutions of one'. Comparisons are made between official cost data for delivered home care and those for care homes. It is concluded that current practice not only fails to meet the physical needs of the frail elderly in the 4th age, but almost wholly neglects their spiritual needs.

Ref: 1993

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Title: **A Biographical Approach for Carers of People with Dementia: The Sikh Community in Wolverhampton**

There is a considerable evidence base revealing that ethnic minority groups in the UK are disadvantaged as service users. Recent research has highlighted the difficulties that Asian carers have in accessing services when caring for a relative with dementia. However, whilst the evidence of barriers in service provision for Asian carers is relatively well rehearsed, there is a need for further research as to why these barriers exist. Currently, research on the experiences of Asians caring for a person with dementia is an area where methodological and theoretical concepts are not well developed. Taking a biographical approach to fieldwork, my doctoral study explored how migration experiences and personal histories influence experiences of care amongst Sikh carers in Wolverhampton caring for an older person with dementia using narrative interviews. This paper discusses the use of narratives with marginalised communities such as Sikhs caring for a family with dementia. By applying a biographical approach to my research, I was able to highlight the diversity and complexity of migration patterns amongst the Sikh community living in Wolverhampton which are important to their experiences of caring for a person with dementia. The use of narratives too revealed the pertinence of cultural norms about gendered roles and positions in the family that have important implications for care. Such findings are representative of similar migrant and Asian communities such as the Sikhs living in Wolverhampton and have important suggestions for policy and practice.

Ref: 1274

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Title: **Telehealthcare for Older People with Comorbidity: Some Lessons Learned from the eCAALYX Project**

The negative social and economic impacts of population ageing are mainly due to the concurrent comorbidity in older people rather than to ageing *per se*. The European-funded eCAALYX project (Enhanced Complete Ambient Assisted Living Experiment, 2009 – 2012; funded under the Ambient Assisted Living Joint Programme - http://ecaalyx.org/) is building on the strengths and experience acquired in the original European-funded CAALYX project (Complete Ambient Assisted Living Experiment, 2007 – 2008; funded under the Sixth Framework Programme). It takes the 24/7 monitoring of the health and well-being of healthy older people that was developed in CAALYX (with special emphasis on outdoors/mobile scenarios) one step further by refining it and making it available to older people *with comorbidity* (with additional strong emphasis on home-based care and lifestyle management components). Here we will briefly present some practical lessons we have learned during the course of the eCAALYX project that could also be generalised to other telehealthcare solutions to ensure their success. The lessons cover the clinical scope and requirements of telehealthcare services for older people with comorbidity; service configurability (clinical) on a per-individual-patient basis; user-centred design (for older patients, their carers and clinicians); clinical information management; and service sustainability, interoperability and expandability as part of a growing telehealthcare ecosystem; among other clinical, technological and organisational issues.

Ref: 1999

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Title: **Validating Aspirations of Older People with High Support Needs**

Much has been written by policy makers, think tanks, practitioners, gerontologists and others about the importance of involving older people in deciding what is in their best interests in relation to their well being and care. The 'Better Life' programme funded by the Joseph Rowntree Foundation emphasises the increasing diversity amongst older people in the UK who have high support needs: for example differing lifestyles, past experiences, ethnic and cultural backgrounds, financial and other resources, family and network composition, education. They might face additional challenges resulting from complex health conditions as well as discrimination.

Within this 'Better Life' programme, The Open University team were tasked to focus on ascertaining whether older (and some younger) people with high support needs (PHSN) would validate aspirations and values previously identified in studies in what has been a generally under-researched area. Additionally it was important to explore whether individual OPHSNs might express previously unknown values or aspirations. This paper identifies some of the challenges of a) finding appropriate respondents who are not part of networks but have high support needs and b) interviewing people from different backgrounds with a wide range of high support needs, including severe communication or sensory difficulties. The Facets of Life Wheel (Peace, Holland and Kellaher, 2006) was adapted for this purpose and interviews were video and/or audio recorded. The paper will focus on the process of exploring values and aspirations with OPHSN who may have very limited experience of expressing their views.

Ref: 1416

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Title: **Older People in a Major Earthquake: Initial Experiences and Representations**

Research exploring how older people fare in environments affected by natural disasters is relatively limited, and is frequently an “afterthought” requiring retrospective methods, once the initial crisis has been addressed. In contrast, this paper arises from an unusual opportunity for researchers living in an urban centre hit by a major earthquake in late 2010, to review immediate impacts using qualitative and quantitative procedures, focussing on older people within the wider community.

Two methods are used to document and interpret how older people in the city experienced and described the effects and responses in the period of the earthquake and the ensuing aftershocks. First, media representations in the public domain in these early weeks are reviewed and analysed, demonstrating a range of responses across the spectrum from vulnerability to resilience. In the second method, the responses to an addendum to a postal survey are analysed to explore the personal and environmental impacts within the first 6 weeks of the 7.1 magnitude quake, as part of an ongoing project exploring environmental influences on active ageing in the urban areas.

Both of these research perspectives give further support to the ways that older people draw on their prior experiences of or exposure to adversity, in terms of accessing coping strategies and networks of support consistent with and formed by earlier experiences.

Ref: 1384

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Title: **Multi-age Group for Functional Training Post Stroke: A Feasibility Study**

Emerging results from research demonstrates stroke specific community exercise schemes can improve quality of life in stroke survivors (Reed et al 2010) and physical function (Cramp et al 2010). Such schemes are invariably hosted by Primary Care Trusts and usually supervised by physiotherapists and therapy assistants. With the focus on the active management of long term conditions there is an increasing trend to extend the care pathway beyond formal rehabilitation streams to involve more general exercise providers.

This paper presents the initial findings of an ongoing project which seeks to evaluate the effectiveness of a post stroke activity training group. The groups are run by local council fitness instructors supervised and trained by the ARNI Trust. The programme includes 12 weeks of class based activity and functional training. Participants have been referred by rehabilitation professionals once they have completed all formal rehabilitation.

This study utilises multiple methods, but the focus of this paper is the subjective experience of participation in the group. Data will be presented from audio-recorded focus groups (n=3), in which specific questions include: the relevance of the content, group dynamic, impact on participants everyday life, and changes in attitude and behaviour towards activity and exercises. To date the age of participants has ranged from 21-83 years.

Analysis (thematic) is ongoing, but provisional results indicate that the shared experience of stroke and desire to maximise the opportunity for recovery over-rides differences created by age, life-stage and severity of post-stroke sequelae.

Ref: 1787

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Title: **My Machine, My Legs: Older Adults Discuss the Body, Disability, and Assistive Technology**

Current estimates indicate that one in three older Canadian adults requires mobility assistance. Additionally, due to the growth of the aging population and rapid advancements in the wheeled mobility industry, the number of individuals who utilize assistive mobility technology (such as wheelchairs and scooters) is expected to rise in the immediate future. This paper examines the ways in which older men and women with disabilities perceive and experience the intersection of disability, technology, and the body. We draw on data from qualitative interviews with 29 power mobility users (aged 51 to 91) who were each interviewed twice as part of an interdisciplinary, national research project that is evaluating and striving to improve power mobility technology for elderly users. Our participants were asked to describe their past and present experiences of assistive technology use, as well as their views on the functionality and design of power mobility devices. Our interviews revealed that even as the majority of our participants emphasized the key role wheeled mobility played in ameliorating their independence, autonomy, and quality of life, many also voiced concerns over the technology’s impact on their physical, emotional, and social roles and abilities. In particular, participants frequently described the ways in which they were further disabled by their assistive devices, both as a function of their aesthetic appearances and limited performance, and due to the stigma surrounding the disabled body and visible assistive aids. We discuss our findings in relation to the extant research on disability and assistive technology.

Ref: 1355

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Title: **Boredom and Older People: A Preliminary Exploration**

It might be assumed that boredom is experienced negatively by older people, but is that a stereotype? Furthermore, do we fully understand what "boredom" means in later life? This paper will discuss the early findings from a small pilot study in eastern England that is exploring how community-dwelling men and women aged 70+ describe and experience boredom. Through questionnaires and focus groups, this qualitative enquiry aims to learn from older people what different kinds or degrees of boredom they may experience, whether they feel the effects of these in positive, negative or other ways, what value they may place on not being bored and whether this corresponds to or reflects the type of activities and relationships they establish in their lives. Findings on older people's attitude to boredom and the strategies they employ in dealing with their perception of boredom may shed helpful perspectives on aspects of older people's well-being. It is hoped that the findings of this pilot will serve as the basis for a larger-scale project exploring boredom in later life.

Ref: 1828

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Title: **Designing for Our Future Selves: A Reflective Ethnographic Study of Ageing and Designing Futures Processes**

This paper is about a collaboration research project between a design researcher and sociologist in which we conduct design activities involving ageing people to co-design social inclusion programs. This project is guided by the methodology of reflective ethnography (Davies, 1998 & 2008). The central question posed in this paper is how people could design their post-working lives. We draw our findings from our interactions with a group of Chinese intellectuals who are currently in their post-working period resist successfully against the social construction of a clear categorisation of old age. Working with a group of retirees on Beijing's Tsinghua University Campus, we found that they would actively exclude 'old age' and 'agedness', the general features of the Third Age, and instead maintained a strong communal identity as the TsingHuaian (i.e. people from Tsinghua) which support their further pursuit of their personal ambitions. This kind of communal identity is found to be closely connected to the particular family and community networks of the special social nexus in this University. Through our design workshops, we aim to sensitise these retirees to their valuable living strategies which were based on their ideas of 'contribution to the nation' and 'the continuation of labour' and employ these strategies to co-design programmes for our future selves (Coleman, 1993). This is also an attempt to objectify and substantiate the specific post-working living strategies of these Chinese intellectuals who were the cream of the nation in the second half of the twentieth century.

Ref: 1860

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Title: **Reciprocity and Generativity in Retirement: The Case of the Salariat in England**

It has been argued that a heightened sense of responsibility for succeeding generations is associated with ‘successful’ retirement experiences. Family obligations and relationships have been identified as important factors in retirement decision making. Similarly, high levels of reciprocity between retirees and their children have been reported; with parents being more likely to be providers of resources than recipients of them. This paper presents a secondary analysis of qualitative data from a study exploring the experiences of 20 men and women who had previously worked in executive and higher management posts in both the private and public sectors and who had recently chosen to take early retirement as a positive decision. The data show that study participants drew strong distinctions between their own career histories and those of their parents and of their children, implying a ‘generational’ awareness based around a sense of having participated in, and benefited from, a ‘golden age’ of prosperity. Intergenerational relations with children, parents and other relatives, were often of a financial/providing kind. These were shaped by a range of ideas from empathy, to sharing wealth, to conditional support. With respect to voluntary work in the wider society, participants seemed to be concerned with (as well as motivated by) their own opportunities to make an impact rather than with more community focussed motivations. In this way interviewees’ providing role was more generative than reciprocal, being shaped by their own success and the knowledge that succeeding generations were likely to experience a less favourable environment.

Ref: 1762

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Title: **Extra Care Housing for People with Sight Loss: Lighting and Design Issues**

One of the commonest effects of ageing is impaired vision. As the number of people aged over 65 is projected to increase over the next 30 years, there will be an increasing need for more specialised types of housing which can cater for the needs of older people, including catering for sight loss. There is a need for more research to investigate whether the design of existing specialised housing is serving the needs of people with visual impairments.

This study, funded by the Thomas Pocklington Trust and which builds on the EVOLVE research project (University of Sheffield 2007-2010), will assess existing extra-care schemes to see if they comply with current design guidance on lighting, and satisfy the needs of residents with visual impairments. It will identify design features that have either a beneficial or a detrimental effect on people with visual impairments who live in extra-care housing.

Surveys of 9 extra-care buildings will be made using an adapted version of the EVOLVE tool. 36 semi-structured interviews will be conducted with people living in extra-care to investigate whether the design of extra-care buildings meets the needs of people with visual impairments.

The study's findings, presented in this paper, will inform future design guidance for architects and housing providers.

Ref: 1348

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Title: **Everyday Life in a Purpose-built Retirement Village**

Purpose-built retirement villages are often marketed as communities of ‘like-minded people’, offering ‘exciting leisure activities’ with ‘as much or as little social activity as you want’. However, we know little about what everyday life is like for older people living in such environments, particularly once they have had time to settle in and potentially create new social relationships and lifestyles for themselves. Denham Garden Village (DGV) in Buckinghamshire was opened in 1958 by the Licensed Victuallers National Homes organisation to provide accommodation for 250 residents in rented bungalows. Since DGV was taken over by Anchor Trust in 2001, it has been redeveloped into a purpose-built retirement village incorporating 326 mixed-tenure properties and a range of facilities including a gym, swimming pool, café bar and GP surgery. This paper presents preliminary findings from 20 qualitative interviews conducted with residents who had been living in DGV for at least 3.5 years at the time of interviewing. Using a broad interpretation of ‘environment’, a ‘facets of life’ approach was taken to explore the ways in which residents’ everyday lives were connected with the environment at DGV. Findings relating to aspects of everyday life – such as daily routines, social relationships, leisure activities, and standards of living – will be discussed. In particular, residents’ perceptions of their everyday routines and lifestyles in DGV compared to life outside a retirement village will be explored. Factors that impact on residents’ lifestyles at DGV, including individual characteristics and the physical, social and organisational environments, will also be considered.

Ref: **1368**

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Title: **The Future Ageing of the Ethnic Minority Population of England and Wales.**

The Centre for Policy on Ageing has been commissioned by the Runnymede Trust to develop a model to project the future older age, ethnic minority population of England and Wales going forward to 2051. This presentation outlines the assumptions underlying the model, key results and the implications for individual ethnic minority groups and overall service delivery.

Ref: 1481

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Title: **The Changing Role of Care Homes**

Bupa are the second largest provider of care home places in the UK. The latest triennial census of Bupa care home residents reveals both the changing profile of residents and the changing role of care homes. Unsurprisingly, the health profile of care home residents does not match that of the older population in the community but more surprising is that care home resident health does not always decline with the age of the resident. Lengths of stay are declining and the proportion of residents with dementia and diabetes is increasing. The Centre for Policy on Ageing has analysed the results of the most recent census and this presentation outlines the key findings.

Ref: 1506

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Title: **Lifelong Learning and Quality of Life in Chinese Older Adults: Report from a Panel Study**

The panel study aims to examine whether lifelong learning can contribute to a better quality of life in Chinese older adults in Hong Kong. About 6,500 adult learners joined a capacity building programme, which comprised face-to-face and radio-broadcasting courses, in Hong Kong in 2008. 988 of them participated in this study, and were re-assessed in 2009. Measurements included Quality of Life Ladder (QLL), Somatic Complaints Scale (SCS), General Self-Efficacy Scale and Sociopolitical Control Scale. The response rate was 40.1% (n=384) in 2009. The mean age was 51.8 (SD=7.3, range: 21-73), and 11% of them were older adults (age >=60). Controlling those students aged between 40 and 59, older adults have on average studied more courses than those aged below 40 (5.7 vs. 2.9, p<.001). Experience from Hong Kong shows that older adults' active participation in learning activities may facilitate them a better life quality. Therefore, service providers in the UK may also encourage older service users to participate in lifelong learning for achieving a better quality of life.

Ref: 1859

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Title: **Perseverance: Older People's Experiences of Adaptation to Loss of Independence**

This paper presents emerging findings from a qualitative research project (Maintaining Dignity in Later Life) which examined participants' everyday experiences of support and care over a period of 2 to 3 years. Health problems and growing frailty present significant challenges for this group of older people, who place a high value on their independence but who through their everyday experience face questions over how long they will be able to maintain it. Participants' accounts demonstrate a range of ways of thinking about these questions and of strategies for coping with challenges, as their familiar routines and activities are disrupted and curtailed. A key issue concerns the ways in which participants' perceptions of burdensomeness and the consequent loss of dignity are constructed and how these influence their willingness to ask for help or to accept offers of help. The importance of perseverance can be seen in references to 'doing my best' and 'trying my hardest', which must be understood in the context of their awareness of their increasing loss of self-reliance. This presentation highlights the complex and demanding nature of adaptation at this stage of the life-course and the physical, mental and emotional labour involved in maintaining identity.

Ref: 1484

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Title: **Deciding to Get Involved: Community and Social Engagement by People Living with Dementia and Their Partners**

This paper is based on ethnographic data generated for an ESRC funded study (Dr. Geraldine Boyle and Dr. Lorna Warren) exploring the social process of everyday decision making by people with dementia and their partners. Emergent findings from the study suggest that, whilst some people with dementia and their partners withdraw somewhat from social and community life following a dementia diagnosis, others decide to continue or take up community and social engagement. This may be an important strategy for people living with dementia in retaining a sense of self-worth and continuing to live full and active lives. In some cases, such involvement appeared to strengthen the couple’s relationship. Conversely, decisions about whether to, and to what extent to, engage in community life sometimes unfolded as a source of tension in relationships within couples. The discussion here considers these issues, looking at the ways in which people living with dementia make decisions about withdrawing from, or engaging in, social and community life. The paper pays attention to the dynamics of decision-making in this area in the context of relationships within couples.

