Abstracts - Oral presentations

Presented in alphabetical order of first authors last name

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[Liz Corry, Wendy Holland, Wendy Linsley, Ruth Milne, Sandi Rickerby, Susan Tideswell]

Creating Music and Community: Participation in an Older Adults' Music Programme

This paper presents findings of a community-led research project exploring music participation in later life. The research team comprised a researcher from Newcastle University and six participants of the 'Silver Programme' at Sage Gateshead, UK – a music participation programme aimed at adults over 50 years. Our research explored factors which contribute to the success of the Silver Programme and the benefits to wellbeing, as reported by participants' experiences of the Programme. Participants felt that success was due initially to the 'pull' of Sage, Gateshead being a prestigious new regional music venue on the banks of the River Tyne, which offered them an ambient and vibrant social space in which to develop their musical skills. What ensured longer term interest and connection to the Programme was the variety of offer, the sensitivity of timetabling appropriate for older people, the flexibility of participation in times of ill health or caring responsibilities, the teaching style of music tutors and the committed, visionary and effective leadership. In addition, the inclusive and participatory management structures of the Programme offered a number of voluntary opportunities, which enhanced the sense of community. Participants suggested that participation did not lead to much improvement in physical wellbeing beyond encouraging greater levels of mobility getting to and from practice sessions. However, significant benefits were expressed in terms of cognitive and emotional wellbeing, brought about by the intensity and challenge of the learning process, the complexity of emotional experiences of musical performance, a strong sense of belonging and renewed aspiration following retirement.

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Love it or hate it: The link between social relationships of older people and their use of Information and Communication Technology

Emerging technologies such as mobile phones, the Internet and their applications have generated debates about their impact on society. In October 2013, around 32 million people in Japan were aged 65 or over (comprising 25% of the total population of 127 million). The current generation of older people are healthier and wealthier than former generations and they are changing the image of 'older people'. What about their ICT use? In reality, the most significant factor of digital divide in Japan is age. People aged 65 or over use the internet the least. This paper examines the link between older peoples' social relationships and their ICT use. The qualitative data presented in this paper is derived from in-depth interviews (n=37) with people aged 65 to 74 about their everyday life including their ICT use, conducted in Kyoto, Japan. The result was that people who have good social relationships also report more use of ICT and those who can use ICT well tend to have better social relationships. At the moment older people heavily rely on their own personal relationships to receive help for ICT under a situation which lacks proper official support for ICT. If they are lucky to have supportive person(s) around them they can use ICT, but if not it becomes incredibly difficult. In short, the gap between ICT and social relationships 'haves' and 'have-nots' could be growing. More initiatives from government and businesses are needed to ensure the benefits of ICT are enjoyed by more older people.

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Psychological Adjustment to Accidental Falls

Introduction - One in three people over 65 fall each year and the risk of falling increases with age. Many fallers report functional decline, fear of falls and some report

posttraumatic stress disorder (PTSD). The aim of the study is to investigate psychological adjustment to falls and explore patients? perceptions of health and fall recovery. Successful recovery would decrease the risk of falling in the long term because falls history is a major risk factor for falls.

Methodology - A qualitative study investigated outcomes of falling in hospital patients with fall-related fractures in Poland. Participants were screened for PTSD symptoms. Patients with and without PTSD symptoms were selected for semi-structured interview. Interviews were transcribed verbatim and analysed using thematic analysis

Findings - Patients with no PTSD symptoms seemed to integrate falls into their life stories. They applied various coping strategies to adjust to their fall such as: religious coping, social support, assistive technology, and compensatory actions. They were highly motivated to recover. Patients with PTSD symptoms were older, suffered more traumatic falls and had smaller social networks. They struggled to integrate falls into their life stories and therefore their perception of the future was disturbed and they had a fatalistic outlook on life. They showed less motivation and use of strategies for recovery.

Conclusion - This is the first study to qualitatively explore PTSD in falls patients. It appears that PTSD may disturb falls recovery tremendously. Helping fallers cope with PTSD may be key to their falls adjustment.

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Dynamics of Cultural Vales on Elderly Abuse and Neglect in South Western Nigeria: Ageing Well or Dieing in Sorrow

This paper explores the problems of abuse and neglect from the point of view of the victims, their families, cultural values and perpetrators. Exploring evidence based utilization model in a densely populated and rural communities, this paper argues that cultural values are not adequately equipped to make judgements on the culpability of the perpetrators who knowing and unknowingly commit the abuse and neglect. This is because the established cultural values are obsolete and too abstract, hence difficult and complex to implement. People have a narrow understanding of the effect of the cultural values on elderly abuse and neglect. Thus, the paper argues that established cultural values provide inadequate opportunities to protect the elderly against abuse and neglect in the contemporary Nigerian society. Using the recent development and dimensions of elderly abuse and neglect, the paper explores the benefits of the situational model to established cultural values in the treatment of elderly abuse and neglect in Nigeria, and attributed the problems to the socio-economic, social policies, socio-physical decay, breakdown in family institution as well as the failures of individual adjustment to ageing and old age. Suggestions arising from this paper could be extended to other societies where neglect and abuse might be informed by norms and values rooted in cultural embedded beliefs and practices.

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'Simple but not simplistic – developing evidence enriched practice (DEEP)'

Whilst the use of research in health and social care service and workforce development is widely promoted in policy, success in practice is often elusive (Nutley et al 2009). The Developing Evidence Enriched Practice (DEEP) approach to using evidence in practice was developed to address this, based on the principles of appreciative inquiry (Dewar and Nolan 2013), use of narrative (Lyle 2000) and dialogic learning (Flecha and Soler 2014).

Over a period of nine months across six sites in Wales and Scotland, research findings from the Joseph Rowntree Foundation 'A Better Life' programme (Blood, 2013) and the associated seven challenges, were explored together with other forms of local evidence (i.e. the voice of older people and carers, tacit practitioner knowledge and organisational knowledge). As a result of these explorations, a range of service and workforce developments were initiated, which were:

- Redefining professional boundaries to support relationship centred practice
- Better supporting caring relationships through the development of meaningful short breaks
- Involving local people in the development of an integrated health and social care resource centre, with a particular focus on addressing loneliness
- Strengthening the voice of older people in care homes and day services and developing meaningful activities
- Developing a rights based approach to risk management with people living with dementia

The findings will be examined in relation to the implication for service and workforce development. In particular, the paper will highlight the individual and

organisational factors which acted as facilitators or obstacles to the use of evidence-based research in practice.

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[Robert Meadows]

Title
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Background - Recent major policy changes have affected people in their sixties. State pension ages have increased for women from 60 to 66, and mandatory retirement ages have been abolished. The paper addresses government assumptions that older men and women will continue to work in their late sixties, examining gender differences in jobs undertaken and income received.

Methods - The paper analyses 'Understanding Society' for 2012-13 (wave 4), which interviews all persons in a large sample of British households, focusing on men and women aged 60-79 (n=11400), particularly aged 65-69 (n=3400). We analyse participation in paid employment and self-employment, the nature of employment, factors that predict being employed/self-employed, and income from employment/self-employment.

Results - From age 60 onwards there is a rapid decline in employment participation, with 21% of men and 18% of women aged 65-69 economically active. Employee jobs are more likely to be part-time, hourly paid and in the service/sales sector. Nearly half of economically active men aged 65-69 are self-employed. Health and being more educated are key predictors of being employed/self-employed. Levels of income inequality from employment, and especially from self-employment, are very marked. The top 10% of self-employed men earn 10 times more than the lowest 25%, and earn 20 times more than the lowest 25% of self-employed women.

Conclusions - Being employed/self-employed in the late sixties is associated with health and educational advantages. Substantial income inequalities are evident among the employed and self-employed in their late sixties. Continued economic activity may compound gender and other inequalities in later life

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Experiences of Alzheimer's disease: Age, Stigma, and Looking to the Future

Living with Alzheimer's disease gives rise to a wide range of experiences for both the person with Alzheimer's disease and their supporters (often referred to as carers). This study focused on three main themes within these experiences: age, stigma, and looking to the future.

Perceived stigma (negative attitudes of others) relating to Alzheimer's disease was explored, and whether age impacted on this. Further, the study went on to consider how people look to the future, as this has been largely unexplored outside of care planning.

A mixed methods design made up of questionnaires and interviews was used to look at the similarities and differences between people diagnosed with early and late onset Alzheimer's disease, and their supporters. Participants were paired for the questionnaires, and interviews were offered together or separately.

Participants were recruited through the Scottish Dementia Clinical Research Network register: Fifteen people with late onset Alzheimer's disease, seven people with early onset Alzheimer's disease, and their 23 supporters. Altogether, questionnaire data from 45 people was collected, followed by 11 paired and 3 supporter only interviews (13 people affected by late onset Alzheimer's disease, and 11 people affected by early onset Alzheimer's disease).

Preliminary results suggest a distancing from the negative attitudes of others, and a focus on living each day at a time. The results suggest there is a gap in how people look to the future and the resources available to support them.

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[Jason Talevski, Renata Morello, Danielle Berkovic,
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From bedside to bathroom – Assessing the evidence and perceived effectiveness of in-hospital fall prevention strategies.

Falls in older hospital in-patients are frequent events which have negative effects for the patient, the staff who care for them and the health care system. A fall in hospital that results in serious injury can reduce a patient's independence and quality of life (1), and greatly increase in-hospital costs due to increased length of stay and additional medical procedures (2).

Demographics of ageing suggest that the falls burden will escalate in coming decades (3), and there is little evidence that indicates the problem of falls in hospitals is diminishing, despite clinical and research advances over the last decade (4). This analysis aimed to explore the perceived effectiveness and challenges associated with the falls prevention strategies utilised in six Australian hospitals.

The evidence base for the strategies is presented alongside the data from 12 focus groups with 96 nurses and 24 interviews with senior hospital managers conducted as part of the 6-PACK project (5). A general deductive and inductive qualitative analysis approach was adopted. Nurses felt that patient observation strategies (e.g. patient sitters) were the most effective strategies to prevent falls whereas senior hospital managers felt that less cost intensive strategies such as the use of low-low beds and toileting schedules were beneficial.

This analysis demonstrates a gap between evidence and practice and also a disparity between nurse and senior manager perceptions of effective falls prevention.

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Barriers and Enablers to Effective Falls Prevention in Acute Public Hospitals: A Qualitative Study

The demands for effective in-hospital fall prevention programs have never been greater, and understanding the practices and knowledge of hospital staff may assist us with progressing effective falls prevention programs. The aim of this study was to assess nurse and senior management perceptions of barriers to, and enablers of, effective falls prevention in acute public hospitals to inform the implementation of a nurse led falls prevention program (the 6-PACK program (1)). A mixed-methods study including 24 acute wards from six Australian hospitals was conducted (2). Data was obtained via medical records, incident reporting and practice audits (n=37,737); focus groups (n=12 with 96 nurses); interviews (n=24); and surveys (n=421). Audits and bed-side observation revealed variable falls prevention practice across wards. Falls commonly occurred in relation to toileting (35% of falls), from the bed (38% of falls) and in confused patients (38% of falls). Barriers to effective falls prevention identified in focus groups and interviews included a lack of time, skills, effective strategies, and resources. Patient complexity, environmental factors and a belief that falls were inevitable were also identified as barriers. Enablers included face-to-face education; leadership; and use of audit, reminders, feedback and benchmarking. This study provides new information on the perceived barriers and enablers to effective falls prevention practices within the acute hospital setting. These results inform that future implementation of falls prevention programs include the promotion of executive and ward leadership; on-ward face-to-face education and improved access to falls prevention resources.

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[Anne Killett, Bridget Penhale]

The strategies used to care for people with behavioural and psychological symptoms of dementia in care homes

Antipsychotic medications have been used to manage behavioural and psychological symptoms of dementia. Due to the potential risks associated with these medications the Department of Health in England has called for a reduction in their use for people with dementia. Non-pharmacological interventions have been recommended as safer alternatives.

This paper describes the main findings from a study which explored the strategies used in care homes to manage behavioural and psychological symptoms of dementia.

In-depth case studies were conducted in 4 care homes; in total they included interviews with 40 care home staff and 384 hours of participant observations.

Multiple implicit and explicit strategies, non-pharmacological interventions and psychotropic medications were found to be used concurrently in care homes to manage BPSD. Formal non-pharmacological interventions, some of which are the focus of efficacy research, were predominantly used as activities to improve the quality of life of all residents and not targeted at managing or reducing specific behaviours.

There is a gap between rhetoric and practice with implicit care strategies and perceived usual care practices employed more than formal non-pharmacological interventions to manage BPSD. If non-pharmacological interventions are to become viable alternatives to antipsychotic medications in care homes further work is needed to embed them into usual care practices and routines.

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[Andrea Kenkmann, Anne Killett, Kathleen Lane, Bridget Penhale, Fiona Poland]

What can we learn from research about involving older care home residents in the research process?

Involving lay members in research processes can greatly enhance research and its relevance to the wider public. However, researchers can encounter barriers when trying to include older care home residents in the research process. This paper presents findings from a systematic review conducted under the auspices of an inclusive research team comprised of: a care home manager, academic staff and older members of the public, including care home residents. The aim of the systematic review was to see what research practice lessons could be learned from past research involving older care home residents in the research process.

A systematic search of relevant health, social science and psychology databases took place which identified literature involving older care home residents as patient and public involvement (PPI) members in the research process.

The review revealed that the majority of studies involving older care home residents have been focused on issues directly relevant to the residents themselves such as, the food provided at the care home. Barriers to, and elements enhancing, the involvement of this 'hard-to-reach' population in the research process were identified; as were the types and nature of the residents' involvement, the methods of involvement and the recruitment strategies used.

This paper will discuss the findings from the systematic review. The lessons learnt and their implications will be relevant to any researchers contemplating involving care home residents as advisors or collaborators in their research.

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Local delivery of the National Dementia Strategy: Gateshead

In this paper I focus on the local delivery of the National Dementia Strategy. The National Dementia Strategy requires each local area to develop a local action plan for the period 2014 – 17, which should address: raising awareness; dementia pathway; carers support and early diagnosis. The Prime Minister's Challenge on Dementia has the vision of creating Dementia Friendly Communities. My case study is of a local authority, Gateshead Council, in the North East of England, which has adopted a strategy to make Gateshead a Dementia Friendly Borough. In this paper I critically examine this strategy, which began with a consultation with residents with dementia and their carers/ families to ascertain what a dementia friendly community should look like. We were the first authority in our region to develop a Local Dementia Action Alliance. Our dementia strategy has adopted a multi-faceted view of community: embracing place as well as identity and interest (such as culture and sport), and we have adopted a range of policies, cross-cutting and holistic in nature, which include awareness raising, intergenerational, and have used evidence based practice to influence our dementia policy making.

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[J. Lara, M. White, J.C. Mathers]

What is important for healthy ageing?

Background: The absence of a consensus definition of healthy ageing (HA) is an impediment to HA research. This work examines differences between how academics and older people define HA and also examines how people's perceptions of what is important for HA changes across the life-course, if at all.

Methods: Survey 1 compared importance ratings of ten domains of HA (identified by systematic review – Barron et al., unpublished) by academics and by older people (mean age 70.8 years). Survey 2 used the same participants but this time forced rankings of the ten HA domains. Survey 3 expanded Survey 2 to a wider population of those aged 16+ using the SurveyMonkey Targeted Audience facility to ensure participation from all ethnic backgrounds.

Results: Fewer differences between academics and older people than previously reported. The 21-30 age group ranked Measuring Ageing more highly than 16-20 (p=0.00041), 31-40 (p=0.000007) and 51-60 (p=0.000001) age groups. The 21-30 age group ranked Mood as less important than 16-20 (p=0.0009) and 31-40 age groups (p=0.0018). The 41-50 age group ranked wellbeing more highly than those in the 16-20 (p=0.004) and 31-40 age groups (p= 0.00038). There was also a difference between the 21-30 and 31-40 age groups (p=0.004) with those in the 21-30 group giving a higher importance ranking. Females ranked Health Problems as more important than did males (p=0.003) but there were no interactions between age group and gender.

Conclusions: There are fewer differences in perceptions of the important features of HA between academics and older people than reported previously. Differences in perceived importance of the particular domains of HA at different stages of the life course will have implications for the development of future intervention studies targeted at particular age groups/ life stages.

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[Sally-Marie Bamford]

Social Isolation and Loneliness: The Emerging Crisis for older men

Background: The population of older men is growing faster than that of women, which means new, gender-specific challenges could arise – despite similarities, older men and women experience ageing differently. Yet, in policy and practice, ageing has regularly been looked at in gender-neutral ways; when gender has been explored, the focus has usually been on women. We aimed to fill this potential gap by looking at the experiences of social isolation and loneliness among older men and the kinds of services that exist to address them.

Methods: Using data from Wave 6 of ELSA, we examined older men's reports of social isolation and loneliness with respect to a range of socio-demographic characteristics. We built regression models to identify the relative importance of a number of predictors. Our quantitative results were supplemented with focus groups and one-to-one interviews with older men as well as providers of male-specific activities and initiatives in this field.

Results: We estimate that over 1.2 million older men in England experience a moderate to high degree of social

isolation, while over 700,000 feel a high degree of loneliness. When multiple factors are taken into consideration, we find that age group does not demonstrate significant associations with social isolation or loneliness, suggesting that such experiences are not an inevitable consequence of growing older. We also describe how services meant to target loneliness among older men can be most effective by incorporating the particular interests of older men and avoiding marketing that highlights elements associated with older age and loneliness.

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[Donnellan, W. J.]

Applying an Ecological Framework of Resilience to Informal Non-Spousal Carers of People with Dementia.

Although much is known about the factors that make informal caring for a friend or family member (non-spouse) with dementia burdensome, little is known about factors that facilitate resilience. We define resilience as "the process of negotiating, managing and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity" (Windle & Bennett, 2011). We undertook sixteen in-depth qualitative interviews with informal non-spousal carers to examine factors that promote or hinder resilience. Of those 7 were resilient and 9 were not. Applying an ecological framework (Windle & Bennett, 2011) we identify individual, community and societal level resources which facilitate or hinder resilience. We discuss the methodological challenges in researching resilience. Finally, we conclude by discussing how those carers who are not yet resilient may be supported to become so.

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A Qualitative Approach to reveal the Taken for Granted Experience of the Meaning of Home for Six Baby-Boomers

In a society where the number of people aged over 65 is increasing alongside an increase in solo living (Demey et al 2013), and the Government emphasis on enabling people to age in place ((Department of Health 2006).) this presentation will describe how the meaning of home for six baby boomers was explored in a PhD study.

Given the complexity of trying to understand the meaning of home a qualitative interpretative approach was adopted, an approach that has been influenced by hermeneutics, but with a focus on the various layers of interpretation to achieve an understanding of meaning (Gadamer 2006b). Gadamer (2006b, p. 30) discusses the 'back and forth' process in interpretation to achieve a certain understanding. This presentation will discuss the various layers of interpretation adopted in this study, from the participant generated photographs, photo elicitation interview , interpretative panels, and the last stage in the thesis of interpreting all the data collected to present the meaning of home for the six participants. The presentation will conclude with how adopting this qualitative approach revealed a great deal not only about the significance of home for the six of baby boomers, but also the impact of the life course on the meaning of home. These revelations identify important areas for further research.

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The Five Senses of Home Framework

Home can be a place of refuge, sanctuary or a place to just be oneself. There has been a number of studies that have explored the meaning of home for older people, (Sixsmith et al 2014) this is particularly relevant since with increasing age people spend more time within their home environments (Iwarsson et al 2007). Understanding what home means can help individuals, health and social care professionals make plans for the future that can enable an individual to age in place, wherever that place maybe. This presentation will present the findings from a PhD study that explored the meaning of home for six baby boomers, a large cohort entering later life. The paper will focus on the findings that revealed the sensual nature of home as described by the participants, proposing the five senses of home framework. Using the five human senses could help health and social care staff explore the meaning of home with an individual who needs to articulate the taken for granted experience of home. This can include the familiar sounds of home, the texture of bed linen, smell of favourite food, feeling safe and secure, or views of the garden, which can be significant in different ways for individuals. Using a qualitative approach which included photo elicitation the meaning of home for these six baby boomers was revealed. This paper will conclude with how the senses of home framework could be used in a practical setting to support an individual retain a sense of home.

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[Alison Dawson, Corinne Greasley-Adams, Susan Murray,
David Bell, Alasdair Rutherford]

Unpaid care for older people: a study of carers time use

This study, funded by ESRC as a project in the Centre for Population Change, highlights fundamental changes in unpaid care for older people. These include changes in supply of care; family structures; competing demands on carers; changing tasks and attitudes; educational changes; migration patterns; work; and housing wealth. The study aims, in this dynamic context, to develop better understanding of what unpaid carers are doing, and how their work is changing. Existing research tends not to provide systematic exploration of and effective tools for examining carers' tasks, how they use their time and how this could be captured in large scale survey research. Large surveys tend to use structured questions about caring, which contain many assumptions about carers, and may not therefore be collecting data which can usefully inform contemporary policy.

The project is developing a time use diary methodology which aims to collect extensive, detailed data about the range and frequency of unpaid care tasks, which will be used to develop a fuller understanding, and ultimately to inform more effective questioning in large scale surveys.

The paper reports on the first phase of the study, involving analysis of 60 interviews conducted with people who 'support and care for' older people. This phase aimed to develop a fresh, qualitative understanding of unpaid carers time use, with an emphasis on their own perspectives on what they count as 'support and care' for older people; what tasks take up more or less time; and how they manage their time. This qualitative analysis informs the design of the time use data collection phase of the study.

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[Claire Bamford]

'Scaring yourself silly': managing information following a diagnosis of Parkinson's disease

Drawing on a small number of open-ended interviews with people in the early stages of Parkinson's disease (PD), this paper explores the tensions they experienced in obtaining the right amount and types of information. While all patients interviewed spoke of the need for information, particularly on practical matters such as travel and medication, they also highlighted the importance of controlling and negotiating the amount and type of information. Interviewees described how getting too much or the wrong kind of information could create an unhealthy preoccupation with future physical decline leading to feelings of anxiety or depression. This unwanted information could come from unwanted encounters with people with more advanced PD or from negative news stories about the disease. At other times patients reported 'scaring themselves silly' when searching for information on the internet.

Increased awareness of the potential emotional impact that knowledge of the future can have may help health care professionals in supporting newly diagnosed patients to find ways of meeting their information needs. More sensitive exploration of patient preferences for information will help health care professionals to signpost them to the most appropriate sources. The findings also have implications for how websites structure and present information. Health professionals may also need to consider how best to advise and support newly diagnosed patients to manage potentially negative information.

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[Shirley Evans, Simon Evans, Nicola Jacobson, Karan Jutlla, Heather Yemm]

Meeting Centres: an innovative way of supporting people with mild to moderate dementia and their families through an evidence-based, person-centred approach.

Meeting Centres are designed to provide support to people living with dementia and their families/carers, and offer an enjoyable, flexible and adaptive programme.

This project (www.meetingdem.eu) led by the VUmc University Amsterdam, focuses on establishing Meeting Centres in the UK, Italy and Poland and evaluating the impact of these Centres after 12-18 months of operation.

Meeting Centres have been successful in the Netherlands for over ten years. The approach is evidence-based and person-centred, focusing on helping both the individual and their family adapt to living with dementia. A permanent professional team of staff and volunteers provide a range of social and informative activities up to 3 days a week.

Evaluation carried out in the Netherlands has found that Meeting Centres have a positive impact on people with dementia including higher self-esteem, reduced symptoms of depression, enhanced mood and behaviour and delay in admission to residential care. In addition carers feel less isolated and more supported (Droes et al, 2004, 2011).

An 'Initiative Group' of interested parties including people with dementia and their families, volunteers and professionals is involved in planning and implementing the opening of a UK 'pilot' Centre in Droitwich Spa in September 2015.

In our presentation we will give an overview of the project with a focus on the findings from research in the Netherlands and the selection of the evaluation tools for the international pilots.

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[Simon Evans, Karan Jutlla, Nicola Jacobson, Jennifer Bray, Heather Yemm, Claire Garabedian]

Exploring the impacts of a music-based intervention that aims to promote reminiscence for people living with dementia

This paper will discuss the outcomes and evaluation of The 'My Musical Memories Reminiscence Programme (MMMRP)'; a pilot programme aimed at showing that music can create the opportunity for people with dementia, through facilitation and support, to engage with their life stories. Four cohorts of people with dementia took part in a series of structured intervention groups that were run by an experienced facilitator and supported by volunteers. A total of 24 sessions were held, attended by 36 participants. Researchers from the Association for Dementia Studies carried out a mixed methods evaluation that included data from the Creative Expressive Abilities Assessment tool (Gottlieb-Tanaka et al. 2008) ; and pre and post intervention focus groups with family carers and volunteers. An important aspect of this project was the creation of individualised CD playlists and booklets (including visual and verbal prompts based on the responses observed for each participant) at the conclusion of each block of sessions: additional feedback was solicited via semi structured interviews three months after the completion of each block of six sessions from participants and family carers regarding their experience of using these personalised CDs at home. This paper discusses the primarily positive outcomes and also lessons learned for future practice and continuing research.

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[Hooper L, Poland F]

Thinking about drinking: an exploratory study to identify drivers and barriers to maintaining hydration in older care home residents

Dehydration, due to poor drinking, is common amongst older care home residents and often reported in the media as indicating poor care, because drinking is "a basic need". This is a simplistic view of a complex problem. Why may

residents choose to reduce their fluid intake? How do care staff interact with residents who refuse to drink? What do relatives think?

This exploratory study invited residents, relatives, front-line and supervisory care staff to participate in separate focus groups to discuss their beliefs and experiences about what helps and hinders drinking. Focus group methodology was selected so group interactions could be incorporated into the thematic analysis, especially appropriate for care home settings, which are small communities.

Care homes research can occasionally be challenging, particularly when the core issue is contentious, with some homes reluctant to expose themselves to external scrutiny. Organisational issues may affect staff availability to participate in research, and the rationale for not approaching residents regarding study participation can be unclear.

In staff groups, current media debates were identified as encouraging an upsetting and one-sided view of care within their homes. In the families' group, members expressed wishes about continuing to be included in the care of their loved one, whilst often feeling excluded and un-listened to. However, residents themselves expressed little criticism of their care while offering rich insights into the resonances that childhood and family drinking practices had for them.

This research provides novel insights into issues which may underpin drinking practices and dehydration in care homes.