Ref: 1457

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Title: **Living with Chronic Pain in Older Age: The Construction and Consequences of 'Acceptance'**

Chronic pain affects around 60% of community dwelling older adults (Elliot, Smith, Penny, Smith & Chambers, 1999; Thomas Peat, Harris, Wilkie & Croft 2004) and it has been suggested that older adults may 'expect' pain in older age (Sarkisian, Liu, Ensrud, Stone & Mangione, 2001; Stoller, 1993). Despite often considerable detrimental impacts to health and quality of life, underreporting of pain by older adults is commonplace (Bedson, Mottram, Thomas & Peat, 2007) and non-help seeking has been attributed to age related expectations and 'stoicism' (Young, Gibson, Horne & Helme, 2001). In the light of these existing debates, this presentation will explore the construction and consequences of pain, drawing on insights from the analysis of qualitative data from a mixed method study. Thirty one in-depth interviews were conducted with adults aged 65 to 92 experiencing chronic pain who were purposively sampled from a community-based postal survey of 2,962 adults. A constructivist grounded theory analysis (Charmaz, 2006) of interview transcripts resulted in a descriptive model of chronic pain in older age centred on the concept of 'acceptance' of pain. This describes how normative views and experiences of seeking help engender a literal and a moral imperative to accept and to 'cope' with pain. The model conceptualises acceptance as a dynamic and temporal construct, with consequences that may be both beneficial and detrimental to health and wellbeing. This research makes an important contribution to the understanding of chronic pain and illness behaviour in older adults.

Ref: 1357

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Title: **Old Age on the Contemporary British Stage**

What might a study of contemporary theatre have to offer in terms of advancing our understanding and promoting the value of older age?

2010 saw a number of high profile theatre productions about older age. On Ageing at the Young Vic (Autumn 2010) was an arts-science collaborative project in which the words of ageing participants were performed by a cast of young children. Conversely, the Bristol Old Vic's Juliet and Her Romeo (Spring 2010) replayed Shakespeare tale of adolescent passion with a cast of septua- and octogenarians.

Tamsin Oglesby's Really Old, Like Forty-Five, (National, Spring 2010) was a more conventional dramatic "issue" play about health care and old age, while the Nottingham Playhouse staged a locally-adapted translation of German playwright Erik Gedeon's Singspiel about ageing actors Forever Young (Spring 2010). Oglesby's and Gedeon's plays are both set in the near future, both are darkly humorous, and both envisage a dystopia in which the elderly are victimized by sadistic care staff. But whereas Oglesby's play is well-informed by contemporary ageing research, and articulates a passionately satirical (if dramatically uneven) response to a sense of crisis in society's attitudes towards an ageing population, Forever Young recycles depressingly familiar negative stereotypes of the elderly as doddering incompetents with smelly, dysfunctional bodies.

This paper will offer a critical account of these recent productions, suggesting both the positive and the negative conclusions which are to be drawn from contemporary British theatre's encounters with the subject of ageing.

Ref: 1507

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Title: **Use and Views of the Mental Capacity Act 2005**

The Mental Capacity implemented in England and Wales in October 2007 has relevance for a number of different health and social care professionals who work with those with memory problems, as it focuses on decision-making assessments of capacity and the ability for well older people to plan in advance for any potential future loss of capacity. We explored implementation issues around the use of this Act, including training received, confidence with implementing principles of the Act and general opinions about take-up of the Act’s provisions. Qualitative interviews with 115 professionals from a range of health, social and voluntary care sectors were conducted. Transcripts were analyzed using framework analysis, i.e. driven by a priori research questions. Consistent themes revealed that knowledge and confidence varied at an individual level, not always a reflection of the training they had received. While most participants appeared to act within the remit of the Act, there appeared to be limited detailed knowledge of some of the governing principles and ‘common sense’ definitions were often given. Most participants felt positively towards the Act and said that it was likely to influence future groups of people with memory problems and their carers. There appeared to be limited understanding of the new offences of ‘ill-treatment’ and ‘willful neglect’. A more thorough understanding of the principles of the Act is necessary for professionals to implement it successfully and regular training or refresher courses are likely to address this need. Other implications from this study are also suggested.

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Title: **Supporting Black and Minority Ethnic Older People's Mental Wellbeing**

Most research into social care services for Black and minority ethnic (BME) older people has been conducted in areas with a long history of settlement by BME people and where their population density is comparatively high. However, other parts of the UK that have traditionally contained comparatively few BME older people are developing their services. This study focused on four parts of the UK (three in England and one in Northern Ireland) where the BME population is currently comparatively small but projected to rise. This interview based study (2010) recruited over 80 participants including practitioners, managers, volunteers, BME older people, and family carers. Participants came from a broad range of ethnic backgrounds, including people from Traveller backgrounds. The practitioners included commissioners, social workers and care managers, care home managers, workers in the voluntary and community sector (VCS) and in housing schemes, community development workers and advocates. Findings include 1) evidence that the term 'well-being' is accessible, easy to understand and spans mental and physical health, but that its use is mainly by professionals. 2) that some staff lack confidence and knowledge in working with BME older people and that support staff may feel ill-equipped in managing conflict and tension; being sometimes left on their own to negotiate this area; and 3) that people working within BME support agencies covering all age groups may lack skills and confidence about working with older people.

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Title: **Researching Vulnerability: Reflections on Conducting Case Study Research in Care Homes**

It is well recognised that researching vulnerable groups requires careful consideration of ethical and methodological issues to ensure that participants are protected. These issues and concerns are especially evident when conducting case study research in care homes. The aim of this paper is to reflect upon and discuss our fieldwork experiences of case study research in care homes. The fieldwork has been conducted as part of our APPROACH study funded by SDO National Institute for Health Research which is exploring integrated working between primary health care services and care homes. In particular, the paper will explore the complexities and challenges we faced as researchers that includes: (1) gaining ethical and governance approvals during a project with time constraints; (2) the multiple layers of gatekeepers when gaining access; (3) issues associated with immediate and on-going consent during continuing research over one year; (4) the development and maintenance of research relationships with older residents, care staff and health and social care staff over time; (5) negotiating public and private space in care homes; (6) conducting research with and interviewing 'frail' older people; (7) the presence and roles of researchers in care homes negotiating complex and multiple relationships; and (8) negotiating institutional and personal time and routines in care homes. From these reflections we will highlight how research in care homes can have practical, ethical and methodological implications for the research process as well as result in significant emotional and personal demands as experienced by researchers.

Ref: 1835

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Title: **Health and Family Data for Social Gerontologists from Understanding Society, the UK Household Longitudinal Study**

The initial data release of data from Understanding Society – the new UK Household Longitudinal Survey, was in December 2010. The interim release (Wave 1, year 1 data) had 9,718 persons aged 50 or older and 4,385 persons aged 65 or more. The full wave 1 data released in Winter 2011 will have at least double the number of older persons. The purpose of this paper is to summarize health and family data frequently used by social gerontologists. Several varieties of health data are collected in main or self-completed surveys, annually or in rotating modules. Nurse collection of objective biomeasures was recently introduced for adults successfully interviewed in Wave 2. The battery of biosocial measures includes anthropometric measures, blood pressure, lung function, and the collection of whole blood through venipuncture. Data linkage will be used to examine health care use, diagnoses, and mortality. With respect to family information, the household grid has substantial information about household composition. Adult respondents report on family background when young, family networks, caring involvement, and quality of relationship with spouse or partner. In Wave 2 there is information about the domestic division of labour and social support. Understanding Society can be used to examine health in connection to other areas of social variation and permits examination of older persons in the context of family, community and the larger social structure.

Ref: **1462**

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Title: **Women and Pensions in Malaysia: Assessing the Impact of Disruptions in Working Life**

Population ageing is a global phenomenon, with countries throughout the world experiencing a rise in the proportion of population who are aged. Population ageing is occurring most rapidly in countries in Asia which experienced a rapid decline in fertility along with improvements in mortality. Malaysia is one such country. Increases in life expectancy, along with a rising cost of living have meant many older people especially women, are exposed to risks of poverty in later life. In the west, there has been extensive research highlighting how living longer combined with an early retirement age and disruptions during working life can lead to problems in the adequacy of retirement income, which in turn can impact upon quality of life in retirement. However, such research is lacking in the Malaysian context. This research therefore investigates the effectiveness of Malaysia's current pension system in delivering an adequate income in retirement, considering the differences in the life course experienced by women, particularly interrupted work histories as a result of their family responsibilities and differences in educational level. This study reports on the use of the hypothetical simulation model MHYRISA (Malaysian Hypothetical Retirement Income Simulation Analysis). The results suggest women with disruptions in working life are unlikely to maintain their standard of living under the present pension system due to low replacement rates. For example, a work disruption of five years results in a 10% reduction in the replacement rate compared to full employment years, which can jeopardise their quality of life during retirement years.

Ref: 1370

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Title: **Promoting Understanding and Fostering Interaction Between the Generations: A Case Study of the UK's First Purpose-built Intergenerational Centre**

This paper reports emerging findings from my ongoing study of the UK's first purpose-built, shared site, intergenerational centre in the London borough of Merton. A steadily ageing population, together with other changes in society, has led to a decrease in positive exchanges between the generations. Moreover, as public resources shrink, collaborative approaches to the delivery of services are seen as valuable strategies for policymakers across the UK. Consequently, ways of promoting communication and engaging citizens across the generations is critical in helping to build more cooperative, inclusive and sustainable communities. Against this background, intergenerational shared sites offer a unique opportunity to unite the generations under one roof.

The current multi-method research project aims to 'tell the story' of the Merton development within the context of a national policy agenda which is beginning to recognise the potential benefits of intergenerational practice. Two years into the study, this paper outlines the policy background to the development of the Centre; considers how it fits with other developments in intergenerational practice in the UK; and reflects, in particular, on the findings from the intensive ethnographical work conducted in the Centre between November 2010 and April 2011. This consisted of in-depth observations of structured and spontaneous activities using an adapted version of the 'Intergenerational Observation Scale ', and has sought to explore the extent to which the resulting design of the building, and the programme of activities which began in February 2010, have involved and included both younger and older adults from the local community.

Ref: 1240

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Title: **Life-long Learning, Community Development, and Public Services: The Scope and Potential of the Kilburn Debates**

In 2000 Camden Council removed the assessment requirement from older people wishing to use the seven day centres in the borough. The services were reconfigured as resource centres and required to engage with their local community. One outcome was the use of regeneration funding to develop Kilburn Older Voices Exchange (KOVE), initially a user-professional panel based at the Kingsgate Resource Centre, which has gone on to use multi-media and develop campaigns by older people around home care, public space, and mobility access.

In 2008 and 2009 volunteers from the British Society of Gerontology worked with KOVE and Camden Council to deliver a series of six academic research presentations at Kingsgate (Miles, 2009). These were evaluated positively by presenters and participants alike (Miles, 2010) in ways that suggested opportunities for further development. This paper follows the first 'Kilburn Debate' of 2011 to:

- consider some of the constraints and affordances of this kind of initiative;
- reflect on the obstacles to older people making best use of the opportunities it presents;
- discuss its relevance for community development as campaigners seek to counter the impact of the recession and cuts in public expenditure.

Miles, J. 'The ‘Kilburn Debates - Resourcing debate' Generations Review 19, 1, January 2009
Miles, J. 'Closing the gap between science and society? The case for the Kilburn Debates' Generations Review 20, 4, October 2010

Ref: 1461

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Title: **Reconnecting the Disconnected: A Study of the City of Manchester's Intergenerational Initiative 2010-2013**

Manchester was one of 13 local authorities awarded government funding in 2009 (CSG, 2009) to develop intergenerational practice (BJF, 2001). In this study I will look at:

- the way policy and practice guidance has been interpreted and addressed
- how the City has gone about implementing research and practice knowledge
- the impact of intergenerational practice within a deprived area
- the implications for promoting intergenerational understanding.

I will review the research, policy and practice literature, analyse documents in Manchester, and conduct field work through observation and in-depth interviews. The field work will be organised through two linked case studies. The first focuses on decision-making by officials and key stakeholders. The second examines activities in Gorton, a former industrial area, with high rates of child poverty, and many lone-parent households. Here I will interview practitioners, participants and community representatives. This design separates the structural from the operational, but offers scope for tracking the impact of strategic decision-making and its responsiveness to local feedback. I will use narrative methods to identify thematic patterns and my interpretation will draw on what we know about intergenerational issues, the broader goals of intergenerational practice, and the terms of reference adopted in Manchester.

The study is funded by Keele University, Manchester City Council, and the Beth Johnson Foundation.

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CSG Reconnecting the Disconnected: Further Particulars 2009, Keele University

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Title: **Psycho-educational Support for Relatives of People with Early Stage Dementia: Evaluation of a 'Course for Carers'**

Policy and practice interest in early intervention in dementia, carers and service efficacy combine to foreground a need to explore the role of services to support relatives of those with early stage dementia. One such service in Kent - a multi-component psycho-educational intervention for relatives - has been the subject of a systematic evaluation. It was designed and delivered by members of the psychology team for older adults. The course aimed to help carers adjust to their relative's diagnosis, obtain information about dementia, and plan for the future both practically and emotionally. The course was made up of ten 2 hr weekly sessions and included: information about dementia, how to communicate with a person with dementia, managing difficult situations, support services, treatments for dementia, and stress management. Between 12 and 18 relatives attended the courses; most were spouses or daughters. Two thirds of all respondents completed the course evaluation. All seven courses and all individual sessions were rated above 4 on a Likert scale of 1-5. Thematic analysis of qualitative data suggests that participants: gained much greater understanding of both dementia and dementia related behaviours; felt far less alone; and learned new skills to manage care related challenges and their relative's behaviour. The capacity to explore issues in depth and get advice from specialist clinicians were highlighted as very important dimensions of efficacy marking this type of intervention out as superior to agencies providing 'information' alone or non expert support. The implications of these findings for service development are distinctive.

Ref: 1249

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Title: **Australian Legislation and the Employment of Older People**

Australia is suffering a skills shortage while having a pool of underemployed older people. Statutory schemes provide weekly payments to injured workers as specified in the States' variously named workers-compensation legislation.

However this legislation includes provisions which specifically discriminate against older people. The period for which an injured worker, aged 65 or more at the time of a work related injury, is entitled to workers compensation benefits is limited to 12 months. In contrast, for workers under 65, benefits continue until the worker reaches 66. Avenues of appeal against the application of these discriminatory provisions are restricted.

These provisions imply a low value of older people's participation in employment. Secondly they create a risk management dilemma for older employed people especially for those in higher risk occupations: should they continue in their profession and accept that they may not be adequately covered for recovery time after a work related injury in contrast to their younger colleagues. Alternatives include retirement or "starting afresh" in a lower risk occupation requiring reskilling in environments where training older people could be regarded as a poor investment compared with training younger staff.

The operation of workers-compensation legislation in Australian has a deleterious effect on the employment prospects of older people seeking to maintain their employment in areas where they have acquired and maintained skills. Specific provisions of this legislation should be redrafted to mandate equitable treatment of older people injured in the workplace.

Ref: 1841

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Title: **Architecture and Caregiving: An Insight into Conducting Research in Swiss Care Homes**

Time constraints in caregiving, staffing shortages and the “body-work“ relating to the provision of care in nursing homes are well researched and understood topics in academic and practice disciplines. However, the influence of a given built environment on care outcomes and its physical and mental impact on care staff is less well understood.

In this qualitative study conducted in seven Swiss Care Homes, the research methods included focus groups and interviews with care staff underpinned by photography and non participant observation. To gain background information about each home documents relating to printed material about the building were also collated. The data collection was enriched through “guided walkabouts“and informal conversations with staff and residents. In a few home participants rejected the focus group, or any sessions recorded. However, taking notes with the electronic pen “Livescribe®“(Smartpen) was accepted in others.

Preliminary data analysis indicates that the physical environment can have a negative impact on care giving processes and care quality outcomes. The implication is that attention to these factors could in practice change the physical environment from a work-demand feature to a work-resource for all levels of caregivers. In times where there is an increasing awareness and concern over care quality and qualified staff retention the built environment becomes a vital issue for both service providers and policy makers.

Ref: 1780

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Title: **Nursing Practice and Older People: Challenging the Status Quo in Wales**

In July 2009 the National Partnership Forum for Older People (NPF) set up a sub group on Health and Well-Being, one of four themes for Phase 2 of the unique Wales Strategy for Older People.

It was decided that one of our key concerns for older people, and supported in the Older People Commissioner's first and second report (OPC 2008/9) was the quality of health and social care, with a stronger emphasis on older peoples' experience of health care in the light of the research evidence from "Dignity and the Older European Project" (Tadd W et al 2002) and discussion within the present Welsh Assembly government Deputy Minister's Dignity in Care programme.

In April 2010 the group's lead presented an initial scoping report on the existing policy relating to older people and how this was interpreted, utilised and supported in workforce streams, practice guidelines, education, research and critical conversations between care professionals. National Guidelines, Frameworks and Inspection criteria were viewed and mapped against any practices noted and any monitoring and evaluation reports. We wanted to capture any impact on the health and well-being of older people using health and social care services. This paper will discuss the findings and recommendations made to the Deputy Minister at the National Eisteddfod in August 2010. It will also report on any action to date since the recommendations were accepted.

Ref: 1836

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Title: **My Home Life Cymru – Towards Well-Being in Care Homes**

My Home Life Cymru is led by AgeCymru and funded by the Welsh Assembly Government through Health Challenge Wales. Its Mission is to address improving the quality of life of those who are living, dying, visiting and working in care homes for older people. It developed from the UK research initiative My Home Life UK www.myhomelifemovement.org.uk. This research identified eight best practice themes which together form a vision for care homes in the 21st century.

My Home Life Cymru programme is using these themes to develop a range of resources, events, practice development initiatives, and sharing existing good practice throughout Wales and beyond.

The Advisory Group includes senior representatives from regulatory and inspection bodies, and civil servants, care home owners, relatives, practitioners and residents. They guide and advise the development of the project.

In 2008/9 Phase 1 identified some areas of good practice and promoting quality of life for older people in care homes through relationship centred, evidence based practice. This paper will share the results of the Phase 1 evaluation and update the current activities for Phase 2, and also 3 which has just begun.

It will show how the project is meeting the requirements of well-being funding as well as the Phase 3 of the Strategy for Older People (2003), and keeping the vision of the involvement of care home residents at the heart of activities.

In October 2010 the programme team won the Gold Award for Innovation in Practice by the Wales Care Awards.

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Title: **Scoping and Exploring Health and Well-Being in Relation to Gaps between Policy and Care Practice**

In July 2009 the National Partnership Forum for Older People (NPF) set up a sub group on Health and Well-Being, one of four themes for Phase 2 of the unique Wales Strategy for Older People.

It was decided that one of our key concerns for older people, and supported in the Older People Commissioner's first and second report (OPC 2008/9) was the quality of health and social care, with a stronger emphasis on older peoples' experience of health care in the light of the research evidence from "Dignity and the Older European Project" (Tadd W et al 2002) and discussion within the present Welsh Assembly government Deputy Minister's Dignity in Care programme.

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This paper will discuss the findings and recommendations made to the Deputy Minister at the National Eisteddfod in August 2010. It will also report on any action to date since the recommendations were accepted.

Ref: 1838

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Title: **Surfing the Wave between Engaged and Non-Engaged Behaviours**

A feature of some nursing home is residents sitting passively around the walls, unengaged and unoccupied.

This presentation uses 'mixed methods' research evidence demonstrating that making physical alterations to the main living areas of a nursing home changed levels of occupation and social engagement of the residents, staff and visitors who use them. The outcomes of the research is presented from an Occupational Science perspective, asserting that occupation and social engagement are the two quality of life indicators which are the most relevant outcome measures when evaluating living room areas of care environments.

Two Irish nursing homes have undertaken major renovations to their sitting room and dining room environments in order to embrace the 'household model of care' for residents with moderate to severe dementia. The primary data for this presentation was collected from direct behavioural observation of the persons using the main communal spaces – residents, staff and visitors, comparing pre and post-renovation. A direct snapshot observational method was used using the specially devised Assessment Tool for Occupation and Social Engagement (ATOSE). The observed changes in behaviours were able to reach statistical significance, suggesting the utility of the assessment process in comparing residential care environments.

For these two homes, narrative descriptions from staff and visitors supported these conclusions. Based on the qualitative analysis, this report will discuss which specific environmental changes were instrumental to the changes in occupation and social engagement levels of residents, staff and visitors.

Ref: 1236

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Title: **Risk and Dementia: The Amplification of Risk or Risk Reduction?**

The effects of dementia on people's ability to make decisions mean that people with dementia are often perceived as the personification of risk. At the same time, much gerontological research is dominated by ideas about autonomy and independence. This paper discusses the scoping review and consultation the presenters undertook in preparing a guidance document on risk for the Department of Health in the context of dominant ideas about risk and the rights of people to take decisions others regard as risky. It highlights how little research evidence there is on how older people with dementia, family carers, and practitioners negotiate decisions about risk and how little the wider risk literature considers the impact of cognitive impairment when looking at how individuals make decisions about risk. This discussion is set within the current policy context of risk empowerment and personalisation.

Ref: 1474

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Title: **Older People and Community Involvement in Wales – New Models, New Skills, New Life?**

The Welsh framework for public services focuses upon a model of public services which aims to place citizens firmly at the centre of service delivery (WAG 2005, WAG 2007). This commitment is set out in a range of strategy and policy documents, including housing and health and social care (WAG 2007, WAG 2008). As a result of other policy drivers, such as the Welsh Housing Quality Standard, since 2003 there have been a number of large scale voluntary transfers of local authority housing stock to registered social landlords (RSLs). This has also involved the development of a new model of RSL, the community mutual model. This model emphasises tenant empowerment and community involvement and aims to give tenants ownership, influence and control of the housing stock placing citizens at the centre of service delivery.

Participation at this level provides an opportunity for greater scrutiny of decision making processes but demands higher levels of knowledge and understanding also requiring greater levels of community engagement. This paper discusses the findings of a case study focused on the participation of older residents in the governance, management and service delivery of a community mutual housing organisation in Wales. The study explores the contribution of an intergenerational learning project to community capacity building. The findings provide an evidence base that can be further developed and utilised to inform service organisation and delivery, promote inclusion and independence and place older residents firmly at the centre of service delivery in housing.

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Title: **Contemplation and Planning in Successful Driving Cessation amongst Older People**

Giving-up driving for older people has been shown to be strongly correlated with an increase in depression and loneliness. Instead of retrospectively addressing the impact of driving cessation as many previous studies have done, this study examines a cohort of 24 older people as they go through the process of giving-up driving over a period of 9 months, collecting information from interviews, focus groups and diaries. It documents the experiences, difficulties and challenges, and examines how travel behaviours and patterns change along with the impact on health, well-being and quality of life as driving cessation occurs.

The role of family and friends providing both practical and emotional support during the process is vital to a happy and healthy life beyond the car. For those who could not find this, planning for life without a car is vital, but many older people do not contemplate giving-up driving until it is too late and they are compelled to. This was especially true of males, and may be linked to how they view the car and driving in terms of status and affect. Whilst some of those making the transition may successfully gather formal information on travelling without a car, most people find knowledge of the less formal ‘norms of travel’ associated with the use of alternatives more difficult to acquire. It is suggested therefore that a graduated scheme involving peer to peer learning and mentoring of alternative travel modes is needed well in advance of giving-up driving.

Ref: 1414

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Title: **The Influences of Education on Expressed and Implicit Attitudes Towards Older People**

Education has been shown to have a profound impact on expressed attitudes. Preston and Feinstein (2004) established that those who completed higher level education were likely to be open-minded and express more positive explicit attitudes. Similarly, those who have not undertaken higher level education have been shown to exhibit significantly more negative attitudes (Hogan & Mallott, 2005). However, there is a lack of research looking at the effects of education on implicit as well as explicit attitudes, especially towards older people.

The Fraboni Scale of Ageism (Fraboni, Saltstone & Hughes, 1990) and a bespoke Implicit Association Test (Greenwald, McGhee & Schwartz, 1998) were used to measure both explicit and implicit attitudes towards older people. Using samples with differing educational backgrounds, the aim was to assess the impact higher level education has on attitudes towards older people.

A between subjects ANOVA indicated a significant main effect for explicit attitudes ($F(1,44)=12.84$; $p \leq 0.001$) where those who had not undertaken higher level education were more ageist. Results from the implicit tests indicated a negative attitude towards older people in both groups but this was not significantly worse for the sample who had not undertaken higher level education ($F(1,44)=3.948$; $p=.053$).

Results suggest that negative implicit attitudes are held by both groups with those adults who have not undertaken higher level education being significantly more explicitly ageist than those who have undertaken or are currently undertaking higher level education. This result supports previous research with explanations including increased self monitoring ability and course content.

Ref: 1411

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Title: **Spiritual Coping in Everyday Life**

Spirituality has been increasingly recognized by the helping professions as a life dimension that should be included in initial assessment. Spiritual coping may be a key aspect of well-being in aging and may be associated with positive aging. Professionals have begun to understand the importance and value of spirituality and religion in providing comfort, care, and/or guidance to some older service users. In the US, percentages of older adults who indicate religion and/or spirituality are important to any extent in their lives reach the lower 80s or upper 90s across surveys (Association for Religion Data Archives, 2008). However, spirituality and/or religion can be problematic for social care professionals to discuss with their clients. In many cases, professionals are less religious than their older adult clients, yet spiritual goals of these older individuals often become especially salient during times of health or social crisis.

This paper will detail some common definitions of spirituality and religion used by gerontologists. Spiritual, religious, spiritual/religious, and nonspiritual nonreligious coping narratives of older adults from a study of 79 older community dwelling adults will be briefly discussed. Preliminary questions to assess the role of spirituality, if any, will be offered. Finally, a tool consisting of eleven domains of spirituality with accompanying questions for each domain will be presented.

Ref: 1425

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Title: **ASCOT – A Measure of Social Care Related Quality of Life**

In the UK there is increased policy emphasis generally on quality of life (QoL) and outcomes. It is important that when we measure individuals' QoL outcomes that we reflect relevant aspects or domains of QoL and the relative importance of domains to overall QoL. The paper reports on the development of the Adult Social Care Outcome Toolkit (ASCOT) measure intended to capture all domains relevant to social care interventions, and be applicable in a variety of circumstances including social care evaluations, cost-utility and policy analyses. The first phase of the work focused on development of the instrument itself including defining the theoretical underpinnings of social care related quality of life (SCRQoL) and testing the measure with service users. The measure has eight domains each with four responses which distinguish between Sen's 'functioning' need states and 'capabilities'. A strong relationship between quality of life and general well-being and each of the domains was demonstrated in a survey of 300 older users of home care services. An important aspect of the work was establishing and reflecting the relative importance of the domains for the scoring of the measure. To generate this information, preference studies were conducted with 500 members of the general public and 450 people who had received equipment services. As we would expect, levels of SCRQoL were higher in the general population. Preferences for the domains were not associated with whether people were service users or with older age.

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Title: **Walking in the Street - How Does Tactile Paving Impact on Older Pedestrians?**

Good design and maintenance of the street facilitates people’s ability to easily get out and about. In particular, tactile paving (commonly known as blister paving) helps people with a visual impairment to more easily navigate the environment, and the benefits have been well established, yet the system is not without issues. Two issues in particular emerge from a 2005 report by the UK Health and Safety Executive which suggests that there is a need to better understand the extent and implications of incorrectly designed and laid tactile paving due to ‘negotiating’ blisters, and the potential for falling.

We report on a ground breaking study funded by the UK Engineering and Physical Sciences Research Council which involves the coming together of experts in both the built environment and biomechanics. Using a rich mix of research methods, older people’s negotiation of 48 road crossing sites were studied in the real world, and 32 participants were studied on a road crossing test rig to assess the biomechanics of gait and ambulation.

Initial results within the real world show that maintenance of paving is an important contributory factor in perception of fear of falling; within the laboratory a range of human variables - step width, step time, step time variability, comfortable walking speed, and stopping distance have varying effects across different paving types for actual risk of falling.

The implications of the research are that both paving type and paving maintenance may have a significant effect on the safety of pedestrians – either perceived or actual. Further details available at www.idgo.ac.uk

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Title: **Falling Out: What Do We Really Know about Outdoor Falls?**

Getting outdoors is a key factor in preserving good physical, mental and social health in all age groups but particularly as people move into older age. In the UK alone, it is estimated that the “cost” of sedentary behaviour is £8.3 billion per year to the economy. However, falls can lead to disability and decreased mobility, and fear of falling is a key inhibitor of getting outdoors for older people.

Approximately one third of people aged 65+ living in the community fall at least once per year, with many suffering multiple falls. Although about half these falls are away from the home (either internal or external locations) there is poor data on the actual number of falls outside. In recent EPSRC funded I’DGO research (www.idgo.ac.uk) 15% of respondents aged 65+ (n=1600) reported they had fallen outside within the past 12 months, though many falls were likely to have not been reported.

Many of the environmental risk factors (pavement quality, dilapidation, kerb height) associated with outdoor falls appear to be preventable through better design and maintenance. However, to address these factors properly, we need a better understanding of how older individuals perceive of, and use, outdoor places. This paper looks at how the person-environment ‘fit’ is affected by all types of hazards, both physical and psychological. The key point is that appraisal of outdoor spaces will affect how (and how often) older people use them, which has a knock-on effect on how physically or socially active they can be.

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Title: **Telehealth Experiences and Attitudes among Older Adults with Diabetes and Heart Disease**

Telehealth has the potential to enhance adults' well-being, and enable people to age-in-place, yet little is known about older adults' attitudes and use towards such technology.

A repeated measures design was used to randomise patients to experimental (n=30) or routine care (n=10). Patients were equally grouped into those with diabetes (n = 15 in the trial, and n = 5 in the routine care control group), and those with heart disease. The experimental group used The Health Buddy® Appliance; a telehealth device that collects and transmits information via a conventional telephone line to a triage nurse. Participants enter a range of data including blood glucose, weight, and blood pressure. Additional survey and interview data were collected at baseline, 3 months (trial end) and 9 months (6 month post-trial follow-up).

Attitudes towards telehealth were generally positive. Underpinning positive attitudes were perceptions of usefulness and ease-of-use of the device. Additionally the support of the triage nurse, plus information given via the device, enabled many participants to engage in better self-care, including more regular testing of their blood sugars or blood pressure, and more care around eating behaviors. Changes in self-care were not found in the control group.

Telehealth has the potential to improve health and well-being amongst vulnerable older adults, and reduce morbidity and mortality rates. Among a vulnerable sample, The Health Buddy® Appliance was very easy to use and was sufficient to enable many participants to take a more positive and proactive control over their health.

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Title: **Growing Older, Not Old: Generative Identities into Later Life**

Generativity refers to the vital role that mid-life and older adults have in guiding, supporting and teaching younger generations (Erikson, 1950). Although widely used as a concept, there is little empirical information on generativity, its origins, or consequences for health.

The current study sought to test a new measure of generative identities, and to examine its relationship to psychosocial well-being, attitudes to aging and chronological age.

Adults of all ages were recruited from the community, including at social and dance events. Items for the new Generative Identity Measure (GIM) were developed mainly from a detailed literature review. Additional measures included attitudes about ageing and psychosocial well-being

Replicated across sample groups, results indicated: 1) that the newly developed 5-item Generative Identity measure had good psychometric properties, 2) that generative identities were significantly associated with attitudes to ageing and psychosocial well-being, and 3) generativity increases with age as hypothesised by Erikson.

The newly developed Generativity Identity Measure has good psychometric properties, and is easy to read and score. The new measure may be useful for professionals and others interested in challenging negative stereotypes, and facilitating optimal health and well-being for individual and communities.

Ref: 1494

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Title: **Incentives and Barriers to Preparing for New Horizons in Mid Life**

The promotion of active and healthy ageing is currently at the forefront of European policy in response to the challenge of ageing populations. These policies aim to minimise risks in later life and to prevent the loss of independence by providing people with the necessary information to make informed choices. Key elements include the notions of preparation and anticipation in diverse areas such as financial planning, social participation, housing and home adaptations. The target population for active ageing policies is mostly ‘seniors’ or ‘third-agers’, with an emphasis on innovative solutions. Measures ranging from information advice to individuals through to local government intervention and national directives are proposed to prepare for new horizons in later life.

This paper examines the idea of preparedness through a series of semi-structured interviews in Paris and northern France with mid-life adults who have experienced at close hand the ageing of their parents. The study explores how the notion of preparing for later life is conceived and articulated in the context of the home. The analysis shows that although the meaning of preparation for later life is generally understood, few respondents undertook the measures that could potentially provide them with greater comfort, better use of space, and the prevention of accidents. Reasons for this inaction are explored in terms of the representation of old age dominant within French social policy, the drift towards gerotechnology and the absence of less intrusive solutions, and the influence of family relations on decision making.

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Title: **Intimate Partner Violence and Older Women: A European Study**

This EU-funded (Daphne III programme) study on Intimate Partner Violence (IPV) and Older women included partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal. The study ran between January 2009 and December 2010 and addressed the question to what extent women aged sixty or older experience violence by partners or ex-partners (intimate partner violence), what kind of help and support they seek and receive and what kind of support they need. Until now, comparatively little is known about this issue and this research helps to address that knowledge deficit.

The first phase of the study consisted of data collection about IPV and older women from a variety of sources (criminal justice agencies, social services etc) in each country. Phase two consisted of a survey of organizations about the extent to which they have worked with older women who have experienced IPV since 2006 and a number of interviews were held with professionals who had experience of work in this area. The final phase consisted of in-depth interviews with a small number of older women who had experienced IPV in later life.