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[Frances Bunn, Claire Goodman, Carol Brayne, Sam Norton, Greta Rait, Louise Robinson, Johan Schoeman]

Comorbidity and Dementia: improving health care for people with dementia (CoDem)

Comorbidity among people with dementia is high but little is known about the organisation and delivery of healthcare services for this population. The impact of dementia on patients' access to non-dementia services (specifically diabetes, stroke and visual impairment) was explored. The aim was to identify how service delivery could be adapted to improve quality of care for people with dementia and comorbidity. In-depth interviews were conducted with community dwelling older people

diagnosed with dementia and comorbidities and their family carers (n=61), to explore their experiences of non-dementia services. Healthcare professionals specialising in the three tracer conditions were recruited for focus groups and telephone interviews (n=57), to discuss the organisation and delivery of healthcare to patients with dementia. Thematic analysis using Nvivo to explore recurrent themes is in progress.

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[Andrea Kenkmann, Ann Kar, Anne KilleW, Betty Wharf, Bridget Penhale, Thomas Conway,Fiona Poland, Hilda Bullen, Kathleen Lane, Tamara Backhouse]

The power of collaboration : research teams with care home residents, care home staff, older people interested in care homes and academic staff

We want to work together, as equal partners, listen and learn from each other, make decisions together. This has been our lofty ideal. But the path we are travelling has been constrained; it seems at times fenced in by academic regualtions and expectations, straring from which is regarded as risky, but also not easy. We want to share decisions, but subtly power is wielded, negotiated, turned down, accepted, deflected. At times we don't even notice. Information is shared more easily with some, meetings are layered, with academics and funders pulling most of the strings. The status of some might silence others, spatial proximity and previous connections mould our dealings with each other.

At the end we will have new knowledge assembled ans shaped by Adina, Hilda, Conway, Betty, Ann and six others, but what has been the journey and at what costs? How have the team learned as a whole and individual members experienced the process?

This is a story of a research team that has been working on how to integrate care home residents as lay members on research projects. In this presentation we offer reflections from our team as a whole and share our expectations and experiences of our collaborative efforts.

The reflections will throw light on some practices at the intersection of age, gender, space and professional status which legitimate – and limit – knowledge and power.

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[Paula Devine, Steffi Doebler]

What has SHARE told us about ageing in Europe? A critical review of the literature

Longitudinal surveys are key tools for gerontologists and public health researchers investigating age and ageing. Recent work by Bulow and Soderqvist (2014) has demonstrated that even the best scientific research design is rarely a neutral endeavour. The health-focused content of major surveys (such as the Survey of Health, Ageing and Retirement in Europe (SHARE)) explicitly perceive ageing as a health issue, rather than a set of socially-constructed experiences shaped of what it means to reach 'old age.'

This paper casts a critical gerontology gaze on the construction of knowledge of ageing and older people in Europe, using SHARE as a case study. Central to this approach is the contention that societally held assumptions about ageing and older people are implicit within survey design.

This paper reviews the SHARE dataset and research outputs over a ten-year period, incorporating three themes: assumptions within research methodology; different frameworks of analysis; how surveys and questionnaires have approached ageing. By focusing on SHARE, our review identifies implicit and explicit assumptions about ageing within research methods and infrastructure.

The paper offers critical insights for future developments in key surveys, reflecting the need to dispel myths about ageing identified by the architects of SHARE themselves (Borsch-Supan, 2013). Datasets like SHARE are used as an evidence base for policy-making, so critical reviews of their impact on knowledge of ageing make a contribution to advancing a more person-centred evidence base for policy planning in ageing societies.

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The Health and Wellbeing of Former Carers of Older People

This paper will focus on the experiences of former carers; individuals who were previously unpaid carers of older people but for whom caregiving has ceased. Caring has been conceptualised as a 'career' that is characterised by key events, one of which is the end of caregiving and the transition into the post-caring period. Few temporal models of care include the post-caring period, yet this stage is an integral part of former carers' experiences.

It is estimated that approximately 2 million people each year in the UK, become former carers. Thus the number of formers carers is steadily increasing. There is however, a paucity of literature on how former carers navigate this stage and how the legacy of caregiving shapes their sense of wellbeing in the post-caring period.

Drawing on data from a mixed methods study, the paper explores the transition made by former carers' and their perspectives on personal wellbeing. Data was gathered by means of in-depth unstructured interviews with former carers of working age. Data analysis was guided by the principles of ground theory. The iterative approach of constantly comparing data enabled the emergence and identification of common themes and core categories.

Findings suggest that former carers find it difficult to negotiate the transition into the post- caring period. They struggle with the psychological and emotional aspects of transition. Adaptation to a non-caregiving life can be a lengthy isolating experience that negatively impacts on health and wellbeing.

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Short-term Outcomes of a Benefit-finding Intervention for Alzheimer Caregivers: A Randomized Controlled Trial

Objectives - To describe the key elements of a benefit-finding (i.e., constructing positive gains) intervention for Alzheimer caregivers using cognitive-behavioral methods and to report data on the short-term effectiveness of a

randomized controlled trial testing the effects of the intervention in reducing caregiver depression and burden.

Methods - 102 Hong Kong Chinese primary caregivers for relatives with mild-to-moderate Alzheimer's disease were randomized into three groups: (a) benefit-finding, (b) psychoeducation, and (c) a simplified version of psychoeducation serving as active control. All groups had eight weekly sessions lasting 90 min each. The primary outcome was the Hamilton depression scale, whereas measures of burden and role overload were secondary outcomes. Outcome measures were obtained prior to and immediately after the intervention.

Results - Controlling for pretest, the benefit-finding group had lower depression than the other two groups, whereas psychoeducation and control did not differ from each other. There were no treatment effects for burden and role overload. However, within-group analysis suggested that both benefit-finding and psychoeducation, but not control, participants showed significant reductions in role overload from pretest to posttest.

Conclusion - Cognitive approaches focusing on benefit-finding can alleviate depression in Alzheimer caregivers.

Subthemes: Health and Well-being (sorry, I can only identify one relevant subtheme)

04

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[Gary Christopher, Constantine Sedikides, Tim Wildschut, Emily Dodd]

Mnemic neglect and recall of dementia-related material

Fears of developing dementia (sometimes referred to as anticipatory dementia or dementia worry) is an emerging area of research interest. Given the emphasis within UK government policy on trying to diagnose dementia as early as possible, it is important to understand how fears about dementia may impede psychological and social adjustment. Research with the general population suggests that some people may find the diagnosis so threatening to their sense of self that relevant information concerning their condition is not processed. If this is the case for people affected by dementia, then this would have important implications in terms of adjustment and treatment. One way to explore how a diagnosis of dementia is assimilated into awareness is to utilise the concept of mnemic neglect -- selective forgetting in relation to one's self-concept. This suggests

that recall of threatening feedback varies in terms of how central or peripheral the information is to the person's self-concept, and also how positive or negative they are. Data presented here arises from an on-going study which examines whether emotional salience or threat affects the recall of people affected by dementia for material related to their illness. The findings will be discussed in terms of perception and understanding of dementia, as well as potential implications in terms of care.

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Perceived health and well-being among non-white adult social care users in England

Data were taken from the Personal Social Services Adult Social Care Survey for England conducted from January to March 2013. By using stratified random sampling, all services users in 152 councils in England were invited to participate in the survey. A total of 8,900 non-white older adults aged 65 and over were interviewed. 62.6% of them were female. 28.9% and 11.7% of them perceived their health and quality of life as very bad/bad respectively. 26% and 10.5% of them suffered extreme pain/discomfort and anxiety/depression respectively. Multiple regression model reveals that in addition to health factors including pain/discomfort (Beta=0.327, p<0.001), quality of life (Beta=0.174, p<0.001), anxiety/depression (Beta=0.124, p<0.001), ADL (Beta=-0.102, p<0.001), and satisfaction with social care services (Beta=-0.132, p<0.001), it is knowledge and information (Beta=0.063, p<0.01) that could affect their perceived health. The model can explain the total variance of 40.4%. After controlling the health effects, satisfaction of information needs can enhance non-white older adults to achieve a better perceived health. It is suggested that free access to information is an essential right of citizens, and the provision of sufficient information can facilitate people to make informed choices. However, it is reported in the literature that the information needs of black and minority groups are not well addressed. Implications for policy and practice for empowering ethnic minority older adults will be discussed.

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Designing Community; Architectural Observations of Micro Age-Friendly Environments

The proposed paper draws upon fieldwork emanating from a PhD by Creative Practice (Architecture & Planning), exploring new design approaches to sustainable housing in later life. The study is being supported by national house builder, Churchill Retirement Living – its development portfolio and resident population providing rich fields for qualitative research. The paper will evaluate 'designerly' research methods – post- occupancy evaluation, focus groups, expert design review, photographic survey, and residency – used to investigate a standard product; providing critical-friend feedback to a 'reflective developer', attending to a growing and diversifying older person demographic, with increasingly active and aspiring members.

In particular the paper will comment on the 'age-friendly' environment of the common space known as the 'owner's lounge'. This micro (building-scale) and interior (non-public) setting is presented as a counterpoint to the urban environments referenced in age-friendly literature. The author will present visual material (including photographs, diagrams and drawings) in support of internal and external feedback on the setting's physical and social architectures. Visual media will be used to contrast three distinct images of home (as-built, as- marketed and as-lived), illustrating the contributions of 'designers' with radically different values. Key themes include home-making, home-naming, and meanings of home, as constructed and communicated for and by older people. This knowledge will form the basis of a design brief, calling professionals to improve existing models, whilst expanding the range of home choices, allowing older people to 'age in place' for longer.

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An evaluation of the pilot HenPower initiative.

HenPower is a programme that involves older people as volunteers who work with vulnerable older people in care settings. The aim of the programme is to enhance mental wellbeing through participation in the programme. HenPower creates networks of older people volunteers who become involved in all the activities of hen keeping from selection and buying, constructing hen houses, breeding, selling eggs, cooking, creative arts activities related to hens, educating communities and who also take collective responsibility for all aspects of caring for the hens. The volunteers also work in schools and care settings to facilitate hen-related activities and in some case henkeeping in the environment. An evaluation of the pilot HENPOWER initiative indicated that there was a significant improvement on mental wellbeing {Warwick-Edinburgh Mental Well-being scale)(p<O.OOl) and depression (Geriatric Depression Scale), (p<O.OOl). Qualitative findings indicated that participants experienced enhanced social contact through the programme.

This paper will be followed by an opportunity to meet some of the 'Hensioners' and the Hens, who will be visiting the conference centre between 12.00 and 15.00 on Thursday 2nd July, and talk with them about their experiences.

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[Eleanor Parks, Victoria Ridgway]

Undergraduate Nurses Perceptions of a Nursing Home Placement

A small learning and teaching research grant was awarded to enable the exploration of student nurses perceptions of a nursing home placement. Undergraduate student nurses at the University undertake a clinical placement with a focus on nurse caring for clients with long term needs, which is predominantly nursing home based, little research has measured the impact of this. The current focus within the media on the standards of care for the older person within Nursing homes potentially influences pre-entry nursing student's perceptions of the older person and it is through the exposure to high standards of older person care, that nursing students' will learn the competence required to care for this specific group. There was evidence from one study, Wade and Skinner (2001) that nursing students' did not view Nursing homes as appropriate learning environments, although their reflections post placement indicated that Nursing Homes were a rich learning experience. The paucity of evidence is of significance to the current pre-registration nursing curricula, where students' must experience care from a range of NHS and private, voluntary and independent care settings (NMC, 2010). Therefore a pre post study was designed using students own drawings and a focus group to capture their

perceptions of nursing homes prior to the placement and to observe what impact the learning experience had on return to University. A sample of 22 students from one nursing cohort was recruited and data is currently been collected. The oral presentation will provide a summary of the study.

Successful ageing and education: A growth mixture modelling analysis

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Novel methodological approaches in the examination of successful ageing at the end of life

Traditional conceptualizations of successful aging (SA) have suggested that individuals experiencing any functional decline do not demonstrate SA. Despite the acknowledgement that SA is a heterogeneous life-course process, the granularity of previous analyses has been impeded by methodological and conceptual limitations. An index of SA consisting of components identified by systematic reviews of layperson perspectives and operational definitions of SA was captured in a longitudinal population- based cohort study of individuals aged 75 and over: the Cambridge City over-75 Cohort Study (CC75C). Scores from the SA index were examined longitudinally using growth mixture modelling (GMM) to identify classes of participants with similar trajectories using decedents' (n = 1015) last completed interview and up to four previous CC75C waves before death. GMM identified a three-class model, capturing high-functioning, no decline (HN), high-functioning, gradual decline (HG) and low-functioning, steep decline (LS) classes. Individuals in the HN class were significantly younger at death (p<0.001) and at their last interview (p<0.001), consisted of more men (p<0.001), were more likely to be married (p<0.001) and to have had greater social contact at the end of life (p<.001) when compared to individuals in the HG and LS classes. The methods employed address conceptual and methodological shortcomings of extant research into positive states of aging, particularly at the end of life. These results demonstrate methods than enable the articulation longitudinal trajectories of SA at the end of life, with important implications for future research.

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The effect of regular listening to music on chronic pain, depression and anxiety in older people in residential care

Despite the widespread belief in the therapeutic effect of music, it has proved difficult to provide rigorous evidence as to its benefits. Music has particular advantages for the older population, many of whom experience chronic pain, depression and anxiety: it is neither physically nor cognitively demanding (Laukka, 2007), and can be utilised in most situations, whatever the physical or mental condition of the individual. It is easily available and inexpensive.

The purpose of this research study was to measure the effectiveness to care home residents of a daily music listening programme of thirty minutes duration over a three-week period. An individual programme of preferred music was provided for 113 participants who were randomised to two groups; one that listened to music and one that continued life as normal. After three weeks, the two groups switched over, thus enabling everyone to participate. Results were measured by weekly assessments of the three dependent variables using assessment measures adapted for the older population.

Qualitative data were also analysed and added to the understanding of old age in care homes, the challenges of research in this population as well as identifying those most likely to benefit from music.

Results showed that there was a statistically significant reduction in levels of pain, depression and anxiety for those in the experimental condition; there was no significant change for those in the control condition. It was concluded that music was of significant benefit to this population.

Keywords: music, old age, pain, depression, anxiety

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Attachments of Feeling: The Significance of the Aesthetic for the Support of Older People.

In gerontology aesthetics is acknowledged but under-theorized, or premised on representational practices rather than their source material. Hence the potential of an

applied aesthetics within cultures of ageing, operationalised according to the Kantian legacy as much as the transformational aesthetics of Dewey (1934) and the contributions of contemporary theorists to environmental aesthetics and aesthetics of the everyday. I further develop Dewey's pragmatist influence by conceptualising creativity in action theoretical terms (Joas, 1996). My aims have been to determine whether such positions deepen our understanding of later life identities, or de-humanisation in the meeting of need and the constitution of creativity in practice.

Fieldwork has involved a multicultural sample of 31, urban dwelling, older people, recruited from social hubs and groups for the visually impaired. Methods have integrated auto-driven, photo-elicitation or reflections with in-depth interviews, organized around themes exploring participants' cultural attachments and social networks. Data was analysed through a synthesis of performative/dialogic and discourse methods (Reissman, 2008; Rose, 2007).

Findings include: firstly, the interstitial nature of both aesthetics and creativity, this consistent with the 'aesthetics bonds' that constitute individual authority and ontological security in later life. Secondly, an aesthetically grounded critique of art or nature-as-therapy discourses directed at older people. Thirdly, creative support and survival is a crafting of experience (Sennett, 2008), lending 'truth to the materiality of later life'. I conclude that this applied aesthetics approach provides a challenge to culturally conditioned, normative assumptions of ageing and a relevant model for hybrid and divergent life styles and identities.

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[Teresa Atkinson, Theresia Bäumker, Simon Evans, Ann Netten]

Quality of Life Outcomes of Housing with Care for Older People in England

Housing with care has become increasingly popular in recent years, and has been seen by policy-makers and commissioners as offering a more enabling, homely and cost-effective alternative to care homes. However, most residents enter with fewer care needs than those admitted to care homes, and with different expectations. Although a previous study (Bäumker et al., 2011) compared the functional outcomes for matched groups of residents, most comparative studies have used unmatched groups.

This paper will compare the social care related quality of life (SCRQoL) obtained using the Adult Social Care Outcomes Toolkit (ASCOT) for residents in housing with care and those receiving home care. The housing with care residents were drawn from the ASSET (Adult Social Services Environments and Settings) project, which was commissioned and funded by the Department of Health's NIHR School for Social Care Research. The home care recipients were drawn from the OSCA (Outcomes for Social Care for Adults) project. Matched groups of 109 individuals in each were created using propensity score matching.

Residents in housing with care had less unmet need (current SCRQoL) than people receiving home care (p<0.001); a higher expected SCRQoL in the absence of social services (p<0.001); and a higher gain (current compared with expected) (p<0.05). The improvements in outcomes were achieved without increased costs in providing personal care.

Housing with care is relatively scarce, but this study adds further evidence for the value of developing more specialised housing and increasing the choice available to older people wishing to move from unsuitable accommodation.

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[Dr Greta Rait, Prof. Steve Iliffe]

What is quality end of life care for people with dementia: The families' voice

Objectives: To explore the meaning of quality end-of-life-care for people with dementia, from the perspective of family carers.

Method: 46 in-depth interviews with family carers currently caring for someone dying with dementia, or former carers. Interviews were analysed using thematic analysis methods.

Findings: Participants highlighted the central role they played as carers, whilst acknowledging their own needs. Care for the person with dementia was thought to be lacking in many basic areas, in particular attention and compassion from nurses. Participants associated the decline in this with a change in the nursing role to one that is task focussed and "paperwork heavy".

Other basic elements of care included maintaining the

individual's character, particularly their physical appearance, especially their clothing. Participants felt more than one kind of loss; the loss of character of the person as the dementia progressed, the loss as the person started to look less like "themselves" and the final physical loss. The loss of usual appearance was sometimes exacerbated by care staff not dressing the individual in their own clothes.

Carers also needed support, in particular with the management side of caring. Participants described their frustration at being left to coordinate care, feeling like the "chief executive" of their relatives care.

Conclusion: Carers do not focus on the technical medical aspects of end-of-life-care, but are more concerned with the interpersonal and social aspects of care. In order to achieve 'good' end-of-life-care the finer details of care need to be considered.

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Staff and management perspectives and practices in Australian aged care homes: implications for improving dementia care in changing times

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Increasingly, in Australia, as in many other countries, efforts are being made to move from task oriented to a more social model of care. The care of people with dementia is fast becoming the core business of all care homes making culture change even more of an imperative. The dissemination of a dementia care toolkit into all Australian residential care homes is one of many investments made by the Australian government (DSS Encouraging Better Practice Initiative) into improving dementia care practice. Management will play a significant role in ensuring that resources from the toolkit are used to educate a critical mass of staff and that leaders at all levels foster the translation of knowledge into practice. This presentation examines baseline data from staff and management collected pre-release of the Dementia Dynamics Toolkit (DDT). The presentation will provide a brief overview of staff perspectives on person-centred practice and then examine the extent to which management perspectives and practices about staff education, leadership roles and empowerment align with person-centred principles and support the learning culture so important to developing best practice and innovation in changing times. The implications of findings are discussed in relation to how the DDT initiative is supporting the development of leadership and supporting leaders to make needed changes to care practice.

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[Joanne Crawford Hilary Cowie]

Living longer, working longer – Health and safety issues of older workers

It is well known that the proportion of older people in the general population is increasing. Employment rates for older people have been increasing simultaneously to this, for example from 62% in 2001 to 67% in 2013 among 50-64 year olds and from 5% to nearly 10% for those aged 65 and over in the same period . As a result of economic pressures it has been noted by the European Commission that retaining older workers within a shrinking labour force is essential for maintaining the economy. The retention of older workers and extending working life raises a number of issues, particularly in the area of occupational safety and health (OSH), given potential changes in work capacity with age. IOM is involved in a project on 'Safer and healthier work at any age' sponsored by the European Agency for Safety and Health which aims to inform policy and practice. As part of this work IOM completed a review that collated evidence in relation to age, OSH and work in the context of an ageing workforce, sustainable work, and health promotion throughout the working life cycle. This work is contributing to a greater understanding of the diversity of people within the workplace and better use of risk assessment and risk reduction to enable the design of work that is safer, healthier and sustainable for any working age. The presentation will focus on implementation and adaptations in the workplace that can compensate for any possible declines in capacity.

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Reforming America's Long-Term Care Financing System: Unattainable Social Policy?

Comprehensive reform of the long-term care (LTC) financing arrangements in the United States remains an elusive social policy objective. While other advanced economies have taken steps to modify their LTC financing arrangements as their population's age, little has transpired with regard to LTC in the United States. The absence of comprehensive reform is striking given an aging population, rising care costs and significant efforts by policy-makers to bring about reform.

This paper explores LTC financing reform efforts during three American Presidential administrations: Bill Clinton (1993-2001), George W. Bush (2001-2009), and Barack Obama (2009-2017). Within this historical framework, the LTC provisions of the Health Security Act of 1993, the development of the Community Living Assistant Services and Supports or 'CLASS' Act during the Bush Administration, and the initial legislative success yet subsequent repeal of the CLASS Act during the years of the Obama Administration provide comparable cases to analysis the drivers of American social policy.

This analysis of LTC financing policy reform efforts reinforces the argument that social policy outcomes in the United States are reflective of a complex, enduring struggle of competing ideologies. This struggle, coupled with a heightened focus on fiscal austerity, helps to ensure that legislatively successful social policies within the American political system are unlikely to produce major expansions of the welfare state. Comprehensive reform of America's LTC financing arrangements will likely remain an elusive goal for the foreseeable future. Instead, incremental, market-based policies are likely to be promoted by policy-makers in the near term.

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[Alison Bowes, Louise McCabe, Jillian Polson, Dianne Theakstone]

Sight loss, dementia and meaningful activity: A literature review

Activity theory suggests that older people who remain engaged with the world around them experience higher levels of physical and psychological wellbeing that those who do not (see, for example, Havighurst and Albrecht 1953). Sight loss and dementia both become increasingly common with age and can both lead to withdrawal from many types of activities with resultant detriment to psychological health.

The concept of 'meaningful activity' has developed from psychosocial models of ageing such as activity theory, outlined above, and continuity theory (Atchley 1989) which holds that older people's preferred adaptive choices are both tied to their past experiences of themselves and their social world and intended to produce continuity in inner psychological characteristics, social behaviours and social circumstances. Although difficult to define precisely and/or concisely, the importance of meaningful activity is widely acknowledged and access to it actively promoted,

e.g. in the NICE quality standard on 'Mental wellbeing of older people in care homes' (NICE 2013).

This paper reports the findings of a literature review carried out as part of a scoping study on sight loss, dementia and meaningful activity funded by Thomas Pocklington Trust. It describes the extent of the evidence base relating to meaningful activity for people with sight loss and dementia, and summarises what is known about what people with dementia and sight loss, their families and paid carers want and need, the challenges that exist in delivering meaningful activities, and the contextual factors which may act as facilitators or barriers to successful delivery.

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The SHARP study (Staying Healthy and Active in Rural Places): Physical activity derived from everyday pursuits by older adults in rural places.

Background: The health benefits of physical activity in older age are well established, including lower rates of disability, better cardiovascular health, self-reported health and wellbeing and delayed mortality. Self-report physical activity measures are biased towards leisure-time and structured physical activity while modest amounts of physical activity from everyday pursuits such as shopping also lead to notable health benefits. Everyday pursuits may be especially important contributors to physical activity in rural areas where leisure facilities are not usually readily available.

Methods and aim: This study explored the everyday pursuits of 113 older adults, 51% women, aged 65 to 95 (average age = 73 years) in 23 English villages and hamlets using 7-day ActiHeart accelerometry, 7-day activity diaries and questionnaire data. Participants were recruited via invitations sent by three GP surgeries and data was collected during two home visits. Data analysis will be completed by February 2015.

Findings: The findings will describe the types and frequencies of everyday pursuits outside the home, and how these contribute to participants' physical activity levels. Differences due to age, gender and rural area type; good or poor access to services will be presented.

Discussion: The findings have the potential to improve

our understanding of how everyday, meaningful activities, feasible in a range of rural environments, can contribute to a healthier lifestyle in later life. Pursuits which lead to the highest levels of accumulated weekly physical activity in particular, may provide a range of practitioners and public health experts with ideas for effective promotion of active ageing.

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Enhancing mobility and wellbeing in later life: cycling as a tool for access and inclusion in Newcastle upon Tyne

Several British national policies acknowledge that active forms of transport improve public health and reduce travel costs, pollution and congestion. Substantial increases in walking and cycling may for example lead to a cost reduction of billions for the NHS (APPCG 2013; Aldred 2014). However, cycling has a number of additional significant benefits that particularly appear along the process of ageing. Evidence from European countries with a large proportion of cycling mobility shows that cycling contributes to independent living, socio-spatial attachment and wellbeing, even when physical abilities recede. Also in a more general sense, an age-friendly city flourishes with high engagement in active travel such as cycling (Prins et al. 2014; Shergold et al. 2014). Additionally, the common focus on ageing in place entails that individual mobility is becoming of crucial importance to social participation and access, emphasizing the need to stay mobile, active and healthy. This study shows based on qualitative interviewing how successful practices regarding ageing and cycling mobility in the Netherlands provide promising prospects for social inclusion and wellbeing in later life in the city of Newcastle upon Tyne, as an addition to associated benefits for public health and the environment. This underlines how Newcastle may avoid exclusionary processes and strengthen interdependent mobilities, in contribution to an inclusive age- friendly environment.

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Are Informal Caregivers in Northern Ireland more likely than non-caregivers to suffer from Anxiety and Depression?

Informal caregiving has been found to be associated with ill mental health (Kenny, King, and Hall 2014; Schulz and Sherwood 2008). Carer strain and burden are key terms in a large literature (Etters, Goodall, and Harrison 2008; Iecovich 2008) and have been linked to anxiety and an elevated risk of suffering from depression. However, a few studies found positive relationships between caregiving and good health and found informal caregivers spending moderate amounts of time caring for a sick or disabled relative to be at a lower risk of suffering from ill mental health than non-caregivers. Caregiving responsibilities and experiences of burden and strain have been found to vary over the lifecycle, as carers at different ages face different challenges.

This paper presents findings from a statistical analysis of a data linkage study of Northern Ireland Longitudinal Study (NILS) 2001 and 2011- data (Johnston, Rosato, and Catney 2010) linked with mental health drug prescription data from GP practices held by the Business Service Organisation (BSO) Northern Ireland. The research question is whether and under what circumstances informal caregivers in Northern Ireland are more likely to report having a mental health condition on the 2011- Census questionnaire and to be prescribed anxiolytics and anti-depressants. The analysis puts particular emphasis on differences by age, gender, socio-economic status and area-deprivation.