This presentation will outline the method and content of the study. Findings from the different phases will be presented. Particular attention will be paid to the findings of the final stage: the voices and experiences of older women who have experienced IPV in later life. This will be followed by discussion of some of the issues raised by the topic and the research.

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Title: **A Decision Model to Assess the Cost-effectiveness of Anti-cholinesterase Inhibitors (AChEIs) for Alzheimer's Disease**

Objectives: Decision models are used to help inform guidance from the National Institute for Health and Clinical Excellence (NICE) on the cost-effectiveness of new and existing technologies. Here we describe decision modelling using the example of NICE's recent decision on AChEIs in Alzheimer's disease.

Methods: A decision model was used to calculate all NHS and PSS costs and quality of life benefits associated with AChEI treatment compared to no AChEI treatment in people with mild to moderate Alzheimer's disease. In any decision model assumptions regarding the structure of the model need to be made and the values used should be informed by best available data. In Alzheimer's disease evidence for many structural assumptions and values is lacking or inconsistent, thus there was substantial uncertainty associated with the development of the decision model. Building on the decision model used in the previous NICE assessment of the cost-effectiveness of AChEIs in Alzheimer's disease, we explored and developed some of those assumptions.

Results: Results from the new decision model indicated that treatment with AChEIs are likely to be a cost-saving strategy. However, the modelled results suggested that the incremental costs and benefits of AChEIs compared to no AChEI treatment were very small. Moreover, the model was sensitive to a number of assumptions, including the costs associated with Alzheimer's disease.

Conclusions: Although results indicated that AChEIs are likely to be a cost-saving treatment strategy for people with Alzheimer's disease, uncertainty regarding structural assumptions and values used existed for which there was limited available evidence.

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Title: **Place of Death and End of Life Care for Older People from South Asian Communities in Leicestershire**

People from minority ethnic communities in the UK access proportionally fewer palliative care services than the majority population.

This exploratory study in Leicestershire investigated place of death and end of life care services for people from the South Asian community. ONS death certificate data for three years was coded for place of death and ethnicity. Multivariate analysis was carried out to identify differences and influencing variables. Interviews with bereaved relatives identified services and quality of care received, the choices offered for end of life care, and any preferences or changes they may have liked. Staff delivering end of life care took part in focus groups about their views and experiences with minority ethnic groups.

South Asians in Leicestershire are more likely to die in hospital and less likely to receive some specialist end of life care services than the majority population. Reasons for this included differing causes of death; organisational barriers such as lack of interpreting services, lack of information for families about services, lack of cultural sensitivity in service provision, lack of staff training and; barriers due to culture and religious beliefs such as unwillingness to discuss death, the desire to continue active treatment, the belief that the family should provide care.

Rapid access to interpreters; improved services for people with heart disease and diabetes; raising staff awareness of cultural and religious needs; raising awareness among the South Asian population of palliative care services, would all improve end of life care for the South Asian Community.

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Title: **Overcoming Barriers: Unpaid Care and Employment in England**

In the context of population ageing, there is increasing emphasis in social policy on enabling unpaid carers to participate in paid employment. However, many carers face barriers to remaining in employment. A key barrier is the difficulty many carers still face in accessing adequate social care resources for the person cared for. This paper reports on a study, funded by the School for Social Care Research, that aims to examine local authority interventions, provided to the cared-for person, which enable working carers to remain in employment. The study also aims to evaluate the costs of these interventions and their potential savings to public sector organisations more widely. The paper has four parts. First, it reviews the literature relating to social care interventions, provided to the cared-for person, that would enable working carers to remain in employment. Second, the paper provides an overview of existing practice by councils in England relating to interventions supporting carers in employment, drawing on the Care Quality Commission's Performance Assessment Reports. Third, the paper reports on analyses of four waves of the English Longitudinal Study of Ageing to examine the thresholds at which carers' employment is put at risk by the hours of unpaid care they provide. Finally, the paper draws out implications for policy, practice and research. Key conclusions of the paper are that there is currently little research on social care interventions, provided to the cared-for person, that would enable carers to remain in employment, and that this gap is reflected in current practice.

Ref: 1848

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Title: **"The Poor Historian": Complex Patient Narratives and Judgements on Capacity-related Discharge Decisions for People with Dementia**

Ethnographic observations on acute and rehabilitation hospital wards revealed that when a person with dementia is admitted to hospital – their 'story' may not be heard or the validity doubted. Decision-makers rely on salient facts when judging whether such patients are able to make their own decision about discharge from hospital, and gauging whether a patient is being 'truthful' can impact on judgements regarding capacity to make this decision. The Mental Capacity Act (2005) is clear that judgements ought to be decision-specific however, in practice, decisions are often contextualised and the patient narrative is instrumental in forming such judgements. Phenomena contributing to narratives include:

- 'Facts' from pre-admission to projected events post-discharge
- Events observed during the admission
- The patients' perspective
- Family and other perspectives

The decision-maker is often met with multiple and sometimes contrasting formal and informal information sources. The patient and their history is represented and reproduced in many forms during an inpatient admission such as: through medical notes, ward round assessments, multi-disciplinary team meetings and conversations with relatives. This information is shared through numerous verbal and written interactions, from which the decision-maker must reconstruct the narrative of the patient and arrive at a decision as to whether the patient has sufficient mental capacity to decide on their place of discharge. Examples cases highlight the complexity of establishing the truth of such narratives and the implications for discharge. This has important implications for both daily practice and decision-making policy for hospital discharge for people with dementia and their families.

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Title: **Financial Planning for Social Care in Later Life: The Taboo of Fourth Age Dependency**

Financial planning for social care in later life is high on the political agenda in the UK as policymakers grapple with financing the health and care needs of an ageing population. This paper draws on in depth interviews with 45 older couples about day to day money practices undertaken as part of a multi-methods ESRC project ‘Behind Closed Doors: Older Couples and the Management of Household Money’. The paper examines how older couples approach financial planning for later life and death, in particular theorising antipathy to equity release and care planning as a product of social and psychological taboos around discussion of care needs in the ‘fourth age’.

Apart from funeral expenses which were often associated with communities, and some concern over reductions in income in the event of widowhood, end-of-life financial planning was virtually non-existent among our older couples. There was widespread antipathy to equity release which almost never reached a point of serious consideration; less towards moving home to release capital although this too is very complex. Couples had sometimes discussed possible future adaptations to their homes, but it was extremely difficult for couples to contemplate care home or other long term high costs related to health. Taboos existed around death and ‘fourth age’ dependency, forming obstacles to forward planning. These were frightening ideas even to well-off and rich couples.

Policies relying on voluntarism need to take into account that these are taboo subjects in everyday life.

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Title: **Taking the Long View: Older Couples and the Management of Money Over Time**

Access to money within couples has long been the concern of sociologists seeking to understand gender and class inequalities. However studies often look at one life stage, and generally relate to how money is shared when it is earned in the labour market or through benefits, and/or how it is spent, particularly on home and children. These theoretical perspectives will not necessarily apply after retirement, when wages are no longer earned and children have long grown up. This paper draws on in depth interviews with 45 older couples about day to day money practices undertaken as part of a multi-methods ESRC project ‘Behind Closed Doors: Older Couples and the Management of Household Money’ to investigate when and how the daily practice of money management by couples changes over time.

Age itself does not change money management practices within couples, and contrary to widespread assumptions, retirement and pension transitions were only rarely catalysts for change in financial arrangements or practices. Couples can strive in fairly convoluted ways to maintain existing money management practices, which were often determined very early in the relationship (influenced by even earlier experience within families and earlier relationships) and once determined, were often resistant to change throughout the relationship. In older age, failing health (sometimes catastrophic) forced changes in gendered household money management practices, often with associated distress and disruption to gendered identity. Couples who appear more resilient to these threats are those where women have had non-traditional roles in money management throughout married life.

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Title: **Working Carers: Gender Differences in the Impact of Care on Work and Family Lives**

The study identified gender differences in personal implications of combining work and care for old family member. In varied working organizations (public and private, big and small) and different occupational fields, 246 employees, 167 women and 79 men were interviewed by face-to-face structured questionnaire. Findings reveal that women spend almost double caring hours per week for a longer period of time than men. Women provide domestic tasks significantly more often than men, are less satisfied with the division of labor at home, and perceive care giving as more strenuous. Women experience a higher level of work-care conflict, but also a higher level of balance between jobs than men experience. Women also feel that caregiving interferes with work more than men; feel less efficient than men and are more willing to use support, especially counseling services. In general, women report lower quality of life and lower life satisfaction than working and caregiving men.

Although studies report entrance and participation of men in elders' care role, and on general growing similarity between men and women perception of work, women still provide the majority of care for elder family relatives and their work is more affected by caregiving. The insight gained from the study can assist in building strategies and directions for policy in the workplace, which can encourage combining women's work and caregiving, and reduce organizational and personal disruptions.

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Title: **Social Representations of Ageing and of the Elderly**

Despite the considerable literature about ageing and the elderly, there remains a need for a social psychological approach to understanding the experience of ageing and ‘being old’. An appreciation of beliefs about and perceptions of ageing is essential if we want to address the stigma, constraints and – potentially – the benefits associated with being old.

Using the framework of social representations (Moscovici), we shall present our initial research findings, focusing on results from semi-structured interviews with five age groups. The theory of social representations shows that human beings do not act according to ‘a’ reality but according to the representations of this reality. Lalive d’Epinay (1995: 2) argues that “the manner with which an elderly person will manage his/her retirement and cope with getting older, and more generally, the relations between generations are largely organised by the representations, the images we have of the different life phases, of the young and of the old and also of death."

The theory’s emphasis on social practices is valuable in interpreting our interview data and appreciating the powerful influence of society’s representations of the elderly on the way people respond to those labelled as ‘old’. The social representations of ageing and of the old that circulate in society today will influence where and how the elderly live and determine the parameters of their living – or ‘waiting for death’ – space.

Our paper outlines the commonalities and differences in our respondents’ views about aging and being old and explores the theoretical and practical implications of these findings.

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Title: **The Challenges of Conducting a Community-based Qualitative Investigation with Older Men from Different Cultural Backgrounds**

To understand the value of older age, it is important to access a full range of perspectives; which includes older people from culturally diverse backgrounds who tend to be excluded from research for various reasons. Accessing such perspectives, however, is often associated with many complex methodological challenges (e.g. gaining community trust, use of 'gate-keepers' and interpreters, high illiteracy rates, translating research materials, working with cultural differences etc).

In this presentation, I will primarily draw on the experiences of being involved in a community-based study that investigated the health and wellbeing of older men from different cultural backgrounds living in regional Victoria, Australia. The study involved close collaboration between the researchers and a regional health service provider.

When working in the community, researchers often have to depart from traditional research techniques in order to engage research participants – as well as make apologies for their apparent lack of rigour and biased sampling approaches. Using this study as an example, we explore some of these tensions, and discuss how bringing flexibility into the research space impacts on participants, data and outcomes. Specifically I will address the following questions: What strategies were effective in recruiting participants? What were the challenges of recruitment and data collection? Who participates? Why do they choose to participate? What was the role of the interpreter and what is their influence on the research process and outcomes? Through this presentation, I hope to make visible some of these tensions and challenge prevalent attitudes about how research should be conducted.

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Title: **"Research with Rather Than on Local People: Reflections on a Unique Collaborative Study?" Consumer Involvement in Research Using Oral History**

The purpose of this paper is to describe a qualitative oral history case study that involved consumers in research and followed a collaborative approach in the north-west of England.

This study had two aims: (1) to increase local voluntary groups research capacity through active involvement in research; and (2) to explore the community's historical perceptions of health and well-being. The research team included four lay researchers from local voluntary groups supported by an academic researcher. Data collection used semi structured interviews based on oral history life stories that focused on health and wellbeing. Thematic data analysis and mind maps were used to create a collective narrative.

This paper will provide a brief synopsis of the findings from the main themes of health and well-being, and reflect on the process of consumer involvement in research using oral history. Outputs have included dissemination at a local and national level, increased knowledge and confidence in the research process, and involvement in other related initiatives, such as Local Involvement Networks, partnership working with local libraries and collaboration with the regional archivist.

Ref: 1798

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Title: **Are There Life Stories Other than Grandparenthood?**

How do people who are not parents talk about their lives, relationships and their experience of ageing? There is a widespread belief that relationships between adult children and their parents are crucial to the support of older people. There is nonetheless an increasing minority of older people without children (for instance, some 18% for women born in 1922 and projected to rise to around 23% for those born in 1972, Quinn et al., 1998). It is important to learn from the experience and relationships of those without children already in their period of later life.

This paper examines datasets from Qualidata studies (SN5237, SN6011) and data from interviews held between 1998 and 2002 with people aged over 65 years. It compares the narratives co-constructed by respondent and interviewer concerning children and grandchildren with the possibilities for a joint construction of stories from childless respondents. My analysis suggests that narrative structures for a life that progresses through stages associated with the heterosexual family are so deeply embedded in the understanding of both interviewer and respondent, that while the beginnings of other kinds of story can be identified, their telling is often inhibited.

Reference

Quinn, M., Ruddock, V. and Wood, R. (1998) ‘Birth Statistics: Recent trends in England and Wales’, Population Trends, 94, pp.12–18.

Ref: 1362

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Title: **Preventing Pain from Interfering with Later Life**

Research shows that chronic musculoskeletal pain impacts on older people's health and well-being, and is associated with increased use of health/social care services and decline in quality of life. Preventing the disabling effects of chronic pain as people age is consequently a major public health priority. Our research focuses on individuals who are free of pain in old age or whose pain does not seemingly interfere with their lives, in order to explore how older people can best be helped as they age in the presence of musculoskeletal pain.

Using data from an ongoing cohort study of older people we created three groups: (1) 'no pain', (2) 'pain with no interference', (3) 'pain with interference'. We conducted sixty in-depth life grid interviews, across the three pain groups with individuals aged 55–64 years (pre-retirement); 65-79 years (post-retirement); and 80+ years (the oldest old).

Findings suggest that 'pain with no interference' can be a long-term state, characterised by high levels of pain medication and frequently involving widespread pain, but participants appeared to be able to control its effects. This paper will explore factors in participants' accounts that appear to be important in reducing interference – e.g. life-stage, financial issues, social activity and involvement – alongside specific strategies described by participants for reducing interference from pain; e.g. remaining active, attitude and adaptation. We will explore practical implications of these findings for improving wellbeing in older people with chronic musculoskeletal pain.

Ref: 1331

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Title: **Ageing under the Spotlight: Identity and Later Life within the Theatre**

This paper will draw on qualitative interviews with current and former theatre professionals at the New Vic Theatre in Newcastle-under-Lyme. Twenty narrative interviews (of between one and two hours each) were conducted with older people who were or are employed as actors, directors, stage managers, sound technicians, costume makers and designers, and administrators. The interviews explored interviewees' creative, professional and social identities as they age, through the lens of their involvement with the New Vic. and, specifically, their contribution to the Vic's ground-breaking social documentaries of the 1960s to 1990s.

The interviews were conducted as part of the NDA funded 'Ages and Stages' project. The project is exploring the role that the Vic has played in the lives of people in the Potteries during the last forty years, focusing particularly on the social documentaries. It involves archival research, individual and group interviews, and participant observation, and will culminate in the production of an intergenerational documentary performance based on our research data. In total, 80 individual interviews are being conducted with theatre professionals, volunteers, audience members, and sources for the original documentaries.

Our paper will explore the ways in which older theatre professionals, and former professionals, narrate and perform their shifting identities, paying particular attention to the locatedness (the cultural and historical specificity) of their accounts.

This paper contributes to two conference sub-themes; 'Arts and Humanities Perspectives on Older Age', and 'Narrative and other Research Approaches'.

Ref: 1400

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Title: **English Poor Law Institutional Care for Older People in the Second Half of the Nineteenth Century: The 'Aged and Infirm' in the Birmingham Workhouse**

Although the proportion of the population over 65 years of age in Victorian Britain was only 4.6%, this represented around 930,000 older individuals in England and Wales. Only a small proportion (about 3%) entered a workhouse, nevertheless they formed the largest group of adult inmates, resulting in workhouses being regarded as the ‘institution of the aged’. However, older paupers were neglected by poor law authorities and not given consideration until the 1890s, though changes were slow to be implemented. There was no official category of inmates based on chronological age and the majority of older inmates were classified in the ‘infirm through age or any other cause’ group. Age-based rationing of medical care was prevalent in the nineteenth century and the medical needs of older inmates, especially those with chronic disability, were not recognised.

This study describes the practice in Birmingham workhouse, which accommodated increasing numbers of older people, from 377 inmates in 1859 to 1015 in 1901. It demonstrates how attitudes of the guardians to older paupers varied between consideration of their comfort and reluctance to agree to improvements in their living conditions. However, they did create a ‘merit class’ for older inmates based on moral character. Despite the difficulty identifying sick older inmates, the medical care in Birmingham was of a higher standard than many workhouses elsewhere.