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[Karim Hadjri, Champika Liyanage]

The Physical and Sociocultural Constructs of an Age-friendly Work Environment within the NHS

Background - A number of studies into the ecology of ageing suggest strong dependency by older people on the physical environment; however there is a dearth of research into how older workers' work ability is influenced by their physical and sociocultural environment.

This study seeks to understand how physical and sociocultural constructs of the workplace affect older workers' work ability within the National Health Service (NHS) in the UK.

Methods - After an in-depth literature review, semi-structured interviews were conducted with 10 participants within the NHS. Participants were invited to describe their

understanding of an age-friendly work environment and if their particular workplace was age-friendly or not. Participants were from various backgrounds, including occupational health, facilities management and human resource management.

Results - The findings revealed that older workers in the NHS:

1) Depend much more on their workplace's physical and sociocultural environments compared to their younger peers;
2) Compensate for decline in their work ability through work experience and familiarity with their workplace's physical and sociocultural environments;
3) Are concerned about their health and risk of work-related injuries;
4) Value adaptable workplaces and flexible job designs and work patterns; and
5) Are generally apprehensive of coping with their post-retirement lifestyle.

Conclusions - While the physical attributes and demands of the workplace have been known to impact on older workers' work ability, this study expands our understanding of how these can better enhance the sociocultural constructs of the workplace and create an age-friendly work environment within the NHS.

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[Karim Hadjri, Champika Liyanage]

Person – Environment Fit: The Transposition of Activities of Daily Living to the Workplace

Introduction - Activities of daily living (ADL) are a measure of an older person's ability to maintain independent living in a residential setting. However, in the face of population ageing in the UK, in which persons previously grouped in the 'old age cohort' are now expected to extend their working life, the transposition of ADL to the work environment is timely. This study explores the theoretical contexts underpinning the application of ADL in order to better understand the relationship between an older worker's physical, sensory and cognitive abilities and their work environment.

Methods - This study is based on a systematic review of well-established theories of the person – environment (P-

E) interactions and more current and prevailing discourses of the socioeconomic impacts of an ageing population in the UK, with special emphasis on supporting active and independent ageing.

Results - This study proposes that:

1) The application of ADL to older people should be expanded to the workplace;

2) The impact the built environment has on the ability of an older worker to continue in gainful employment must be understood in a broader socioeconomic sense; and
3) Based on various job types, the construction of a taxonomy of ADL may enhance the creation of a better fit between an older worker and their work environment.

Conclusions - This paper concludes that the transposition of ADL to the work environment may help employers and policy makers allocate adequate resources to support the continuous employment of older workers by targeting specific jobs, tasks and work patterns.

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[Karim Hadjri, Champika Liyanage]

Person – Environment Fit: A Framework for Older Nurses

Introduction - The nursing profession is a key part of the healthcare services in the UK; hence ensuring their work environment is accommodating to advances in age is crucial to the continued delivery of high standard healthcare services. However, an increasing number of nurses are leaving the profession prematurely, due to ill-designed workplaces and challenging job demands.

This study seeks to determine how the design of the workplace may support the health and wellbeing of older nurses by creating a fit between older nurses' functional capacities and their job demands within the NHS in the UK.

Aims - This study will:

Determine the key functional capacities of older nurses within the NHS;

Establish the most crucial environmental characteristics that impact on older nurses' work ability within the NHS; and

Develop a framework to support the creation of a fit between older nurses and their work environment within the NHS.

Methods - Following an in-depth literature review into the theoretical contexts underpinning the relationship between older nurses and their work environment, two focus groups and 10 semi-structured interviews were conducted with NHS nurses and managers.

Results - Subjective and objective health of older nurses has the greatest impact on the functional capacity of older nurses.

Inflexible job design poses the greatest environmental demand on older nurses.

Results - This paper argues that, given a nurse's functional capacity, the fit between an older nurse and their work environment is a function of the dynamics between their physical and psychosocial environments.

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Alcohol and the retirement aged population: key informant concerns in a Scottish context

The ageing population worldwide raises new questions for health and wellbeing (World Health Organization, 2011). Drinking alcohol has long been associated with socialising, pleasure and leisure time. However, it is also linked to health and social problems. In the UK, levels of consumption increased as alcohol became cheaper and more widely available. Rising consumption among middle aged and older people has attracted concern for the future if current patterns are continued into old age (Health Scotland, 2006). Alcohol related ill health or accidents are already estimated to cost Scotland £2.25 billion a year. Previously, there has been a focus on young people whilst older adults' drinking is described as 'invisible' and 'hidden'. Changing experiences of retirement and life-course, increased service demand and the reshaping care agenda (Scottish Government, 2011) reaffirms the need to better understand 'where, when, what and how older people

drink' (Clough et al, 2004). In this qualitative study, alcohol's role in the lives of retired people is investigated. Data collection consists of two stages: key informant interviews and interviews with retired people. This paper focuses on stage one: interviews with practitioners and researchers in the West of Scotland. Twenty-two individuals were recruited from specialist alcohol services and older people services in statutory and voluntary sectors. Findings will be presented in terms of key informants' concerns, existing service provision and perceived need. Along with stage two, this study will help inform how policy and service provision in Scotland should respond to rising consumption by the retirement age population.

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Wisdom and Older Age: Are there Culture-Specific Models?

A key challenge for older people stems from the dearth of cultural discourses accentuating their capacities to contribute to other individuals and society. This is a powerful form of social exclusion, heightening the construction of older people as socially insignificant. In the hope of countering it, in recent decades interest has revived in wisdom and older age, especially among psychologists (including Baltes, Staudinger, Sternberg). The capacity for wisdom has been assumed to be beneficial both to older individuals and to others, militating against a 'narrative of decline' associated with ageing. This paper seeks to develop some of this work in a more clearly gerontological direction, clarifying some understandings of what wisdom can be, and tracing how wise processes involving older people can contribute to social and public interaction.

In particular it enquires if there are implicit models of wise behaviour that draw on and adapt to local settings. It uses ethnographic techniques to reconstruct everyday interactions in which participants believe wisdom is involved. Wisdom in the West of Ireland is shown to draw on local knowledge, as well as local conventions for transacting social interaction; this culturally-specific form of wisdom is readily attributed to older people by respondents.

The paper offers suggestions about the light these cultural manifestations cast on qualities associated with wisdom by psychologists, such as openness to experience or tolerance. It argues that wisdom among older people in the West of Ireland takes specific cultural form, displaying rich and

suggestive versions of underlying features found significant elsewhere.

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[Helen Lucey]

From the Womb to the Tomb: The importance of siblings as reference points back to our beginnings

Any individual entering and navigating the ageing process is presented with a range of complex and sometimes detrimental issues. In particular, sense of self and identity can be shaken, unsettled and unsteadied in response to the social, psychological and physical adjustments required as part of natural ageing. For many, older life is the last opportunity to engage in a life review and to 'make sense' of who they are now in relation to their origins.

This presentation will adopt a psychosocial stance and draw upon findings from a study of women in their 70s and their experiences of what it means to have a relationship with brothers and sisters in older life. Having 'always been there', siblings are unique reference points back to shared beginnings and can offer opportunities for older people to understand 'who I am now' and 'where have I come from?' In this sense, brothers and sisters are ideally placed to validate a person's sense of self and reaffirm and protect identity in older life. How can our siblings help us to negotiate the challenges of ageing? How might sibling relationships help us to go being in the last decades of our lives?

Taking the notion of ageing in changing times, how might our understanding of the ageing process alter if we shine a light on this unique and often marginalised sibling bond, to fully explore the emotional security and psychological support sibling relationships might offer?

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Reciprocity between adult children and older parents over the lifecourse

Understanding patterns of intergenerational support is critical in the context of demographic changes, such as changing family structures and population ageing, and changes in the policy landscape of health and social care provision. Existing research has analysed intergenerational support at a given time in the individuals' life course, e.g. from adult children towards older parents and vice versa. However, the lack of empirical data has rendered the study of the dynamic nature of such support a more difficult task. Using data from the 1958 NCDS, this paper examines the extent to which the provision of help from one's parents in early adulthood affects the chances of adult children to reciprocate with support towards their parents later in life (when children are 50).

Three-quarters of both men and women had received some kind of help from their parents earlier in life, and more than half provided some kind of support towards their parents at age 50. Provision of support to parents was higher amongst those adult children who had received support earlier in the lifecourse than those who had not (57% vs 49% amongst men and 60% vs 47% amongst women). The results also show that gender permeates patterns of support receipt and provision across the life course. Men in early adulthood were more likely to have received help with finances and accommodation, while women had received more emotional support and help with childcare. Such findings have implications for the provision of informal care towards future cohorts of older people, and by extension, the organisation of formal systems of social care.

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[Cherie McCracken]

Shopping and Gendered Identities in Later Life

Shopping as an everyday activity often is overlooked by gerontologists. Yet, although surveys have shown that older people are increasing engaged in consumer society in older households, they have done little to further our understanding of the role of shopping practices in later life. There is a growing interest in the persistence of (or change in) gendered activity into later life, yet relatively little is known about the ways in which retirement impacts on traditional domestic roles (particularly as men move from the work sphere to the domestic sphere). As people 'do' gender in everyday activities and interactions, there may be gendered associations with shopping activity, especially with grocery shopping seen as feminine and luxury shopping seen as masculine. This paper will present data

from in-depth semi-structured interviews with 50 community-dwelling participants aged 65 and over (in north Wales and north-west England) that explored shopping practices in later life. The findings show that shopping acts as a partial site for the production and reproduction of gendered identities in later life. However, this intersects with other factors, notably marital status/living arrangements and generation. Married men who were not responsible for food shopping most clearly disassociated from the activity. Yet, the picture is more complex as this disassociation was seen for other men and women. This could be due to differentiation between what are considered to be masculine (valued) and feminine (devalued) shopping practices rather than disassociation from shopping activity itself.

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Evaluating a Programme to Transform Dementia Care in Hospitals

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Within acute hospitals, older people occupy some 65% of beds and of these, 40% may have dementia [1]. Patients with dementia in acute hospitals experience poorer outcomes for all types of admission, stay longer in hospital and are more likely to be discharged to a care homes rather than returning home [2, 3, 4]. In 2011, the first National Audit of Dementia [5] identified a mismatch between hospital policy and front-line practice and that the hospital workforce receives little dementia specific training. In order to address these issues, the Royal College of Nursing worked with senior clinical nurse leads responsible for dementia care within nine NHS Trusts providing acute hospital care during 2013/14 in order to improve the experience of care for people with dementia in hospital by enhancing clinical practice. This programme was called Transforming Dementia Care in Hospitals.

This presentation reports on a mixed methods evaluation of the project that was carried out by the Association for Dementia Studies at the University of Worcester, with a focus on the effectiveness of the programme in developing practice and supporting improved outcomes for people with dementia, family carers and staff. All of the objectives of the development programme were either fully or partially achieved and there were many examples of improved outcomes for patients and carers. We also explore a range of factors that supported the success of the project

and make recommendations for sustaining the changes made.

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10 Steps Towards a Good Night's Sleep in Care Homes: A guide towards improving sleep in care homes

Sleep well and you live well. A good night's sleep has a positive impact on how your body and brain function during the day. However, in depth research into the sleep of older people living in care homes has identified that many residents experience poor sleep; this is not purely related to medical conditions they might be living with. Based on findings from the extensive SomnIA (Sleep in Ageing) project, relevant external factors that influence sleep have been identified. An important part of the research was conducted in 10 care homes involving quantitative and qualitative data from 145 older people, 50 members of care home staff and over 240 hours of observational data. The key issues identified relate to sleep disruption and the 24 hour routine encountered in care homes. The outcome of the research has been widely disseminated and discussed with care providers. Building on the foundation of the research findings and subsequent discourse '10 Steps towards a good night's sleep in care homes' will be presented.

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Changes in the balance between formal and informal care supply in England between 2001 and 2011

This paper explores the patterns and variation in informal caregiving between 2001 and 2011 in England. We use small area (ecological) data from the 2001 and 2011 English censuses to capture utilisation of informal care and the number of hours, or intensity, of care provided. We investigate the patterns of informal care using a range of control variables at local level; such as age structure, health, deprivation, income, and employment. We further consider the role of formal social care provision funded by local authorities – for which the literature has generated mixed findings of substitutability or complementarity between

informal and formal care. We find that the utilisation of informal care has increased over the period, while the provision of formal care has decreased. We hypothesise that the increase in informal care is due to a substitution effect as well as to changes in broader socio-economic conditions over the period considered. The key relation, between formal and informal care, is estimated through instrumental variable models, in order to control for the well-known endogeneity. We find that the increase in informal care is most notable for care of medium to high intensity (carers providing more than 20 hours of care per week) and for this level of intensity we find a substitution effect between informal and formal care, indicating that informal care covers for a loss in formal care services. Our findings are similar to those of the micro-data based literature which supports the reliability of our ecological data models.

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An Ethical Way Forward for the Use of Cameras and Other Surveillance Technologies in Care Settings

This paper considers the potential for the wider use of surveillance technologies in care settings. It focuses on care homes and institutional contexts but indicates a parallel potential for their use in people's own homes. The approach acknowledges that the growing importance and wider role of assistive technologies, including telehealth – this potentially affording greater protection, well-being and security for many older people.