Ref: 1351

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Title: **A Hypothetical Pathway of Causation Concerning Background Factors and Lifestyle Behaviours Associated with Dementia**

This paper presents the results of a literature review which was aimed at developing an understanding of the influence that background factors, and lifestyle behaviours have on dementia risk. An assessment of the strength of evidence has lead to the development of a hypothetical pathway of causation

The review was achieved through an extensive search of the social science and psychological databases for relevant literature. Specific areas were examined to determine their relative influence on dementia risk, as well as how they were related to cardiovascular or cerebrovascular health conditions which are also associated with dementia. The areas of interest summarised in the paper included background factors such as socio-economic status, education, area deprivation and rurality, as well as lifestyle behaviours such as alcohol consumption, physical activity, smoking and nutrition and their impact on cognitive function.

The review of the literature has lead to the development of a hypothetical pathway to dementia. It is predicted that background factors including higher socio-economic status, greater educational attainment and less deprived environment will lead to greater performance of healthier lifestyle behaviours. These healthier lifestyle behaviours, such as performing more physical activity, light to moderate alcohol consumption, better nutrition and not smoking are then predicted to reduce dementia risk either directly, or by reducing risk of other medical conditions associated with dementia. The hypothesised model is presented in this paper, but will be statistically tested with a large sample of older people (n=5,000) following the completion of data collection.

Ref: 1418

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Title: **Capturing the Diagnostic Narrative of Dementia through a Qualitative Longitudinal Study**

In the context of the growing policy imperative around early diagnosis of dementia, this SDO-funded study sought to explore the diagnostic narrative of people with memory problems and carers before and after receiving a diagnosis. The study incorporated a systematic review of diagnosis disclosure approaches and outcomes, followed by a longitudinal qualitative study. Face-to-face, in-depth interviews were conducted in 3 sites with 33 people with memory problems and 28 carers at the first point of referral to the memory clinic (i.e. before diagnosis), and once again after receiving a diagnosis. Experiences of the process of assessment (testing) and diagnosis disclosure were explored, in order to identify consequences and implications for practice. Transcripts were analysed at individual case level, drawing on the principles of grounded theory with conceptual themes being derived from the data. Findings revealed limited information during the process, and many participants were confused about waiting times and when to expect appointments. Diagnosis disclosure appeared to be poorly managed, with limited time given for processing information or asking questions. Participants described feeling unsupported and none received referral to counselling services. A number of benefits to using longitudinal methodological approach emerged, namely that it captured real-time experience of the diagnostic process. This approach also highlighted the views of people who had been discharged with diagnosis and no further support; some of whom described feeling let down by services and reported pessimistic thoughts. Other implications of this study include giving timely and accurate information in order to reduce anxiety and confusion.

Ref: 1466

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Title: **As We Age, Does Life Existence Continue within the Digital Space?**

With digital mediums expanding and life expectancies expanding, recent years have witnessed a surge of digital spaces used to continue and maintain individual's life existence. Through the eyes of families, fans, and media, social networking sites, have given an avenue for thoughts, memories and tributes to be digitally archived for the unforeseeable future. Since the creation of the Internet, the last two decades has bore witness to individual's identity being left within the realm of digital space by photographs and personal memories contributed by individual's friends, family and strangers. It is suggested, one may want to digitally archive their life for future generations to learn and understand about their mother, grandfather, or aunt, in particular people living longer, experiencing new facets of life or being diagnosed with cognitive impairments gives heed to the notion of digitizing one's own life, in some cases this decision is not taken by the individual but others.

This paper addresses how digital space can be implemented into one's life. This paper will discuss how social networking sites such as Facebook facilitate individuals archiving their lives, the experiences, memories, with friends and loved ones. Digital spaces can play several roles within an ageing society, enabling individuals to be a part of one's life story, or paying tribute to the death of a loved one, exchanging stories and uploading photographs of the individual, as part of the grieving process or reminiscing of their friend.

Ref: 1429

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Title: **Dialogue between Generations – Basic Ideas, Implementation and Evaluation of a Strategy to Increase Generativity in Post-soviet Societies**

Purpose of study:

1. Analysis of generativity and its relationships to socio-demographic variables, biographical background in World War II, and different aspects of well-being (self-acceptance, purpose in life, attitudes toward own aging, satisfaction with life) in a sample of 353 older people from Belarus, Russia, and Ukraine
2. Analysis of generativity scores and perceptions of old age generativity in a sample of 147 younger people from the aforementioned countries
3. Analysis of development of generativity between the first two points of measurement

Generativity is conceptualized as both, a cultural demand and an inner desire of older people to take responsibility for younger generations. In 2009 40 projects were implemented, 13 of these projects are evaluated in a longitudinal research design consisting of 4 measurement points during a period of 2 years.

Research Methods:

Semi-structured biographical interviews and psychometric scales

Findings:

Younger people perceived generativity in older people to be higher than generativity in their own generation. Highest generativity scores were found in Ukraine, whereas lowest scores were found in Belarus. Overall, generativity scores increased between the first two points of measurement.

Conclusions:

Findings suggest that establishing dialogues between generations in the context of local projects is a promising measure to stimulate informal learning, to enhance generativity in older people and to improve perceptions of older people’s strengths and potentials in younger generations.

Ref: 1596

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Title: **The Determinants of Receipt of Social Care: Evidence from the English Longitudinal Study of Ageing**

In the current economic circumstances and political climate people are going to be increasingly dependent on their own resources and social networks to obtain care and assistance with limitations and disabilities. One possible source of care is informal care from people’s social networks of friends and relatives. However, people may be forced to draw on their wealth and savings to obtain private provision of care if health demands are too great to be supported by their social network.

This paper presents the results of a project employing bivariate and multivariate analysis of the English Longitudinal Study of Ageing (ELSA) to investigate the key determinants of informal and paid for care. Possible determinants of the receipt of both informal and paid for care include demographic factors and living arrangements; measures of health, including disability and disease; socio economic measures, including education and income; social capital and technological assistance and home adaptations. The strongest determinants of receipt of both informal and paid for care are health and demographic measures. However, health is more strongly associated with informal care and demographic factors are most strongly associated with receipt of paid for care. The impact of other determinants was weaker and less consistent. Results would suggest that determinants of informal care are primarily mediated by health, whilst results for paid for care would suggest that those in most need of private care are also the people least able to pay for it.

The policy implications of the results are discussed in the context of an ageing population.

Ref: 1392

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Title: **Dementia, Self and Social Identity**

This paper considers the contribution a sociological approach to self and personhood can make to understanding experiences of dementia. Drawing upon the work of Rom Harrè on 'discursive aspects of self', and the application of this approach to dementia by Steven Sabat, the main focus will be upon self as social identity. As Sabat has pointed out, this can be a particularly vulnerable dimension of selfhood as people develop dementia.

There are two main elements to the paper. The first section will introduce data collected in a small study that investigated experiences of early diagnosis of dementia in Plymouth. Thirty in-depth interviews, conducted with people with dementia and their carers and covering a range of experiences, provided several accounts which highlighted the relationship between social engagement or isolation, sense of self and identity. Some of these will be used to focus upon the role of social identity in living with dementia.

The second part of the paper will place these examples within a theoretical context informed by the work of writers such as Harrè and Sabat. Comments that Harrè has made on the relevance of Erving Goffman's work on the 'presentation of self in everyday life' will also be used to consider Goffman's use of the concept of 'moral career'. This section of the paper will conclude by relating these discussions on the role of social identity, to differences in therapeutic approaches between those described as 'person-centred care' and those described as 'relationship-centred care'.

Ref: 1891

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Title: **An Evaluation of Services for Early Diagnosis and Support for People with Dementia and their Carers**

The Research was prompted by the 'National Dementia Strategy 2009', and its focus on early diagnosis. Also a report by the National Audit Office identified factors that may explain the low levels and lateness of diagnosis: including lack of awareness among those with dementia and their carers, the stigma associated with dementia, and a lack of knowledge and skills among GP's.

Recent estimates suggest there may be 3,162 people with dementia in Plymouth, a number that is expected to rise to 4,222 by 2021. Only 1,063 people are currently recorded on GP dementia registers in the city, representing just 33.6% of the estimated prevalence.

We wanted to contribute to these research programmes and influence future plans for the provision of local dementia services in the South West. We were successful in securing £12,000 from the University of Plymouth's 2009 Community Research Awards scheme to do this. The aims and objectives of our contribution to existing research incorporated the following:

1. To identify positive and negative experiences of both the diagnosis of dementia, and early advice/support received, from people with early stages of dementia and their carers;
2. To identify experiences of primary care professionals in the early diagnosis of dementia and the obstacles that are perceived to hinder its achievement;
3. To identify positive lessons that may be learned from examples of successful support.

Ref: 1894

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Title: **Communities with Oomph! What Can Older People’s Engagement in the Local Governance of Neighbourhood Renewal Tell Us about Their Potential Role in a Big Society?**

The 'big society' is David Cameron's big idea; it is about empowering communities, redistributing power and fostering a culture of volunteerism. In July 2010, the second reform of the ‘Building a Big Society’ document outlined the ambition to “want every adult in the country to be an active member of an active neighbourhood group”. With the recent focus of the current Coalition Government on Building a Stronger Civil Society, it seems David Cameron’s big idea is still on the cards.

While addressing older people’s engagement in the local governance of neighbourhood renewal in my recently completed PhD research at Keele University, I outlined that feelings of place attachment and the act of ageing in place had influenced the desire of many older people to engage with the regeneration of their neighbourhoods. However, perceived changes in, or the loss of, community spirit was discussed by others to be responsible for their lack of attachment to the physical neighbourhood in which they lived; this in turn impacted on their want to engage. What further enabled some older people to engage where others did not, were the abilities, skills, knowledge, education and life experience that they had gained during their lifecourse.

Using the findings taken from my Ph.D. research, in this paper I aim to explore the potential role that older people might have in a big society and the difficulties they may face.

Ref: 1491

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Title: **Can the Web Transform Social Care?**

David Sinclair will present a think piece which explores the potential for the internet to improve social care.

The potential role for technology has grown significantly over the past 10 years. Whilst the first telephone call was made 133 years ago, by 2000 half of the world had never owned a phone. But by 2007 half the world had a mobile phone. Whilst it took 75 years for telephones to reach 50 million users, it only took the internet 4 years to reach the same number. 10 In other words, in a relatively short time period, technology has become ubiquitous, with the internet transforming the way we live our lives.

Yet it could be argued that social care sector has yet to make the most of the potential of new technology including the internet. This short discussion paper will explore some examples of potential services which could be developed as a result of new technologies and set out some of the reasons why he believes they have not yet appeared.

Ref: 1255

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Title: **“It’s My Responsibility”: Responsibilizing Daughters from the ‘Sandwich Generation’**

‘The number of pensioners and other adults who will need informal care from their families is expected to increase by 90 per cent in the next 30 years. The burden will fall mainly on the middle-aged who are trying to juggle work with raising children, and providing an estimated 1.3 million elderly relatives with informal care’ (How Fair Is Britain? 2010). Over 70% of all primary carers within the UK are women who provide more intense levels of care throughout their primary working years and retire on average with half the savings that men do (Carers UK 2010). As UK fertility rates for women aged 35-39 and 40+ continue to increase (ONS 2009) and government provision for carers is set to further diminish, there is a growing concern for a future generation of so called sandwiched women who will be ‘responsibilized’ to care for their children and their parents simultaneously.

This paper examines two Australian case studies and argues that as increasing pressure is being placed on ‘informal care networks’ across the UK, studies of Australian women’s experiences of planning for motherhood and the care of elderly relatives has potential to highlight future impacts for carers across the UK as both the privatization of Australia’s health care system is further advanced and the provision of welfare for carers further diminished. The paper seeks to explore the psychosocial impact of how two women experience being sandwiched and the techniques they employ to manage this often deeply conflicting experience.

Ref: 1892

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Title: **Visions and Voices of Older Men Living Alone: Exploring the Social Worlds of Older Men Using Informant-generated Images**

This paper is a discussion of the method used in a study of the social connectedness of older men (aged 75 and over) living alone in Norfolk, UK. Old age can be a time of loss of relationships and reduction in network size. Ageing itself is a gendered experience and the likelihood of gendered loneliness or connectedness in the lives of older men living alone was the focus of this study. Social relationships are often the focus of studies on social support in later life but here social relationships are viewed in the broader social context which includes family, friends, neighbours and acquaintances. Not all social relationships are useful for support but that does not make them less important for people as they seek to engage with their social worlds.

As relatively little is known about older men's views of relationships, one research method challenge was to avoid imposing stereotypes on the men taking part in the study. Consideration was therefore given to a method which was collaborative and had an emphasis on researching 'with' rather than 'on' the men. The men were therefore involved in taking photographs of their daily lives and social interactions and those photographs were used in photo elicitation interviews.

The usefulness of, and the perceived barriers to, the use of informant-generated photography for this group of men will be discussed, as well as the relationship between the researcher and collaborator in this kind of visual research.

Ref: 1447

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Title: **Alzheimer's Society Research Network**

Alzheimer’s Society funds research under the headings: Cause, Cure, Care and Prevention for all types of dementia. Uniquely, we have had a large group of carers, ex-carers and people with dementia involved in setting the priorities, selecting the proposals that are funded and monitoring the research as it progresses. The problems of measuring the impact and the potential influence of a deeply engaged patient and public involvement programme on the research programme will be discussed.

More recently the members of Alzheimer’s Society’s Research Network have also worked with research communities towards developing and improving of project protocols in clinical research submitted for funding by NIHR and other funders and some of the experience from the process will be presented.

Ref: 1893

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Title: **The Impact of Marital Status Transitions on Social Participation: Does Age Matter?**

Through qualitative interviewing, this research examined the influence of age and the timing of widowhood and divorce on social participation, including the impact on the social network, social support and social interaction. Transitions out of marriage were associated with a reorganisation of the social network and participants cited the loss of both kin and friend ties over time. These changes in the social network resulted in changes in the exchange of social support and patterns of social interaction. Further, there were specific issues that older participants tended to experience in the face of marital status change, particularly following widowhood, because of their age. These included physical limitations, financial status, and smaller social networks prior to marital status change. Divorce appeared to have a more negative effect on social participation compared to widowhood but in some cases provided an opportunity for positive restructuring of the social network. Social organisation membership and developing a new romantic relationship following widowhood and divorce increased social participation. Marital status transitions have important social implications and the impact of widowhood and divorce may vary by age.

Ref: 1436

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Title: **Older Adults' Personal and Social Vulnerability in a Disaster Context**

Older adults have poorer outcomes following disasters and age is consistently associated with disaster morbidity and mortality. Both individual and socio-cultural factors contribute to increased vulnerability of elders. A qualitative study was conducted to examine vulnerability factors from the perspective of older adults who were affected by a New Zealand flood in 2007. A narrative approach elicited stories of nine older adults' experiences 14 months after evacuation from their homes. Four participants lived in a nursing home (to which they returned) and five lived in rental housing (which was irreparably damaged). The analysis examined the participants' personal needs, psychological and emotional support, economic resources, and life experiences. Narrative methodology gave voice to a demographic group who are often silent in a disaster, but whose negative outcomes are highlighted afterwards. It also enabled a study of the connections between the personal stories and socio-cultural narratives. Participants' narratives showed how the outcomes of this disruptive event were affected by personal needs, social relationships, and the broader socio-cultural context. Those in the nursing home were more personally vulnerable but socially supported. The residents of rental housing were more socially vulnerable because of the location of their housing and expectations of independence. Assessment of disaster preparedness for older adults must include the social environment including socio-cultural norms that may differentially put this age group at risk. In a disaster situation the interaction of personal and social vulnerability will influence the ability of older adults to prepare, respond to, and recover from such an event.

Ref: 1293

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Title: **Secondary Prevention of Stroke: The Views and Experiences of Stroke Survivors and Carers**

Secondary prevention of stroke is sub-optimal in the UK. The views and experiences of stroke survivors and carers who implement secondary prevention recommendations have been under explored to date.

Aims were to: gather stroke survivors' and carers' knowledge, views and experiences of secondary stroke prevention, and to elicit health professionals' and voluntary sector workers' views on their role in secondary prevention.

Mixed methods were used including: a questionnaire (n=71) to capture stroke survivors' and carers' knowledge and practice of secondary prevention; semi-structured interviews (n=13) with health workers, and a series of six focus groups, using a modified action research approach, to generate qualitative data from stroke survivors and carers (n=12).

Antonovsky's (1979) theory of salutogenesis, which includes the concepts of Sense of Coherence and Generalized Resistance Resources informed the understanding of the experiences of the stroke survivors and carers. The questionnaire revealed gaps in knowledge and lack of information provision affecting comprehension of secondary prevention. The focus groups uncovered participants' concerns with the health environment, for example, their initial stroke illness experience and the lay social environment, for example, their family food culture, which impacted on their adherence to secondary prevention. Participants' also shared issues they experience in their internal (emotional) environment. How they coped emotionally with stroke, and constructed new meaning in their lives, influenced secondary prevention implementation. The paper will discuss the implications of the findings for policy and practice regarding secondary prevention of stroke.