An important intention of the paper is to help to de-fuse some of the heightened rhetoric associated with the use of cameras and the related concerns about personal privacy. This rhetoric is associated with a crisis in care homes that, in part, relates to incidents of abuse and the 'informal' use of cameras by concerned relatives; but it also relates to an undervaluing of care staff and a broader uncertainty regarding the future shape of institutional care.

The paper pursues its objective by initially widening the agenda to consider a range of possibilities (some of which are beginning to be realised in care settings) for the use of technologies including movement monitoring, audio recording as well as the gathering of images. An argument is put forward in the paper, together with key principles for the usage of surveillance technologies, about ways in which, with appropriate consents, information concerned with movement, images or audio recordings can be treated, transferred, stored or shared in accordance with principles

that are considered ethically appropriate. In so doing the views and concerns of most older people themselves, their relatives and carers, service managers and regulatory bodies can, it is considered, be satisfied.

The paper offers a framework by which, with appropriate controls, it becomes more possible to consider the use of surveillance technologies in a positive way - where appropriate balances between privacy and people's safety and autonomy can be achieved. An ethical way forward is, therefore, signalled for their legitimate use.

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Describing, quantifying and exploring the characteristics of public and commercial buildings that impact on their use by people with dementia: the development of an environmental audit tool.

Improving our understanding of the role of the built environment in supporting people with dementia is an essential component of the development of dementia friendly communities. While there has been significant progress in our ability to design dementia friendly residential and health care buildings (1) our understanding of the desirable characteristics of public and commercial buildings remains embryonic. This paper describes an audit tool developed to improve our ability to describe, quantify and explore the features of the built environment that assist people with dementia to enjoy a full life in their community.

The development of the tool brought together information from research on the evaluation of residential aged care facilities for people with dementia (2), the existing literature on evaluating public spaces and buildings used by people with dementia (3, 4) and views from those responsible for public buildings, people with dementia and their carers. The development of the tool involved an iterative process of drafting questions and then assessing their usefulness via walk throughs of buildings by a team comprising people with dementia, their carers, town planners, graphics designer, occupational therapist, physiotherapist and community development officers. This revealed the inadequacy of using simple checklists. The building is experienced dynamically as the person identifies it from a distance, approaches it, enters it, moves through it, carries out the required task and exits. The tool captures this journey and highlights the strengths and weaknesses of buildings as perceived by the person with dementia. The format and content of the tool will be fully described.

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Regulatory style, perceived competence and self-efficacy as predictors of cognitive performance, psychological wellbeing and quality of life following physical exercise among older adults

The purpose of the present study was to examine the effects of a supervised exercise program on cognitive performance and psychological wellbeing in inactive adults >50 years. We assessed changes in participants' self-rated mood (measured by POMS), affect (PANAS), depression (PHQ-9), anxiety (STAI) and quality of life (WHOQOL, CASP-19), and compared them with those of a waiting-list control group who did not receive supervised exercise. A secondary aim was to investigate the extent to which these changes may be predicted by participants' personality, specifically, their regulatory style (autonomy of motivation) and confidence in their ability to exercise (perceived competence/self-efficacy). Eighty-five adults were assigned to either an 8-week supervised exercise program at an existing community cardiac rehabilitation and exercise referral program or to an assessment-only control condition. Post-intervention the experimental group showed significantly improved working memory performance compared to the controls. In addition, they showed significantly lower levels of anxiety, and rated their overall quality of life as well as their psychological health as significantly higher. Cognitive improvements were not modulated by regulatory style or perceived competence/self-efficacy. However, we found that exercise-induced reductions in anxiety and depression were specific to adults with low autonomous motivation and low perceived competence/self-efficacy. Improved quality of life (self-realisation and perceived health) was found specifically for adults with high autonomous motivation and low perceived competence/self-efficacy. In sum, findings provide evidence that participation in a supervised exercise program optimally benefits adults of 50 years or older with low initial confidence in their ability to exercise.

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Using a community of practice to measure falls prevention activity in a residential aged care setting --'Mind the gap".

Falls rates across the residential aged care (RAC) sector are amongst the highest reported worldwide , therefore reducing falls rates through the adoption of evidence based falls prevention strategies is an industry priority. By evaluating current falls prevention activity RAC sites may identify gaps in practice for targeted intervention with the potential to change future falls rates. A community of practice (CoP) was identified as a model with the potential to evaluate falls prevention activity as it could connect and utilise the expertise of multidisciplinary staff practising at RAC sites through membership, creating a powerful feedback loop for translation of falls prevention evidence into practice .

A cross-sectional survey using a validated audit tool adapted for RAC evaluated current falls prevention activity across 13 RAC sites of a not-for-profit organisation providing care to 779 residents. The audit was conducted by the RAC site CoP member in conjunction with relevant site personnel. Findings showed a wide range of falls prevention activities implemented but gaps for priority improvement were identified. These included: increasing the proportion of residents on Vitamin D supplementation (range 23%-85% across sites), improving the falls risk assessment process to target risk factors identified (20% sites clearly targeted risk factors identified) and developing falls prevention education for staff, residents and their families (46% sites provided some falls prevention information but no mandatory education is in place).

A CoP was able to successfully conduct a falls prevention activity audit, identify gaps in practice and prioritise future falls prevention activities for implementation and evaluation

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Nurse-led medication monitoring for patients with dementia in care homes: a pragmatic cohort stepped wedge cluster randomised trial

Background - People with dementia are susceptible to adverse drug reactions. However, they are not always closely monitored for potential problems relating to their medicines: the structured West Wales ADR (WWADR) Profile has the potential to address this hiatus.

Aims - Report on the viability of the stepped-wedge trial design for medicines' monitoring and the impact of nurse-led medication monitoring.

Method - Pragmatic cohort stepped-wedge cluster RCT of structured nurse-led medication monitoring using the WWADR Profile versus usual care in private sector care homes in South West Wales with service users, taking at least one: antipsychotic, antidepressant or anti-epileptic medicine.

Analysis - The impact of the Profile on problems found, actions taken and reduction in mental health medicines was explored in multivariate analyses.

Results - Five of 10 care homes and 43 of 49 service users approached participated. The WWADR Profile increased the number of patients' problems recorded from a median of 7 [IQR 4-9] to 15 [12-21]. Use of the Profile was associated with reduction of mental health medicines (aOR 4.65, 1.12-18.51), but. Pain was more likely to be actioned (aOR 3.39, 1.91-5.98), and by the end of the study there was a significant increase in attendance at dentists and opticians (aOR 28.67 [12.95-355.4] and 4.80 [1.42-16.20]).

The Profile took nurses 10-60 minutes to complete, a cost offset by reductions in pain and sedative medicines associated with falls.

Implications - A cohort stepped-wedge trial design is feasible, but exacting. This low cost intervention has potential to improve the quality and safety of care.

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'Haven: The embodied space created when people living with dementia share the activity of receptive music-listening with someone with whom they are closely connected

This paper discusses outcomes from a recently completed PhD thesis which explored the affects that sharing the activity of listening to preferred live and pre-recorded same or similar music has on dyads consisting of a person with dementia nearing the end of life and a person who is closely connected to him/her. This study focused on how the music affected each individual, the interactions within each dyad, the triadic dynamics presented within each music intervention, and what differences live compared with the pre-recorded same or similar music had in each instance.

There is little prior research exploring the effects of shared music-listening by similarly populated dyads, and none looking at music's effect on the triadic dynamic common within dementia care settings (e.g. person with dementia, family member, and professional). These findings provide new insights into the effectiveness of both live and recorded-music for promoting connections and enhancing dyad interactions in the moment of listening. The potential that dyads sharing the activity of receptive music-listening may experience an embodied sense of 'haven': by having their attention captured and held; being 'transported' back in time or entirely out of time into a state of 'flow' or an 'intense musical experience (IME)'; and thus being 'removed' into a new reality is also highlighted. This paper discusses ramifications of these findings towards future practise and future research.

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[Charlotte Störmer]

A French historical dataset shows a considerable longevity benefit of marriage for men and relative disadvantage for women during the nineteenth century

The effect of marriage on survival of men and women has

been rigorously studied using modern data from developed countries, and these studies have consistently found a longevity benefit of marriage for both sexes, but particularly for men, because the excess mortality of unmarried men greatly exceeds that of unmarried women (Hu & Goldman 1990). The broad explanations for the effect of marriage on longevity are: (1) selection into marriage of those individuals with the potential to live longer; and (2) a protective effect of marriage through pathways of social and economic support (Rendall et al. 2011).

In this study, we use a dataset based on Tables of Deceased and Missing Individuals and Registers of Transfers by Death from nineteenth century France, which include information on age at death, marital status, occupation and wealth for a representative national sample (Bourdieu et al. 2014).

Our analysis shows that nineteenth century French women were longer lived overall, primarily due to higher mortality of single males in early and mid-life, but also due to the longevity of single women which exceeded that of married women, whilst in contrast the longevity of men was considerably enhanced by being married rather than single.

The potential explanations for this finding are explored, we examine how the sex differential in longevity attenuates with increasing age for those who are single, widowed, divorced or married at death, and consider the social and economic dimension to marriage during this period, through analysis of wealth and occupation.

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Old age in Samuel Beckett's late works.

Old age featured in Samuel Beckett's plays and novels throughout his career. This paper explores the question of how – or if - Beckett's experience of reaching and living through old age affected either the style or the content of his late works. Focusing upon the later trilogies from Not I onwards, I argue that Beckett's literary preoccupations were little affected by the corporeality of his own ageing. Even in the last year of his life he still sought to put down in dramatic images and words the ontological issues that had always concerned him. Hopes that his own old age might lead him closer to the edge - closer to the event horizon where subjectivity implodes – were not fulfilled, although arguably he did feel that, at times, he was getting closer, stylistically if not in substance. The stylistic developments shown in the novellas and plays that he wrote after the age

of sixty five might be said to reflect a 'late style'. But when old age appeared, in Footfalls and Rockaby, in Company, Ill Seen, Ill Said and Worstward Ho, it did so through the same cultural imaginary of the fourth age he had deployed in his first 'trilogy' – Molloy, Malone Dies and The Unnameable. In short Beckett's literary old age remained a symbolic imaginary, and quite different from his own later life.

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Old Age and Abject Classes

This paper outlines a particular thesis concerning ways of approaching class and later life. It proposes that 'abjection' forms one of the major social divisions within later life. Drawing upon Bataille's notion of the abject class, it outlines how lack – of mental, physical and financial capital – distinguishes those people for whom later life offers varying degrees of comfort, opportunity or both from those 'others' whose life chances can be seen as 'abject'. Bataille's conceptualisation is distinguished from the idea of an abject class particular to, though not necessarily exclusively determined by old age. The paper identifies similarities with and differences from other 'class-like' formulations such as Marx's notion of the lumpenproletariat or the underclass or the subaltern. It argues that any formulation of an abject class in later life should be seen as reflecting a moral status rather than an economic divide.

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Towards improving the quality of care for older residents of UK care homes: Pharmacists' perspectives on the past, present and future of care home medicine management systems

In the UK, multi-compartment compliance aid (MCA) medicine management systems are commonly used by care home (CH) staff to administer medicines. However, professional pharmaceutical bodies have cautioned against

their routine use(1,2). This study explored the history and current practices associated with MCAs in UK CHs, to ascertain their relevance in the future of CH medicine management.

In June/July 2014, semi-structured interviews were conducted (in person/telephone) with purposively sampled pharmacists who had expertise in UK CH medicine management systems. Participants were asked about the reasons behind the initial introduction of MCAs into UK CHs, their current limitations, and relevance in the future. Interviews were audiotaped and transcribed verbatim. Data were categorised using thematic analysis and managed with NVivo 10. Ethics approval was obtained (University College London Research Ethics Committee).

Eight pharmacists were interviewed (average of 62 minutes each). Participants explained that MCAs were initially introduced to address unsafe medicine administration practices and their current limitations included reduced staff alertness and ability to identify medicines, limited dosing flexibility and medicine wastage. Participants felt that MCAs would continue to be used in the future, although CH staff could be trained to administer medicines from original packaging instead.

These findings inform health professionals who are evaluating CH medicine management systems and determining the potential usefulness of MCAs in CHs that do not use them, or continued relevance of MCAs in CHs that do. Future research will quantitatively evaluate MCAs to provide a basis for refining pharmacy, nursing and UK Government CH medicine management guidelines/policies.

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Encountering Echoes: Investigating Dementia through Verbatim Theatre and Performance

Verbatim Theatre is a theatrical form which constructs drama from the testimony of individuals which are then represented by performers. This paper reflects on the work undertaken in preparing for a major Verbatim performance using interviews with individuals living with dementia.

In Verbatim Theatre performers work to reproduce the exact words, tone, pitch, pace and every "verbal tic" of the original testimony. This form of performance reveals a particular kind of relationship between actor and role. The actor does not "imitate" the individual but rather embodies them by evoking their presence through the studied delivery of the text. This creates an "echo" of the original contributor/interviewee on the stage which co-exists with the actor in the moment of performance. This echo may be similar to that of the remembered personality that we detect when we meet those we know who live with advanced dementia.

The process of gathering data through interview is a common form of sociological enquiry. Where Verbatim Theatre has something to add is in its ability to re-present the interviews in a nuanced form. The precision of its reproduction in performance, and the experience of an audience is not a simple encounter with concrete truths but a phenomenological experience (Reinelt, 2009).

The project brings together performing artists, leading scientists within the field, researchers and carers; their insights, ideas and feelings are similarly re-presented. The artistic form seeks to present insights experientially, and this paper seeks to examine and explore the possibilities of this method of research.

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Creating a dementia-friendly workforce: getting it right

Health Education England (HEE) has a national mandate for the delivery of education and training in dementia care. How NHS and social care organisations have interpreted this mandate is largely unknown. This project aimed to provide information on the different types of dementia education commissioned by six NHS Trusts and partner social care organisations, and to explore course content, assessment of learning, and competency frameworks used. Data from six NHS Trusts, 27 health and social care education providers, four Local Authorities and four Clinical Commissioning Groups (CCGs) were collected via 41 telephone interviews, 10 face to face interviews, documentary reviews, reviews of related literature, and web-searches of 85 currently offered dementia education courses.

At the introductory level, most of the training offered was in-house, knowledge based, non? assessed and non-accredited . Non-accredited courses did not contribute to a recognised next stage of progression, which implies the

need for a framework of accreditation to facilitate a structured pathway for workforce development. Future commissioning for dementia education and training needs to consider i) who in the workforce needs to be targeted and whether key groups may have been overlooked, ii) how accreditation of learning could help to avoid duplication of course content and lead to recognised steps of progression in skilled dementia care, and iii), the advantages of joint commissioning of heath care and social care organisations to deliver dementia education and training nationally.

Key words: Dementia care, education, training, workforce development

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[Karen Burnell, Clare Wilson, Kim Brown]

Impact of military service and ageing on the health and well-being of ex-Armed Forces personnel: Perspectives of World War II and Falklands veterans

Background - Military personnel who have seen active service can be affected by their experiences. Research currently looks at issues stemming from service experience onwards, such as trauma, depression or alcohol misuse in isolated war generations. The impact of service on the wellbeing of ex-Armed Forces personnel as they age is well documented, however childhood and later adulthood experience is overlooked. This qualitative study explored available support to ex-service personnel, possible effects on their families as they age, and the impact of treating long-term comorbid conditions related to service over the lifecourse.

Methods - Five World War II and Falklands veterans, between the ages of 55-94, were recruited through advertising in local magazines and veterans' conferences. Audio recorded interviews were conducted in participants' homes or public spaces. Veterans were asked about their experiences over the course of their lives from childhood to current life events. Interviews were transcribed and will be analysed using Narrative Analysis and Thematic Analysis.

Findings - Narratives focused on: (1) overcoming childhood adversity, (2) collective stories of service, (3) effects of war service on how WWII and Falklands veterans perceive future lives and mortality. Themes highlighted: (1) feelings of value and belonging in service, (2) separation

from civilians, (3) impact of social network post-service.

Conclusion - The possible links between experiences throughout an ex-Armed Forces person's life and impact on overall wellbeing are overlooked in studies. The social support network around the individual may influence negative or positive health effects as well as help seeking behaviours as these individuals age.

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Capabilities in the Second Half of Life- The Relevance of Opportunity-Based Dimensions for Alternative Social Indicators

The usefulness of one-dimensional parameters for evaluating wellbeing has been longterm discussed in the theoretical considerations of the "Capability Approach" by Amartya Sen. With regard to this theoretical framework is the aim of this study an empirical identification of alternative dimensions to measure wellbeing in an elderly population, instead of using the traditional indicators like e.g. income, life expectancy. The assessment and operationalization of wellbeing in older age by using innovative developed opportunity-based dimensions and criteria could lead to new perspectives and definitions for poverty respectively disability.

Due to the relatively less investigated empirical field of the "Capability Approach", is used a mixed- methods design. This means in the first step were interviewed nine elderly German individuals (aged 58 +). The elderly were asekd by using guided interviews about basic requirements and advantageous capabilities for getting "successful" older. The interviews were evaluated according to the content analysis whereby four dimensions of wellbeing were identified. The first results of the exploratory qualitative study indicates a need of reconsideration the traditional social indicators, when the evaluative space should be wellbeing. The ability to can be or do something is often more valued as achievements (e.g. financial aspects).

In the next step is used the Delphi method to reach a consensus of indicators for the identified dimensions. In a further step is planned to investigate the opportunity-based indicators in the broader elderly German population through a survey questionnaire.

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[Alison Dawson]

Dementia-friendly communities through a social movement lens

In this paper we consider the social and political impetus in the UK and elsewhere to create dementia-friendly communities from a social movements perspective, drawing on 'New Social Movements' theory and using Moyer's (1987; 2001) 8-stage framework for social movement development.

From our analysis of social activism by and on behalf of people affected by dementia in the UK we conclude that dementia-friendly communities work should be considered to be a strand of a wider and longer-established UK dementia-related social movement. Our analysis leads us to suggest that this wider social movement has reached stage 7 of Moyer's 8-stage framework, characterised by shifts in powerholders' perceptions of the overall costs of maintaining the status quo, triggering policy responses. This has implications for the roles which dementia-friendly communities and other supporters of the wider dementia movement should adopt, and suggests potential pitfalls which the movement will need to avoid for longer term sustainability.

We conclude that dementia-friendly communities need to adopt the roles of 'change agent' and 'reformer' as described in the literature on social movements theory and we suggest the actions necessary to be effective in these roles.

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Older people's perceptions and experience of receiving help and support from neighbours: a qualitative study

Social networks, which include neighbours, are an important source of support for older people. Research has been undertaken into the experience of those who offer support, to explore what sorts of relationships will bear what tasks and the differences between what friends, neighbours and close kin will do, but little is known about the views of older people who receive the help.

The aim is to investigate the issues underpinning whether and in what circumstances an older person feels able to request and/or take up help from their neighbour/Good Neighbour, and the nature of the help they feel entitled to receive.

Two groups of older people will participate in a multi-phased qualitative study. One group is composed of U3A members and the other of people who use the Royal Voluntary Service (RVS), including a RVS led Good Neighbour scheme. In the first phase two focus groups consisting of U3A members discussed neighbouring and neighbourliness. Ten people in the focus groups, agreed to a follow up interview to probe in more detail the findings from the focus groups.

In a second phase, 15 RVS service users will be interviewed concerning interactions with neighbours; experience of receiving help from neighbours, family, friends, voluntary and statutory organisations, including a Good Neighbour Scheme; and the type of help they would feel able to ask for, under what circumstances and how often.

Data collection and analysis will be an iterative process. Interviews will be recorded and fully transcribed and data analysed thematically.

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Fuel or Food? A new slant on "Healthy Choices"

Understanding food and fuel poverty among older people is crucial for policy makers in the UK. Very often studies focus on EITHER fuel poverty OR food poverty. This analysis goes a step further by considering the association between food, fuel and income poverty in later life using the Living Costs and Food Survey (LCF) that interviewed 5,691 households in the UK in 2011. Based on the Minimum Income Standard (MIS) for fuel expenditure, 22% of households with solo or couple pensioners are fuel poor. Using the 10% definition (households that are fuel poor due to spending 10% or more of their income on fuel), the proportion of older people in fuel poor households increases to 31%. However, the households that reported fuel poverty according to the MIS approach are different from households that are fuel poor due to spending 10% or more of their income on fuel. Solo living pensioners are more vulnerable than couple pensioners. In contrast to food and fuel poverty measures, income poverty measures show that solo female pensioners are more vulnerable than solo male pensioners and pensioner

couples. The food poverty rate based on the MIS is as high as 70% as very few solo pensioner households reached the recommended food spending. Food, income and fuel poverty measures are correlated with each other. About 10% of pensioners experience food and income poverty, 17% of pensioners experience food and fuel poverty and 4% of pensioners experience fuel and income poverty. Nearly 4% of pensioners experience food, fuel and income poverty. From a policy perspective, these are the most vulnerable pensioners. The analysis clearly showed that the definition of poverty plays a crucial in capturing the most vulnerable older people. Policies should focus on older people that experience more than one component of poverty. Central heating provision and changing the payment mode could reduce the probability of occurrence of fuel poverty. Further analysis has to be carried out to study the association between consumption and income measures of poverty and well-being in later life.

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[Maria Cheshire-Allen, Sarah Hillcoat-Nalletamby]

Fuel Poverty in Wales – Linking incidence with food and income poverty to develop community based interventions

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Fuel poverty in Wales is alarmingly high; 26% of all households in Wales in 2008 (332,000) were estimated to be in fuel poverty (using the 10% definition i.e. households spent more than 10% of their income on fuel). This figure is 40% above the UK average (DECC, 2012). The higher than average rate of fuel poverty coupled with an increasingly divergent devolved policy context makes Wales an important test bed for exploratory studies concerning fuel poverty.

Older people are vulnerable to fuel poverty as they are likely to live in larger houses with static incomes. It is important to map fuel poverty to study the association with health and to subsequently design community interventions. The fundamental purpose of this research is to contribute to a reduction in the excess winter mortality rates amongst older people due to respiratory and cardiovascular incidents in Wales.

The proposed research will combine fuel poverty data with hospital and benefits records for Wales. The association between fuel poverty and health has to be clearly established in Wales using individual level data. Moreover, the extent to which fuel poverty policies such as fuel allowances reduce the impact of fuel poverty on health will be determined.

The initial stage includes mapping fuel poverty in Wales using unique merged data provided by the Administrative Data Research Centre Wales (ADRC) hosted at Swansea University. Using the mapped data, regions that are vulnerable will be highlighted to undertake community level interventions. The interventions designed involve community participation and Age Cymru local organisations.

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There's no inner circle": The social networks of involuntarily childless older men

Research in the field of older men who are involuntarily childless is important, not only because of actual and projected demographic change (Office for National Statistics, 2009), but also because of the scarcity of material relating to the effects of involuntary childlessness on men as they age (Dykstra and Keizer, 2009).

Involuntary childlessness can result in multiple losses (Adler, 1991) whilst distress levels in both men and women in this population have been found to be as high those with grave medical conditions (Domar et al. 1992; Domar et al. 1993; Fisher et al. 2010).

Against the background of an increasing ageing population, and a decline of family support in later life, this study aimed to .address the gap in evidence by interviewing 14 men, aged between 49 and 82, about their experience of involuntary childlessness, its effects on their day-to-day lives, and their plans for the future. This paper focuses on the close, inner, and wider circle of relationships and describes the factors that impact on the participant's personal networks across the life course.

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'Reablement Day Centre Programmes and their Impact Upon Loneliness'

One Health and Social Care Trust in Northern Ireland has recently introduced 'reablement' style time-limited day centre programmes in order to boost participants' health and well-being. As day centre programmes have often previously promoted socialisation as a main aim for service provision, it was decided to investigate whether these new programmes helped address loneliness. The study entailed

91 participants at seven day centres completing questionnaires at programme beginning, end and follow up period. UCLA and De Jong Gierveld Loneliness Scales were used as well as the CASP-19 quality of life scale. At programme end, loneliness was seen to reduce in those who had not previously attended day centre programmes and emotional loneliness reduced in those who were widowed, single or divorced or who lived with or had daily contact with their adult children. When compared with longitudinal studies in England and Ireland, those attending day centre programmes at baseline were found to be significantly lonelier than their similarly aged peers who did not attend, indicating that those attending day centres are more vulnerable in this area. There were strong positive correlations between the two loneliness scales and they both negatively correlated with quality of life.

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[Roger O'Sullivan]

Online government, but 'offline' older adults: understanding the challenges and coping strategies of older adults

One response to the recent economic crisis has been that governments across the world are moving more services online, in the hope of delivering cost savings. There is a need to understand the implications for older people. In this paper we critically reflect on a recent study of the impact of egovernment in Ireland on the lives of older adults, drawing on in-depth qualitative work undertaken with older men and women in both the Republic of Ireland and Northern Ireland. The everyday lives of our older adult participants are being reshaped because of the egovernment agenda, i.e., the movement to deliver more and more public services delivery online. While policies also exist to promote and support digital inclusion, the capacity of individuals to embed digital technologies, and thereby access public services online, is dependent on structural contexts, especially socio-economic, and socio-cultural, especially an openness to learn new skills, positive educational experiences in the past, digital skills and experience learned in the labour market and strong social networks of kin, neighbours and friends from which the support needed to maintain Internet self efficacy can be drawn.

Older adults, coping strategies, intergenerational linkages

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Later life leisure participation as a source of rural social capital

The potential of leisure participation in later life as a means of creating community social capital is a nascent area of gerontological research. This perspective is consistent with asset-based approaches in rural community development that view older rural residents as generators of social capital. Using data from a major survey (N=920) of participation among persons aged 60 and over in rural community life in southwest England and Wales and qualitative interviews with 58 respondents, we explore types, patterns, and influences on leisure involvement within the rural community context. The purpose of this study was to examine older people's connections and contributions to rural community life through their engagement in leisure activities, including participation in individual pastimes as well as collective pursuits through groups and associations. Survey findings showed that the highest levels of involvement in group/associational activities were, respectively, for those organised through churches (39%), voluntary or charity groups (28%), and other community groups (26%). Findings from the qualitative interviews indicated that the leisure occupations of these older rural residents—ranging from formal volunteering to keenly pursued avocational interests and activities—all had some contribution to make to the sustainability of rural community life through providing individuals with a sense of identity and belonging to place. These findings are interpreted from the perspective of a number of existing conceptual frameworks, including innovation theory, social capital theory, and 'civic socialising', to consider the forms and uses of later life leisure within the rural community context.

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[J Balas, A, Inkster]

Life at the sharp end of the rope: insights on rock climbing in later life.