Ref: 1406

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Title: **The Role and Potential of Older Social Entrepreneurs in an Ageing Society**

According to the policy programme of the UK government, social entrepreneurs have an important role to play in the future of society by taking more responsibility to address social issues (Conservatives 2010). At the same time, demographic changes and social policy concerns have led to a debate regarding the roles and levels of involvement of older people in the economy and society (Curran & Blackburn 2001; Walker 2005; Bowling 2005).

In this context, social entrepreneurship could provide a form of transition or an alternative to retirement, providing an alternative or ‘middle way’ between ‘mainstream’ entrepreneurship and voluntary work. At the same time, older people’s involvement in social entrepreneurial activity could make a contribution to tackling the issues of an ageing society.

This study aims at examining these trends in more depth and explores how older people involved in social entrepreneurial activity define the nature of their activity, what motivations and social needs/problems are guiding their work, as well as their experiences, including the challenges and barriers they are facing. In the light of the government’s policy agenda and the question of how public/social services will be delivered in future, as well as the debates surrounding our ageing population, this project will examine the role and potential of older people in social entrepreneurship activity in the UK.

The findings presented in this paper are based on 20 in-depth interviews, as well as a database of 1000 older social entrepreneurs.

Ref: 1880

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Title: **Men on Their Own: How Do Older Men Experience and Negotiate Singlehood?**

Compared to marriage and cohabitation, singlehood has generally been relatively overlooked in society and in academia. Understanding of singles has largely been based on stereotypes and second-guessing. At the same time, the research literature on relationship status and well-being proposed the 'marriage benefit' for men, which seems to suggest that single men are not competent at taking care of themselves, because of traditional gender socialization and masculinities ideal.

This paper aims to dispel some of the assumptions on single men, who are increasing in number in societies. Drawing on in-depth life story interviews (2-6 hours) conducted with more than 30 men aged over 50 from different parts of England who have spent most of their life not in a relationship, this paper argues that the men's experience of being single is much more complicated than generally assumed. It is found that there are diverse pathways of entering singlehood, of which sexualities and ageism are some of the important influential factors. Narrative accounts also illustrate that some older men do enjoy the freedom and independence associated with being single, but the lack of companionship and on-set of health issues can make being single more challenging. However, the single men in the sample are creative to make use of mechanisms, such as interpretive control, development of social networks and spiritual practises to deal with the more challenging aspects of being single. Hence, it is hoped that this paper demonstrates how men's experience of being single changes through the life course and the ambiguities that are associated with it.

Ref: 1374

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Title: **Exploring Experiences of Loneliness over the Life Course: Our Bodies, Selves, Identities and Social Worlds**

The dynamic nature of loneliness has primarily been overlooked by the numerous cross-sectional studies exploring it. Thus, less is understood about the temporal aspects of loneliness or how loneliness may change over the life course. This is complicated by the fact that people are sometimes reluctant to discuss issues considered to be personal inadequacies (Karnick, 2005),and by the fact that it is difficult to capture in words the meaning of something that is essentially ambiguous and indeterminate (Wertz, 2005). Interviews were held with 45 older people to illuminate the meaning of loneliness in the lives of older people and possible pathways to or from loneliness. Thematic analysis revealed a number of complex and shifting social, psychological, functional and physical features that characterize three pathway experiences or loneliness trajectories:(1)regenerative; (2) degenerative; and (3)enduring. This paper will illustrate some of the features of these trajectories and in doing so highlight dynamic interconnections and interrelationships between our bodies, selves, identities and social worlds, as well as explore some of the myths about loneliness in older age. The paper will conclude by drawing attention to some of the particular challenges for developing intervention strategies for a diverse group of older people.

Ref: 1786

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Title: **The Weakest Age**

Although negative stereotypes of old age are quite pervasive, people are often reluctant to express prejudice overtly. Previous research established that older people are stereotyped as being less capable than younger people, but there is no previous observational evidence of how these stereotypes might actually affect discriminatory behaviour. Here we investigate whether ageism is expressed powerfully but implicitly through one of the most powerful and painful forms of discrimination, namely exclusion from a social group. Based on psychological theories of stereotyping and prejudice we investigate whether ageism is manifested behaviourally even in the presence of objective evidence that older people are performing well. Using as our database the voting decisions of 900 players in 100 consecutive episodes (and over 4000 votes) in the television quiz show 'The Weakest Link', we examine how contestants' age affects which others they vote out of the game and whether they are voted out themselves. Here we show that people aged 55 and over are more likely to be voted out of the game than are those aged under 55. Contestants aged under, but not over, 55 also vote for people older than the average age of all contestants. These results are found after controlling for contestants' performance and hesitancy as well as gender, ethnicity, and perceived attractiveness. The evidence shows that ageism is a powerful force that can result in the unjustified exclusion of, and discrimination against older people.

Ref: 1451

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Title: **Working with 'Seldom Heard' Older People as Co-researchers: What Difference Does It Make?**

Despite the impetus in recent years for service user involvement in research, those deemed 'hard to reach' or 'difficult to engage' continue to be excluded from participatory initiatives.

This paper draws on national Department of Health-funded research that explores older people's experiences of transitions between health and social care services across four sites in England. The project is rooted in a participatory model, embracing partnerships with older people, carers and key voluntary sector and statutory agencies. An innovative feature of the project is its engagement with 'seldom heard' service users as co-researchers. The co-researchers include older people: who are themselves frail and have undergone care transitions; from black and minority ethnic (BME) communities; and with dementia.

The paper adopts a critical, exploratory and reflective approach in discussing emerging issues from research in progress. Based on experiences to date, it addresses five topics identified as central to the impact of participatory activity:

1. 'When and how' the involvement of older people has had an impact.
2. 'Who' was involved and the impact on these different stakeholders.
3. 'What difference' involvement made in terms of impact on implementation and change.
4. 'What influences impact' in terms of factors that increase the likelihood of benefits.
5. 'What have we learnt' from assessing the impact of involvement.

(Adapted from Staley, K., 2009, p.26)

These questions are considered from the perspectives of older people, academic researchers and voluntary and statutory sector representatives. Older co-researchers will participate in the presentation, either directly or through pre-recorded material.

Staley, K. (2009) Exploring impact: Public involvement in NHS, public health and social care research. INVOLVE, Eastleigh

Ref: 1399

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Title: **The Best Care Is Like Sunshine: Accessing Older People's Experiences of Living in Care Homes Through Creative Writing**

The changes to physical and cognitive health that often precipitate the move to a care home may limit the opportunities for older people to participate in activities that could inform and shape the future care they receive. Creative writing was therefore identified as an enjoyable medium through which older people could explore and share their experience of living in a care homes that they may not otherwise easily articulate. This paper will present findings from a project that aimed to:

- explore how a creative writing intervention in a care home might contribute to the development of meaningful activity in a long term care settings,
- access service user voices and accounts of receiving care in a long term care setting.

The presentation will focus on findings from seven supported writing workshops in a care home that were facilitated by a professional writer. A thematic analysis of the women's work will also be presented. This identified five key themes: Being confronted by loss, Unlocking memories, Re-discovering the self, Change and adaptation, Giving and receiving care. Writings from the workshops will be used to illustrate the unique insights accessed as the participants reflected on their lives and experiences following their move into long term care.

Ref: 1458

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Title: **An International Study of Grandparents in Family Life**

This presentation is the second stage of a study funded by the Gulbenkian Foundation in conjunction with Grandparents Plus on the role of grandparents in family life in Europe. The first stage involved a scoping study to examine existing research on this topic. This part of the research looks in detail at ten European countries (Denmark, The Netherlands, Germany, France, the UK, Spain, Portugal, Italy, Hungary and Romania) in co-operation with researchers there. The research questions are:

1. How does the role of grand parenting within the context of family life vary across Europe?

2. How do different policy environments (focussing on family policy) across Europe help to shape these roles?

Multivariate demographic analysis is being carried out using Census data, SHARE (Survey of Health, Ageing, and Retirement in Europe) and the English Longitudinal Study of Ageing (ELSA) datasets. Using this data we will report on trends over time in the prevalence of co-residence between grandparent and grandchildren with or without parents being present. We are developing typologies to capture the prevalence and intensity of grandparent involvement, such as grandparents caring for grandchildren with or without parents being present. We will link this to mapping family policy across three spheres for each European country studied: first parental policies, second child and other benefits and third policies impacting directly on grandparents as entitled persons. Our analysis will reveal which policy regimes are associated with which demographic patterns. This is of crucial interest to policy makers and lobby groups and to families.

Ref: 1607

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Title: **Engaging People with Dementia in Service Quality Review Panels**

The health White Paper Equity and Excellence: liberating the NHS (2010) includes the principle of shared decision making between users of health and social care services and those who work to provide such services. This principle reinforces the ongoing importance of consulting service users about all aspects of their care, including the ways in which organisations continually improve and evaluate services. This paper details a pilot study that aimed to engage Alzheimer’s Society service users in improving the tools and policies used to ensure quality services.

This pilot involved the organisation and facilitation of two local service user review panels, one based in an urban and one in a semi rural area. Each panel engaged a small group of between six and eight people with dementia for a six month period. A flexible and open approach was taken to ensure dialogue between people with dementia and Society staff. The panels reviewed service evaluation tools, such as consent forms and questionnaires, and commented on the development of relevant organisational policies e.g. dignity.

The findings of this study demonstrate that involving people with dementia in shaping the materials and policies within an organisation not only has a proven value to the organisation itself, but also benefits those participating. However, the study also highlights that involving people with dementia does present specific practical and ethical challenges. In that dementia presents difficulties for people in terms of deteriorating cognitive capacity and communication skills as well as the emotional stress linked with such losses.

Ref: 1820

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Title: **Development of Sauces with High Energy Density, Flavour and Taste Impact for Older People, Aiming to Increase Food Acceptability and Consumption**

Food fortification with macronutrients via the utilization of sauces and condiments increased the food familiarity and pleasantness for the older population1. In another study the use of a sauce with a meal increased energy intake of protein and fat in older adults without affecting pre-meal hunger, desire to eat, or post-meal pleasantness2. This study aimed to develop acceptable sauces with both high energy and flavour and taste impact for hospitalised older people in order to increase their overall energy intake. Tomato sauce (control) was cooked using tomatoes, oil and some condiments. It was then diversely fortified resulting in 3 different types of tomato sauce with 3-4 times higher energy than the control. These were significantly darker, less herby, less thick and with a less lumpy appearance than the control as well as with stronger tomato smell. They also had sweeter, less acidic and less bitter taste than the control. Furthermore, they differed in flavour and mouthfeel than the control. Older volunteers liked the 3 fortified samples more than the control, with non-significant differences between the three modifications. In the case of gravy, 3 fortified options were produced with energy content 3 times higher than the control. The fortified samples presented a similar sensory profile to the control, however they had significantly more buttery and dairy flavour as well as a richer mouthfeel. No statistical differences in hedonic liking were found among older volunteers. It is expected that the development of fortified sauces could improve energy intake for hospitalised older people, both through the nutrient composition of the sauce itself and due to the benefits of increasing sensorial taste impact and lubrication in the mouth.

1. Stallberg-White, C. & Pliner, P. (1999). Appetite 33(2): 209-221.
2. Appleton, K. M. (2008). Appetite 50(2-3): 555.

Acknowledgement : Study sponsored by the New Dynamics of Ageing programme through ESRC, as part project “mappmal”; developing new approaches to improving the nutrition of older people in hospitals.

Ref: 1840

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Title: **Fashion, Consumption and Age: How Does the High Street Conceptualise Older Women?**

With changing demography and - for some at least - rising levels of disposable income, older people represent an increasingly significant segment of the market for consumer goods. As a result retailers and manufactures are keen to address this silver market, but they face problems in doing so, partly as a result of their own preconceptions, but also as result of the values and prejudices held more widely in society, including by older customers themselves. The paper takes the area of fashion and dress to explore how the High Street conceptualises the older market. Drawing on interviews with designers and retailers who have an interest in this market - Marks & Spencer, George at ASDA, Vyella, Jaeger and Edinburgh Woollen Mills - it explores their response to older customers. In doing so it addresses arguments about the role of consumption in the potentially changing character of later years.

Ref: 1557

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Title: **The Influence of Gender on Decision Pathways for Non-medical Management of Poor Sleep in Later Life**

Background:

Sedative hypnotics have traditionally been prescribed to older people who report difficulty sleeping. However, alternative solutions are increasingly being sought for poor sleep as it is recognized that the benefits of hypnotics are outweighed by the potential risks, such as an increase in falls.

Aims and Methods:

This presentation examines how gender influences older peoples' decisions about whether to adopt non-medical solutions for poor sleep in later life. Qualitative interviews were undertaken with equal numbers of men and women (n=62) aged 65-95, living in the community.

Discussion and Conclusions

Older men and women located poor sleep outside the paradigm of health and wellbeing, believing it to be an inevitable part of ageing. In addition, their perceptions concerning the potential adverse effects of prescribed sleeping medication resulted in most older men and women choosing not to seek help from their doctor for poor sleep. However, women were much more likely than men to try alternative medications and remedies, such as herbal sleeping tablets and/or lavender oil. They were also more likely than men to explore a range of self-help strategies in the form of recommended 'sleep hygiene', such as avoiding caffeinated drinks near to bedtime. Therefore, taking into account the influence of gender on chosen practices to cope with poor sleep in later life is important when seeking to promote non-pharmacological solutions for poor sleep.

*Research supported by 'New Dynamics of Ageing' initiative, a multidisciplinary research programme supported by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009).

Ref: 1366

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Title: **'Moments of Change': Exploring the Transition to Retirement as a Point at Which to Influence the Adoption of Sustainable Practices**

Background and Aims

The 'moments of change' hypothesis suggests that lifecourse transitions, such as retirement, can trigger changes in household economy, leisure practices and social networks, and are likely to lead to changes in a variety of aspects of everyday life such as travel, leisure, energy use and purchase of consumer goods, all of which have environmental implications. In addition the transition to retirement may be a point at which individuals consciously reflect on the lifestyle they want, and are able to have. However, the 'moments of change' hypothesis is currently lacking strong empirical evidence and recent policy directives are therefore seeking to explore the variety of ways in which retirement is experienced, its impact on everyday life, and the circumstances in which sustainable practices are likely to be adopted.

This paper contributes to this demand for empirical evidence through an exploratory longitudinal qualitative study of 40 people transitioning through retirement. In-depth interviews are taking place on 3 occasions over a 2 year period, in four locations in the UK. Additionally, respondents will be asked to complete daily journals of their everyday practices and behaviours for seven days following each interview, and a lifestyle and values questionnaire after the first and third interview.

Findings

Findings from the first set of journals and interviews with respondents preparing for retirement will be presented, and will focus on understanding their current lifestyles, anticipated changes to everyday practices, and expectations for the future.

Research supported by the ESRC, Defra and the Scottish Government (2010-2013).

Ref: 1476

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Title: **A Gendered Experience of Caring in Later Life: Evidence from the English Longitudinal Study of Ageing**

The 2001 Census in the United Kingdom for the first time included a question on the provision of unpaid care to family members, friends, neighbours or others, because of ill-health/ a disability, or problems related to old age, within or outside the household. However, much less is known about the provision of care more broadly, for example towards one's spouse or grandchild. We also know little about the provision of care in the latter part of the life course, particularly among those aged 50 and over. This paper presents the results of a project analysing the demographic characteristics, caring patters, socio-economic characteristics and health patterns of carers aged 50 and over in England. It employs bivariate and multivariate analysis of data from Wave 3 (2006) of the English Longitudinal Study of Ageing (ELSA) to illustrate three key results. Firstly, the extent and nature of care provision changes at different points of the life course, for example caring for one's spouse/ partner is more prevalent in older ages compared to younger ages. Secondly, in addition to changing across different age groups, care provision is a profoundly gendered experience, for example women are more likely to look after children or grandchildren, while men are more likely to look after their spouse/ partner. Finally, 'round-the-clock' carers, who constitute over one-fifth of all carers aged 50 and over, report a better health status and are more likely to be employed than certain groups of less intense carers.

Ref: 1391

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Title: **Investigating Unmet Need for Social Care Amongst Older People**

Recent spending cuts in the area of adult social care raise policy concerns about the proportion of older people whose need for social care is not met. Such concerns are emphasised in the context of population ageing and other demographic changes, for example in the living arrangements of older people, which can place greater pressure on formal and informal systems of care and support provision. However, the concept of 'unmet need' is challenging in terms of its definition and measurement, as it can include objective notions of access and use of services, as well as subjective notions of expectations, satisfaction and want. This paper explores the concept of 'unmet need' and its operationalisation through data from the General Household Survey and the English Longitudinal Study of Ageing.

The paper has three parts. The first part draws on literature in social policy to discuss the concept of 'unmet need' in the British policy context. The second part uses evidence from the GHS and the ELSA to illustrate patterns of unmet need for social care among older people and to explore the relative importance of demographic and socio-economic characteristics in such differentials. We distinguish between two groups in our analysis: older people whose need for social care is met and older people whose need for social care is unmet. Finally, the third part draws the policy implications of the findings in the context of significant demographic and policy change in the UK.

Ref: 1395

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Title: **Investigating Consumer Understanding of Universal (Inclusive) Design Features of the Home in the United States**

In the US universal design is incorporated into house builds through the Rehabilitation Act (1973) and the Fair Housing Amendments Act (1988). However this applies to home builds that are federally funded or multiple unit home builds. There is no national legislation mandating the provision of universal design features in private residential home builds. In the absence of legislation, consumer demand dictates the extent to which homes are built such that they are accessible and inclusive, and which are adaptable to our needs as we grow older.

The Boomer population represents the largest consumer group in the United States. A sub group of this population, the Boomer Woman (American women born between 1946 and 1964), is considered the most influential consumer in the marketplace, especially with decisions regarding housing. Boomer Women make over 85% of home improvement and home purchase decisions, and are consuming more products than any other generational cohort in history.

A study was undertaken to assess the understanding of US Boomer Women of home features, specifically entrances and approachways, and the extent to which these are marketed as being inclusive. The methodology comprised two focus groups, a questionnaire survey (n=58) and six in-depth interviews supported by photographs undertaken within the participants home. The results showed that whilst the respondents preferred accessible and inclusive home entry features (such as lever door handles, motion sensor lighting) and approachways (such as lit pathway, covered parking) rarely were these features clearly communicated and understood except within the context of disabled / handicapped adaptations.

Ref: 1861

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Title: **If 70 is the New 50 Why Don’t Contemporary British Novels Reflect This?**

Apart from a few recent additions, British modern novels tend to stereotype characters over the age of sixty-five as asexual, or involved in an intimacy that is viewed by others as odd or inappropriate at their time of life. Such ageism could be the result of entrenched bigotry or else a normal response of the young who rebel against their elders. In reality many second marriages, affairs or partnerships take place after one or other of the partners have either died or deserted the household. If publishers are lagging behind, television writers and theatre directors have been iconoclastic in realising the recent demographic changes in society.

Exactly why are writers and publishers of contemporary British full-length fiction so slow to reflect these changes with regard to protagonists of 65 plus experiencing the same emotions of those twenty years their junior? My research results so far indicate that writers are afraid to place their main characters, involved in relationships, into the older age bracket because they fear rejection by agents and publishers. Publishers deny such censorship.

The research is qualitative and has been aimed at publishers and writers of long fiction. So far, key facts by respondents have included comments on marketing, agents, supply and demand, book shop buyers for large chains, dust jackets, escapism, the role of nature, life experience, readers’ needs and creative writing workshops.

Ref: 1782

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Title: **Working with Older People to Co-produce Understandings of Well-being**

Over the last decade the concept of well-being has become prominent in policy and academic debates. Notwithstanding the challenges involved in definition, it's intrinsically subjective nature and the diversity of meanings attached to well-being, it has emerged across disciplines as a subject to be studied and measured and as a policy objective to be promoted.

Whilst many studies have grappled with issues related to measuring well-being, the study we report on took a different approach. Rather than measuring its existence we sought to understand how well-being is generated in later life and explore this through older people's lived experiences. This paper reflects on the co-production of a methodology for researching well-being developed in a partnership between researchers from the University of Brighton and Age Concern and in which the lived experiences of older people as co-researchers were central.

In this paper we examine the way the 'relational' emerged in the work as we explored ways of engaging with the contextual aspects of well-being. We reflect on the research process and what this suggests about the possibilities and challenges of participatory modes of research in modelling the social relations that might be generative of well-being. We argue that this approach enables a better understanding of the relational aspects of well-being, by focusing on which social relationships are constitutive of well-being in old age and recognising the significance of maintaining a sense of self in relation, how we relate to others in the present, our own past, and the world around us.

Ref: 1438

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Title: **‘Photos are Witness’: Reflecting on the Ageing Body through Photo- and Art-therapy**

Media images surround us in everyday life. Whether presented as real or fantasy, they transmit sets of representations and values that can influence our everyday sense of self and of our bodies and, in turn, the health of our social relations and of our self-esteem. Older people are under-represented in the media, and those images that are available generally represent older people as either frail and dependent or as ageing ‘positively’ and belying their physical age. While it has been suggested that women de-prioritise appearance in favour of health or internal characteristics as they age, physical attractiveness remains a key aspect of the feminine gender role. This paper reports on findings from a New Dynamics of Ageing project - Look at Me! - which has brought together groups of older women to explore dominant images of women in popular culture and to use creative arts to make their own images of ageing. The presentation will show examples of the images created in an art therapy and phototherapy workshops and offer a critical analysis of the form and content of the images. Ideas about embodiment and disembodiment, denial of ageing, and the anti-ageing industry will be examined, as well as notions of transformation. The paper will conclude by considering the impact on older women of participating in the project, in particular in collectively using their own bodies as a medium for representing their everyday experiences of ageing.

Ref: 1409

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Title: **Going the Extra Mile – Experiences and Perceptions of a Community Bus Journey**

For many people in the stages of later life, transport is fundamental for accessing day to day needs including access to shops, activities and health services, but equally pays an important role in identity, self actualisation and can be a primary factor in quality of life. Community transport services are traditionally provided for passengers who cannot use standard bus services due to the nature of their mobility needs or a lack of a scheduled bus service. Through the application of in-depth methodologies, this study sought to understand the experiences of a community bus service in relation to the service user and to 'bridge the gap between transport research and social research'.

Employing ethnography, focus groups and visual analysis, the project reveals an insight into the perceptions, attitudes and behaviour of older community bus users. The findings highlight not only the importance of the community bus for accessing services and shops but also the social nature of the journey. It reveals the importance of the relationship between passengers and the driver and the value of the time spent travelling as a time of humour, song and laughter, emotion and feeling, where the realities of human existence are played out, shared and experienced amongst its passengers. The presentation will conclude by highlighting where community transport may contribute to the quality of life and wellbeing for those who do not have access to other mobility forms and how this shapes a more equal society for older and mobility impaired community transport users.

Ref: 1422

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Title: **How Has Cinderella Changed?**

Since the 2006 European Heart Journal paper (Leal et al 2006) pointed out that stroke care in the UK was less effective, and more expensive, than in other European countries, stroke has become a focus for government policy (National Stroke Strategy, DH 2007), research funding, and continual monitoring – not bad for what used to be considered a Cinderella service!

Stroke care is, most commonly, a sub-speciality of Care of the Older Person, and has remained so, despite more than one in five strokes occurring in individuals under the age of 60, and the increased emphasis on acute and hyper-acute care. There has also been a lot more emphasis on thinking about stroke as a single pathway – prevention, emergency care, treatment, acute care, rehabilitation, carers' needs, long term condition, and palliation – and linking actions in early parts of the pathway to later outcomes.

This new interest in stroke and its care opens up the possibilities for sociological research into the complexities of sudden disability (or stroke survival without disability), the experience of thrombolysis treatment (for patients, family, and staff), how stroke care might differ from the care of other conditions, societal attitudes to stroke in the face of increased public awareness, in the multiplicities of the lived experience of stroke, in the provision of information, or into stroke prevention.

This paper will examine some of these research possibilities in the light of changed healthcare priorities, and with reference to the extant body of work.

Ref: 1832

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Title: **Cuban Ageing in Global Perspective**

Until recently, most research in gerontology and geriatrics has been limited to the United States and Western Europe. Consequently most of what we know about aging processes and problems derives from data on white people in western, capitalist countries. The International Handbook on Aging (published in 2009) was an attempt to collect and summarize information on the research, educational programs, and policy initiatives in aging in most of the countries where substantial gerontological work is underway. Drawn from both the Handbook chapter on Cuba and my own observations and discussions with Cuban health care and aging professionals during a visit to that country in December 2010, this paper describes the current life expectancy and morbidity of the older Cuban population, the state of geriatrics and gerontological research, and how elders receive their health care. Despite its under-developed economy, the age structure of Cuba resembles a developed nation. Cuban life expectancy stands at about 76.5 years, only 1.4 years less than that of the U.S. (77.9 years) and similar to that of many EU countries, and the proportion of the population over age 65 is actually higher than in the U.S. (13.7% vs. 12.8%). Geriatric medicine is well established in Cuba, with significant research and clinical training being carried out at the University of Havana. Cuban elders receive free, accessible primary care in their own communities and some ambulatory treatment within senior centers. Epidemiologists located in community health centers perform applied research that contributes directly to disease prevention and health promotion.

Ref: 1870

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Title: **Photographing Everyday Life: Ageing, Bodies, Time and Space**

As people grow older, daily norms and practices can become increasingly problematic as everyday routines become more frequently and, at times, unpredictably disrupted. The integrity and logic of the ageing body and everyday practices may become questioned, the taken for granted nature of embodiment challenged, and people in mid to later life may increasingly be required to make sense of biographical and bodily changes in order to maintain and / or re-negotiate a sense of 'ontological security'. This paper draws on data from the pilot phase of an empirical study funded by the ESRC First Grants Scheme entitled Photographing Everyday Life: Ageing, Lived Experiences, Time and Space. The project involves a diverse sample of men and women aged between 50 and 70 years with different daily routines. Data collection methods include participants taking photographs of aspects of their daily lives followed by in-depth interviews. The photographs become a form of 'visual diary' to allow the researcher to explore both the photographs and meanings about daily lives. An exploration of everyday life makes visible the rhythms, patterns and tempo-spatial textures that underlie our habitual and routinised daily lives. We will discuss themes underpinning these issues including gender, space and time; identities and everyday life; mess and dirt; social networks; and the body in everyday life. We conclude by highlighting interconnections between the corporeality of ageing bodies and the socio-cultural context in which we live.

Ref: 1379

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Title: **'This is Your Life You Have to Live with the Memories': Older Pakistani and Indian Migrant Women's Reflections on Living with the Past**

This presentation explores older (age 60+) migrant women's experiences of living with traumatic memories and the impact of these on their health and well-being. Memories collected across the life-course often inform our sense of who we are and what is important to us as we grow older. They are a storage place for emotions such as anger, hurt, disappointment, loss, nostalgia and happiness. Importantly, memories of traumatic events do not always dissipate with time. Instead, the feelings they generate such as injustice, anger, sorrow, and regret may influence happiness and fulfilment in later life. This presentation draws on the findings of a qualitative life-history research study, undertaken in the North of England that explored older Pakistani and Indian migrant women's quality of life across the life course. It provides insight into the extent to which memories of life-altering events continue to influence the present. A main aim is to show the significant impact that memories have on older migrant women's quality of life as they grow older. Additionally, to contribute to the development of an approach to the study of ageing that does not consign memories to the past but is able to theorise their impact on the present and the future.

Ref: 1262

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Title: **Inequality of Pension Arrangements among Different Groups in China**

The Chinese population has been rapidly aging, particularly under the one child policy since the 1980s, and the elderly (age 60+) had reached up to 167 million in 2010. Although the social security for the old people in China nowadays has been established institutionally both in the urban and rural areas, there are substantial problems such as affordability, coverage, fund management, corruption, etc., and among these, this present paper argues that inequality of pension arrangements between different groups becomes the most serious issue facing Chinese government.

Four unequal aspects of pension system concerning the financing resources and pension levels are examined in the present paper: 1) Different pension schemes for employees between Government, Institutional unites and Enterprises in urban areas; 2) Different pension arrangements and large gap of pension levels between residents in urban and rural areas; 3) Unbalanced pension levels between east coastal regions and west poor areas; 4) Uncovered groups such as the unemployed and self-employed. Historical, economical and political reasons all contribute to this unequal institution under the transition from socialism to market-oriented economy. At present it is urgent for the central government to take measures in integrating the different pension arrangements into the unified Old Age Insurance, and to reduce the gaps among different regions as well.

Ref: 1818

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Title: **Social Quality and Pro-market Retirement Protection in Hong Kong**

This paper is concerned with how people in the 50s evaluate the pro-market retirement protection reforms based on the concept of social quality in Hong Kong. Hong Kong government identifies itself as a defender of capitalism. Based on the liberal welfare model, it launches two pro-market strategies to reform the retirement protection system – the residual strategy and the collaborative strategy. The residual strategy is intended to residualise the non-contributory scheme and the collaborative strategy focuses on legally requiring and subsidizing workers to contribute to a retirement fund managed by the private sector. As a result, the government has developed a retirement schemes with three tiers – the first tier is the means-tested Comprehensive Social Security Scheme, the second tier is the Mandatory Provident Fund (a compulsory saving scheme) and the third tier is voluntary saving scheme. Through four focus groups, 40 people in their 50s were invited to evaluate the three tiers system and the government's strategy for promoting this system with reference to four basic conditions for social quality – socio economic security, social cohesion, social exclusion and empowerment. The majority of the members in the focus groups commented that the government's reforms and the three tiers system fail to give retirees a secure life, widen the haves and have-nots, exclude those who do not take an active part in the labour market (such as unemployed and women) and give them little options on choosing their ways of retirement life.

Ref: 1830

Posters Presentations

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Title: ‘Caring for and Caring about’: Inter, Intra-generational and Transnational Caring in Ethnic Minority Communities

Britain is undergoing important social and demographic changes, including changes that have resulted from globalisation. In 2001, 11% of black Caribbean people; 7% of Indian people; 5% of Chinese and 4% of Pakistani/Bangladeshi populations were 65 or over. This demographic change has implications for the caring for, and caring about of minority groups. There has been limited work examining informal and family based care for the growing ethnic minority ageing population (see Katbamna et al, 2004; Atkin and Rollings, 1992).

This poster presents an overview of the aims and research design of a 2 year project, funded by the Leverhulme Trust which seeks to examine the prevalence of informal care amongst 6 major groups: Caribbean, African, Indian, Pakistani, Bangladeshi and Chinese. Through the use of questionnaire survey we will be mapping intra-, inter-generational and transnational patterns of informal care provision, and how this links with formal care services and expectations of care. We will then use qualitative methods to explore the meanings of care, how responsibilities and obligations associated with ‘care’ are negotiated across and between generations and transnationally. We seek to examine notions of inter-generational ‘contracts’, reciprocity, cultural rules, gender and social support networks, and to what extent these influence caring relationships and the expectations of caring.

Ref: 1829

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Title: **The Circle of Life: Past Encounters, Present Narratives**

This poster, framed by a concern with the relationship between theatrical representation, ageing and the life course, will explore Fight for Shelton Bar and Nice Girls. The plays were two of the pioneering musical documentary dramas of Peter Cheeseman and The Victoria Theatre, Stoke-on-Trent. Both documentaries were created from verbatim transcripts of interviews and other research material. All material relating to the productions has been archived and is currently kept at Staffordshire University. I am looking at not only what was presented in the finished drama, but also identifying what was left out or removed during the production process, recognising this archival material is a record of a community's past feelings. As such, the material can be read as being endowed with resonant, implicit senses of the life course, and inter-generational relations. Using these two documentaries as examples, I aim to show that the musical documentary dramas are not finite and closed artefacts and performances; instead, they represent only one construction of the 'truth'. The original production and the archival material is further enriched with current narrative interview material in order to explore what impact The Victoria Theatre's musical documentaries have had on the life courses of those involved, especially with regard to their links with their communities both within the theatre and within Stoke-on-Trent.

Ref: 1783

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Title: **MOBISERV, An Integrated Intelligent Home Environment for the Provision of Health, Nutrition and Mobility Services for Older Adults**

This project involves the integration of a smart textile based wearable health status and activity monitor, a nutrition and hydration support system for monitoring and issuing meal and drink reminders and encouragement, and a smart home environment. All these sub-systems are linked to a robot, which provides interactivity via voice and touch screen interfaces. The robot also facilitates Internet based video communication.

The focus of this project is to ensure that the technology being developed enhances the lives of older adults, giving them ability to make informed lifestyle choices. For example, the health monitoring systems report daily and weekly activity levels and can offer appropriate personalised suggestions.

Working with stakeholder groups comprising older people, their relatives and carers in the UK and the Netherlands, we have been investigating different contexts within which the MOBISERV system will be implemented. These include older people with different age related issues living on their own, people in residential care homes and those who live at home and go to day care. Our studies are helping to determine what is acceptable to people in a personal, cultural and social context.

Initial findings regarding older peoples' needs, their expectations and routines within the context of their everyday lives, have contributed to the compilation of a set of personas and realistic scenarios of use. These form the basis of design specifications for prototypes, which are being tested with user groups as part of field trials, with a view to developing a robust and easy to use system.

Ref: 1920

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Title: **Older People and Ageing Research and Development Network Wales**

In 2010 the Older People's Ageing Research and Development Network (OPAN Cymru) was awarded £1,342,988 by the National Institute for Social Care and Health Research to enhance the quality volume and impact of ageing and stroke research in Wales. OPAN's vision is; 'To make Wales the best place in the UK to do ageing and stroke research and to ensure effective coordination of this research'

OPAN objectives are to;
- Enhance the quality and volume of research on ageing
- Improve the integration of policy, practice and research
- Strengthen research collaborations across and within sectors
- Improve the coordination of research both across and within health, social care and clinical specialisms
- Increase the participation of older people in the research process
- Promote a broader vision of ageing

Underpinning OPAN's objectives is a commitment to involve older people in the research process.

Since its inception in 2003 OPAN Cymru has achieved a number of key successes:
- A total portfolio value worth of £23, 851,751.
- 82 funded studies on the OPAN portfolio.
- Formation of Research and Development Groups on a broad range of topics and themes including lesbian, gay and bisexual older people's needs in residential care in Wales, business innovation and enterprise, and screening for post stroke depression and anxiety.
- Attracted commercial interest onto specific projects for example the Welsh Assembly Government Knowledge Exchange Partnership 'Care in Business'.
- Worked closely with key policy makers through Welsh Assembly Government Task and Finish Groups, and the OPAN Cymru Policy Forum which includes representatives from Welsh Local Government Association, the Older People's Commissioner for Wales and the Welsh Assembly Government.

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Title: **Feelings of Unsafety in Later Life**

This contribution offers an overview of a dissertation on feelings of unsafety in later life. Whereas most research has studied the relationship between feelings of unsafety and crime experiences or risk to victimisation, recently it is acknowledged that feelings of unsafety reflect broader issues than merely safety-related topics. Following this perspective, this dissertation argues that broader community problems and daily insecurities need to be taken into account when studying feelings of unsafety in old age. Drawing on macro-social perspectives, the classical conceptual model to examine fear of crime research is extended and modified, and tested through 5 empirical studies. The data used in this dissertation are derived from the Belgian Ageing Studies. This project is a large-scale survey, which uses a structured questionnaire to gather information about various aspects of quality of life of older adults. Using data from over 46.000 older people, the dissertation seeks to identify which groups of older people especially feel unsafe; which components of daily life enhance a feeling of safety; how the physical design of the neighbourhood can increase or can decrease feelings of unsafety; and which aspects of social capital are important in understanding feelings of unsafety in later life. The dissertation concludes that a broader 'social exclusion' perspective – which takes the life situations and daily insecurities of older people into account – contributes to a deeper understanding of feelings of unsafety, beyond classical approaches of crime and victimization.

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Title: **Care Home Experiences of Integrated Working with Primary Care - The National Picture According to the Approach Study**

Within the UK there is an increasing policy emphasis on improving the quality of care for older people in care homes through integrated working (IW) between health and social care services. This study aims to clarify what is known about IW and evaluate its impact on older people in order to inform future service development.

Phase one included a systematic review of IW between care homes and primary health care, and a national care home survey of experiences of IW. This poster will present findings from the survey.

One in four of eligible care homes were randomly selected from the online directories held by the Care Quality Commission (CQC) and invited to complete an on-line survey (or offered a postal version) which took about 15 minutes to complete. Ninety three of the 587 care homes who received the survey completed it (response rate 15.8%). Following the poor response an extension to the survey inviting care homes not randomised to the original sample, was sent out by a national care provider that secured a further 102 responses from their care homes.

Data will be presented on services provided to care homes, perspectives and experiences of IW including joint training, care planning and documentation. We will contrast these with the findings from the review and previous work in this area.

The discussion will highlight the challenges and issues raised for integrated working in care homes as well as commenting on the use of online surveys to collect data from care homes.

Funded by the National Institute for Health Research Service Delivery and Organisation Programme (project number 08/1809/231).

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Title: **Exploring the Needs and Experiences of People Ageing with HIV in the London Borough of Newham**

Despite a growing population of people living with HIV/AIDS (PLWHA) aged 50+ and people becoming infected with HIV later in life, we currently know very little about getting older with HIV. There is some research on the experiences of older MSM living with HIV; however, little is known about those who have become infected with HIV via heterosexual transmission, especially those from ethnic minority groups living in ethnically diverse areas.

This paper will present findings from an exploratory, mixed-methods study designed to explore the needs and experiences of older adults with HIV in the East London borough of Newham, an ethically diverse and socially disadvantaged urban area. The study set out to collect data on physical, sexual and social health needs, as well as patterns of service use. Quantitative data are collected from HIV+ adults 50 and older using a 42–item questionnaire developed with reference to several pre-validated health, lifestyle and ageing questionnaires. The qualitative component of the study utilises focus groups to explore experiences of various health and social care professionals working with this population, PLWHA and their partners, friends, family members and/or carers. Additionally, the study explores the availability of services in Newham to meet the needs of those older adults living with HIV. Services were mapped to create a user-friendly, accessible guide for health and social care professionals as well as for PLWHA aged 50 and older.

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Title: **The Survey of Crime Victimization Among Elderly People in Taiwan**

Those who are vulnerable, especially elderly people may be more likely to become victims of crime. Although previous research suggests that the elderly are less likely than other age groups to suffer criminal victimization and that not all of the elderly are dependent and social isolation, being victimization leaves little room to impact on quality of life among elderly people. The purpose of this survey is to investigate criminal victimization among elderly people in Taiwan. Elderly people fall victim to such crimes as burglary, robbery, assault, fraud, domestic violence etc. It is found that the rate of criminal victimization increased by 34.72% among the population aged 65 and over between 2004 and 2009 in Taiwan. There were 13,320 individual victimizations during the 2009 calendar year while during the 2004 calendar year 9,887 individual victimizations were reported. More than 50 percent of the victimized elderly people were aged 70 or over. Based on these findings, the study recommends that the police protect elderly people from crime through community support or services. The main reason is that elderly people usually are aware of potential crimes but often unable to prevent crime, largely because of their own physical or cognitive limitations.

Ref: 1404

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Title: **A Review of Older People's Perceptions on Elder Abuse**

Elder abuse and neglect have been identified in the literature as one of the most significant threats to the well-being of older people. However, there has been little systematic review of older peoples' own perceptions of this problem. This has led to a lack of serious effort in the development of strategies in preventing abuse from occurring and to intervene effectively when it does. With the unprecedented growth of the older population and the complex societal changes that are impacting on welfare systems throughout the world it is clear that new policies concerning elder abuse are urgently needed.

This paper presents a critical review of the literature related to older peoples' perceptions of elder abuse, and considers the extant knowledge in the field to stimulate more informed debate. This is needed as the review found that while there is extensive research on elder abuse there is a scarcity of material on older peoples' perceptions, including how they define it. Moreover the existing work adopts a largely western perspective. Further research is needed that focuses on developing a better understanding of elder abuse from different cultural backgrounds.

Understanding older people's perceptions of what constitutes elder abuse and the help-seeking behaviours they adopt (or fail to adopt) will be of great value in helping practitioners develop rational strategies the enable older people to age with dignity and security. To achieve this it is suggested that qualitative research exploring older peoples' views of elder abuse is an area requiring further, more detailed study.

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Title: **Discharging Older Patients from Convalescent Hospitals: Information Needs of Family Members to Inform the Development of eLIP**

The use of computerized technology to retrieve information about health and social care has advanced to enable consumers to access resourceful knowledge and improve patient outcomes. With information becoming so widely distributed, there is an overwhelming feeling about where to begin. Discharge planning of hospitalized older patients is known to be a daunting time and haste decisions are made based on limited time and information. A 4-year study aims to develop an e-Learning Information Package (eLIP) as part of a pre-discharge hospital programme. Phase 1 study was conducted using individual interviews with older patients, family members and nurses to examine information they considered to be useful in planning discharge for older patients and would inform the development of eLIP. This presentation is based on findings from 27 family members about specific information they wanted to know and sources of information about supportive services that would be helpful in planning an elder for discharge home. Family members were conveniently recruited after their older relatives were admitted into one of eight medical wards of two convalescent hospitals in Hong Kong. Findings revealed that discharge planning was inhibited by the limited communication between health care professionals and families. Families described being uninformed about the patient's medical condition and were passive about approaching healthcare professionals to request for this information. There were uncertainties about 'what' and 'how' to ask questions. The delay in receiving information prevented families from initiating discharge plans. Denying and underestimating the elder's condition arose. Specific information about illness and progress should be initiated and explained by the health care professionals so as to psychologically prepare the family about the elders' changing circumstances. Elder's ability to perform ADL was useful information for families to monitor deterioration/improvement in the elder's health status and to identify areas for health teaching. Families knew little about supportive services available in the community. There was a high reliance on prior knowledge and experiences. Beyond identifying the names of the service, many did not know how to find information about the scope of services, fees and contacts. Sources of information were obtained from the media, advertisements, friends and leaflets. Providing families with a list of organisation's names was common practice in hospitals. Timely provision of information to families in a format that is simple and readily accessible is highly recommended to enable them to accept the elders changing health needs and provide adequate time to explore placement options and service preferences in pre-discharge planning. In a time-constrained and busy ward, the role of an innovative e-learning technological platform will be developed to bridge health and social care services.

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Title: **An Analytical Review of Local and National Fall Policy and Guidelines**

The prevalence of falls in the United Kingdom is high with 1 in 3 people aged over 65, and 1 in 2 people over the age of 85 falling each year. The potential for older people to fall is exacerbated by mental health problems, such as impaired mental status, depression, dementia, and treatment with psychotropic medication. As such, the National Patient Safety Agency has recommended that NHS organisations understand and acknowledge the high risk of falls in older people using mental health services and use local reports of falls to target and assess their fall prevention strategies.

One of the aims of this study, funded by NIHR Research for Patient Benefit is to analyse current local and national falls policy and guidelines specific to mental health settings.

We will present an analysis of national falls policy and guidelines, aligned with corresponding documents from all Mental Health Trusts (n=56) in England and Wales which will be collated and analysed to enable extrapolation of factual information on how Trusts interpret and implement the evidence-base. Comparison between the Trusts will also be presented. The poster will also include data collected detailing specific processes that Trusts have implemented to reduce falls incidence. We will also present a 'content analysis', to identify specific themes or concepts 'tested' and 'defined' within and between the different documentation. This poster presents research in progress.

Ref: 1825

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Title: **The Effect of Macro and Micro-nutrient Fortification of Cookies on Their Sensory Properties and on Hedonic Liking of Older People**

Older people (OP) often have low food intake which increases risk of malnutrition and subsequent health issues. Oral nutritional supplement beverages (ONS) are often prescribed, however OP can find it difficult to consume ONS, to the extent that their nutritional status is not improved1. A variety of supplements with different sensory characteristics are likely to improve intake to a greater extent than where only one type of supplement is used2. Meal fortification can improve energy (+26%) and protein (+23%) intake in hospitalized OP3. We have successfully produced macronutrient dense oat cookies (containing micronutrients) and gluten free cookies. The first approach was to add a full range of vitamins and minerals matching typical ONS, where one portion usually provided from 9 to 69% of the recommended daily nutrient intake (RNI). The second approach was adding micronutrients customized to OP needs in hospital 4,5; these were iron, riboflavin, folic acid and vitamins B6, C and D, at half the RNI per portion. A trained sensory panel found no differences in basic tastes between the enriched cookies from either approach in comparison to the control oat cookie. There were small but significant differences in some sensory attributes, however these appeared due to batch to batch baking variation rather than due to the mineral fortification. A gluten free option was also prepared without supplementation. 36 older volunteers participated in hedonic liking. There was no statistical difference in the mean liking of any of the cookies. In conclusion, fortification of cookies provides an alternative to ONS, and a gluten free option would be possible. Data to date suggests that both micronutrient fortification routes led to acceptable products.

Acknowledgement : Study sponsored by the New Dynamics of Ageing programme through ESRC, as part project “mappmal”; developing new approaches to improving the nutrition of older people in hospitals. LycoRed are thanked for the development and supply of micronutrient premixes.

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Title: **The Current Situations and Challenges of the Meal-Delivery Service for the Elderly in Japan and Taiwan**

Japan and Taiwan, one after the other in the Asia-Pacific Region, are becoming aging societies. Hence, it is of particular significance to examine the meal-delivery service for the elderly in both countries. Although there are differences in dietary habits and culinary styles between Japan and Taiwan, the meal-delivery service for the elderly implemented in both countries, where the adage that prevention is better than cure prevails, has played a major role in facilitating aging in place and enhancing the community care-service. The present study is to analyze the meal-delivery service implemented in Taiwan in terms of what it is intended to achieve, who to receive such service, what results are produced, and what challenges to be faced with on the basis of the investigation of its counterpart in Japan, which has been carried out for more than thirty years, in terms of the system, background, the service delivery, how the supply and the demand of such service strike a balance, and the arising issues to address.

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Title: **Preventing and Managing Falls among Older People with Mental Health Problems: A Systematic Review**

Falls are a leading cause of mortality and morbidity amongst people aged 65 and over and these risks are exacerbated by mental health problems, such as impaired mental status, depression, dementia, and treatment with psychotropic medication. Although a number of systematic reviews and guidelines have been developed to address the issue of fall prevention in older people they have largely focused on people living in the community and those without cognitive impairment. Therefore a systematic review is underway to identify existing evidence on interventions for the prevention and management of falls in older people with mental health problems; focusing in particular on mental health settings.

Papers were identified by searching electronic databases, checking reference lists, and contacting experts. Two authors independently screened studies for inclusion and extracted data. Data were collected on interventions used to prevent or manage falls in people with mental health problems in all settings to establish what evidence currently exists to underpin current local and national policies for falls prevention and management.

Thus far titles and abstracts of 4045 records have been screened for inclusion and 80 papers obtained for full text screening.

This poster will present final findings from the review and make recommendations for further research to enable development of evidence-based guidelines and policy for fall prevention in mental health settings.

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Title: **Older People's Lived Experiences of Fall and Injury Prevention Interventions in Care Homes – An Interpretative Phenomenological Study**

In long-term care institutions use of fall and injury prevention interventions, such as walking frames, personal emergency alarms, grab rails, or lifting aids can be common. However, the personal decision to use these interventions is complex and can be affected by factors such as perceived stigma of ageing along with pride and the desire to retain independence and control, which can lead to issues of acceptability and compliance. Conversely, interventions designed to reduce falls and injuries may have the effect of increasing confidence, feelings of security, and overall wellbeing.

The Interpretative Phenomenological Analysis (IPA) was based on semi-structured interviews in two care homes with 5 residents and 5 healthcare support workers, and explored the participants 'lived' experience of fall and injury prevention. Residents' baseline data were also collected to evaluate whether participants' views and experiences relate to their actual level of fracture risk.

Analysis of the interviews is in progress but emerging themes include: falls as part of everyday life; acceptance of ageing body; managing falls risk; and coping with falls emotionally. Care home residents understand that their current health status necessitates the use of fall and injury prevention interventions and are, therefore, generally accepting of the interventions. Providing that healthcare staff consider issues of the residents' dignity and personal choice, and possible fear of mobilising or using an intervention, then the interventions can improve the quality of the residents' day to day life.

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Title: **Age Discrimination in Mental Health Services**

This qualitative research examined the existence and extent of age discrimination in mental health services in England and Wales before focusing on the governments' proposals to outlaw age discrimination in public services, contained in the Equality Act 2010, and the implications that this has for mental health services in post-devolution Wales.

Telephone interviews were conducted with a small random sample of managers within health and social care settings in Wales and England.

The findings of the research were as follows:

- Age discrimination exists within current mental health services.
- Every organisation had a separate service for working age and older adults.
- Older people's teams didn't know about some services managed by adult teams.
- Ageist attitudes inhibited access to the level of support experienced by younger adults.
- There were fewer, less well-staffed, services for older people.
- Low levels of resources for identification and early intervention work led to unmet need.
- Opinions on the extent of and reason for discrimination varied.
- Limited knowledge about the new legislation.
- Additional resources and guidance accompanying the legislation is required.

These findings support the view that age discrimination exists within mental health services. Although discrimination law itself is not a devolved function, many of the levers for making a difference lie within Wales. The Equality Act should be integrated into the existing Welsh policy framework in a joined up manner consistent with existing strategies and the overarching commitment to promoting equality enshrined in the Government of Wales Act.

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ADDENDUM

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Title: An Intervention Study for Changing the Life Style of a Man Living Alone in a Depopulated Area in Japan

The issues of isolation and loneliness in living alone of older people in Japan have been pointed out as a critical situation. In this study, we tried to intervene with a man to change his daily life style who was isolated by himself into an active one. Six months after running the intervention programme we evaluated the programme effects and the results showed optimistic changes such as: (1) from silence to talking communication with others although it was not radical; (2) from smoking to quitting smoking utterly (it is very meaningful for him because he has suffered from diabetes for more than 15 years; (3) he started health activities instead such as playing park golf and field farming. (4) Taken as a whole, his life style was changed in a good direction through our intervention programme however there are still some problems left to settle such as how and who can support him to keep the results of change.

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