In 2001 Alison and Pomeroy called for studies that would document and examine individuals' experiences of outdoor adventure: despite support from other scholars (Davidson, 2001; Brennan, 2008) there remains a tendency to focus on

young people at the expense of other age groups, particularly the elderly, leaving them marginalized in the process.

The aim of this study was to determine how rock climbing is conceptualized by young-old adults aged between 65 and 74 and used a purposive sample to offer a meaningful perspective of what it means to be an active climber in that age group.

Interview questionnaires with active climbers from the north of England (n=16) were followed up by targeted interviews, themes identified through manual data handling, and internal and external checking carried out. This reflected the essential need to articulate the voice of the older person in understanding the ways in which some older climbers conceptualize the relationship between ageing and adventure sport (Grant and Kluge, 2007).

A range of context-specific themes emerged from the data analysis: travelling exclusively to climb, establishing a meaningful identity in young-old age, negotiating social isolation, climbing as 'serious leisure', and the way this influences other physical activity. Although these themes proved highly inter-related it is the latter two that will be focused on for presentation.

In conclusion, participants rejected the notions that older adults are primarily attracted to 'soft adventure' and to the illusion of risk, preferring instead to highlight their commitment to remaining at the 'sharp end of the rope'.

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Community-level responses to causes and solutions in the social isolation of older people.

Loneliness and social isolation are regarded as a public health issues because of their effects on physical and mental health [1], and recognised as a national problem across the UK. The Adult Social Care Outcomes Framework (ASCOF) for England (2013/14) included a measure of social isolation, and the Care and Support White Paper (2012) included plans to encourage communities to reach out to those at risk of isolation. Multiple risk factors have been identified (such as advanced age; poor health and disability; low income; bereavement and loss) and Social Care Institute for Excellence (SCIE) has suggested a need for research on interventions that take into account different localities, as well as other factors [2].

Local factors may include geographical/topographical circumstances, aspects of the built environment, transport, and other infrastructures; organisations; and neighbourhood change – all of which can have an effect as well as more universal risk factors. Based on a study of local policy statements and community initiatives in English local authorities this paper will reflect on perceptions of local conditions that inhibit social inclusion for some older people, efforts to build age-friendly communities that mitigate these conditions, and challenges remaining to be addressed.

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[Andrew King]

Representations of LGBT identity and ontology in aged care policy: a discourse analysis

Lesbian, gay, bisexual and transgender (LGBT) ageing is gaining increasing international attention as a social, health and public policy issue. However, the extent to which the issue has been acknowledged and prioritised by government has varied both between countries and between different jurisdictions within countries. There are also questions about how LGBT identities are presented in aged care policy, specifically concerns have been expressed that non-??normative queer identities and practices are marginalised. This paper presents the initial findings of a qualitative research project that involved a discourse analysis of aged care policy documents in the UK and Australia. Key policy documents relating to aged care and from different jurisdictions were sampled. The research sought to understand and compare the ways in which LGBT identities are represented in these documents. It also aimed to highlight the ontological constructions of older LGBT people and the representation of agency and acceptable or unacceptable practices.

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Older Canadian men's perceptions and experiences of ageing and the body in everyday life

The purpose of this paper is to consider how older Canadian men perceive and experience the process of growing older and having an ageing body in the context of their everyday lives. The paper explores the men's thoughts and feelings about the changes in their appearances, physical abilities, sexuality, and health that have occurred over time. The data are drawn from in-depth interviews with 29 men, aged 65-89 (average age of 74), who were diverse in terms of their incomes and levels of education but largely homogeneous with respect to their marital statuses and sexual preferences (the majority were married and heterosexual). Each participant was interviewed for between one and five hours (average of 2.5 hours) for a total of 73 interview hours. Three key findings emerged from the analysis. First, the majority of the men were accepting of and pragmatic about the ways in which ageing had altered their appearances, noting that, in contrast, their wives experienced more anguish over changes to their appearances. Secondly, changes in the men's physical and sexual abilities as well as to their health statuses culminated in more distress for many of the participants who articulated the sense that their identities as men were being challenged, if not threatened. Finally, many of the men concluded that later life was simultaneously a time of increased freedom and often challenging social and physical losses. I discuss the findings from the study in relation to the extant theorizing and research pertaining to ageism, masculinity, and gender relations.

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[Masaki Chiba]

An intervention study on a voluntary organisation of homecare givers in unpopulated areas of Japan.

We investigated home care giver organisations in unpopulated areas to determine their historical and current situations and issues regarding improving their quality, as well as to provide some reasonable and effective advice. The results showed that the activities of the organisations started approximately 20 years ago and public health nurses played a leading role in the beginning in terms of organising home care givers, because they had the opportunities to meet home care givers spontaneously and think of the necessities that would be helpful for the families. In the early stages, at least before the long-term care insurance system started in 2000, these activities worked well and membership of the organisations increased. Thereafter, membership has gradually decreased because a number of home care givers began to use the services provided by the long-term care insurance. However, problems with tackling the soaring financial burdens of the care of elderly people are significant issues, not only politically, but also socially and economically. In the current situation, a new law was established last year that demands a more active role from the local government and families, as well as NPOs. As experts in the areas of health and welfare, we have successfully intervened in a voluntary organisation of home care givers in unpopulated areas through making use of the related knowledge and information that we found in our study, such as the importance of leadership and cooperation with local authorities, related agencies and local residents, among others.

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Changes and Challenges in the Retirement Transition: A Review of Literature

The process of adjustment and quality of life in retirement seems to vary significantly based on circumstances and individual differences (Pinquart & Schindler, 2007; Wang, 2007). In an effort to understand different patterns of retirement adjustment, many studies have focused on factors that predict satisfaction and wellbeing (e.g., van Solinge & Henkens, 2007; Wang, Henkens, & van Solinge, 2011). Less attention has been paid to the experiences that some individuals tend to find difficult in this transition. The purpose of this literature review was therefore to explore the changes and challenges reported in the transition from work to retirement. Five main themes of retirement adjustment were identified, including social interaction, identity, engaging activities, the organization of time, and ambivalence and uncertainty. Additional themes include family, health and aging, and stereotypes. It is suggested that a greater understanding of these challenges may result in more effective programs and tools to help those who do find retirement difficult.

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[Vanessa Burholt]

The Experiences Of Carers Of People With Young Onset Dementia In Rural Wales

Introduction. Research and literature on dementia tends to be focused on urban settings and urban models. This presentation on a literature review, that forms part of a wider research project, considers the daily experiences of families in rural Wales in caring for someone with young onset dementia (YOD). Methods. Literature was reviewed where the focus was on the social and community lives of family carers of people with YOD who live in rural or remote locations. Family and personal relationships, the changing nature of relationships, the changing nature of Welsh rural communities with inward and outward migration provided the context. Results .The literature review evidences that the social and community context of experiencing YOD and caring for someone with YOD may influence life experiences and coping strategies of carers and partners. Partners of people with YOD may experience a range of losses, including the loss of one's confidant, loss of support from family and friend or the loss of a previous lifestyle. Research conducted in rural counties found that

there could be substantial gaps in YOD service provision. Characteristics of Welsh rural communities such as low service provision, distance from services and informal support networks impact on the family caregivers' ability to maintain a good quality of life when caring for a person with YOD. Conclusion. The analysis indicates the limited research and literature available into the needs of this group of carers. There is only limited knowledge and data available to inform service planning and delivery in rural Wales.

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[Laura Cole]

Dementia Care: an evaluation of arts and reminiscence practice for people with dementia

This presentation will focus on findings from a study to evaluate a reminiscence and arts intervention in dementia care home settings in London. The intervention consisted of 24 weekly arts and reminiscence group sessions facilitated by arts practitioners. Six care settings (NHS and non NHS) were included in the study and 75 residents participated with 6 – 8 participants in each group. The primary purpose of the evaluation was to assess the impact of the intervention on the overall well-being and quality of life of people with dementia.

The study used a comparative and time series design to collect data on well-being and quality of life. Dementia Care Mapping was used as the primary data collection instrument to code behaviour and well-being before, during and after the group sessions. The evaluation team observed the sessions at 3-weekly intervals. We used statistical modelling to look at well-being and changes over time. At baseline the participants experienced both ill-being and well-being. Well-being increased sharply during each session and plateau at 50 minutes with a sustained positive effect after the sessions. On a longer timescale, well-being and quality of life increased slowly and steadily from one session to the next. The findings were statistically significant (p<0.001), which means that these trends are likely to be present in the wider population of people with dementia. We conclude that arts and reminiscence activities have a positive and sustained impact on the well-being and quality of life for people with dementia.

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[Martin Culliney]

The impact of gender and rurality on the Social Exclusion of the 'Oldest Old'

It has been projected that during 2005-2030, due to falling birth rates and rising life expectancy, the global population aged 85-and-over will increase much more quickly than the number of people aged 0-64. Since the start of the twenty-first century, the fastest growing age group of the U.K. population has been the 'oldest old', those aged 85 years and over. Furthermore, around two-thirds of the 'oldest old' are female, whilst the populations of rural areas of the U.K. are typically older than those of urban areas. Although the numbers of older drivers are increasing, cuts to public transport services and to local authority social care provision are having a significant impact in many urban and rural localities, placing increased pressure upon adult children to provide transport and assistance with activities of daily living to the 'oldest old'.

Aiming to contribute to the limited body of social gerontology research on the 'oldest old', the presentation will report on secondary analysis of Understanding Society data that has been conducted to explore the impact of gender and rurality on three domains of social exclusion. The paper will examine gender-based and urban/rural differences in self-rated and activity-limiting health, ease of access to public and private transport, and ease of access to adult children among people aged 85 years and over. It will conclude by highlighting key challenges for policy-makers to address, particularly in relation to older women living in rural communities.

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Doing Age: Mundane Categorization as structural inequality

The "Doing Difference" framework created by feminist sociologists (in the journal Gender & Society) specifies behaviors that constitute such inequities as age relations. This theory of the dynamic maintenance of inequality focuses on non-reflexive references to, and indication of, ideals of age, which include categorizations of group members and the marking of deviance from age ideals. Those activities are routine, mundane, though sometimes formally rule-bound and organizational. Group attunement to labels helps to regulate and naturalize group membership, a component of social inequality. Two mistaken critiques of this theory of mundane doing of difference both lean upon the interaction-agency/structure dualism. We argue in reply that repeated social interaction is (dynamic) structure. The maintenance, mundane operation, and alteration of age inequality do not require separate forms of observations or theories. We demonstrate this everyday attention to age ideals, and its consequences, through analysis of interview data from a purposive, convenience sample of nineteen middle age respondents, aged 43-61, each interviewed them for 1-2 hours each about the medical, occupational, and other aspects of their aging. Respondents describe both letting go of youthful display and distancing selves from old folks in terms of activity/fitness. They also recount their gendered anti-aging activities, and describe maintaining gender in avoidance of perceived sexlessness of old age. We conclude that this ordinary "doing" of age and gender contributes to old people's increasingly invisible and marginal status, in ways that are difficult for most people to see.

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[Caroline Limbert]

Talking Healthy Eating; the dietary experiences and practices of mothers and grandmothers

A poor diet is linked with many chronic health conditions and diseases including coronary heart disease, diabetes and some cancers. However, relatively little is known regarding the influence of familial role on food intake and dietary habits, especially in terms of different generational role. Lifetime dietary habits undoubtedly need to be addressed and this study explores some of the relationships and attitudes towards food that exists between two generations of women – mothers and grandmothers. Research has found that the biggest influence on children's diets is the dietary habits of their carers (Brown & Ogden, 2003), so that mothers and grandmothers are key players in the developing dietary habits of the next generation. The study uses focus group data to explore attitudes and experiences of dietary practices and explores the differences and similarities between the two groups of women. It highlights the importance of the environments of eating such as employment and time pressures while reminiscence about dietary practices in earlier generations features throughout the focus groups. Issues that came through include confusion and inconsistency about dietary advice,

family meals, shopping and the influence of children. In conclusion the paper highlights similarities and differences in attitudes towards diet from women in different familial roles and provides the basis for further research into intergenerational influences on dietary choice that could provide insight into how the diets of the next generation can be improved.

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[Wendy Loretto]

Grandparents and later-life working: how grandparent care affects decisions around working and retirement

In the context of population ageing, many governments including that of the UK are encouraging people to extend their working lives. Policy changes including raising state pension ages and introducing legislation to outlaw age discrimination and abolish mandatory retirement have raised the effective age of retirement in the UK, especially for women. The changing pensions landscape is also prompting expectations of working longer for financial reasons. Nevertheless, at the same time, many of the 'older workforce' (aged 50+) are an important source of childcare provision for working parents, with one third of workers with children aged under 15 receiving regular help from parents (Glaser et al, 2010). There may therefore be some significant tensions between working longer and providing childcare support.

Previous research indicates that some women over-50 are choosing to 'retire' early so that they can support their daughters working full-time (Loretto and Vickerstaff, 2013); more men may be involved in grandparenting than previously thought (TUC, 2014); and younger women may be increasingly expecting their own retirement to incorporate some form of grandparent childcare (Loretto, 2014). However, we are lacking in-depth understanding of the experiences, preferences and perspectives of grandparents providing care and how their decisions interact with their work, career and retirement choices.

The results presented are from a project interviewing 60 grandparent-carers. The paper will explore the ways in which grandparenting may affect attitudes and behaviours in later working life and will consider the intergenerational implications for labour market participation across the lifecourse.

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Who Knows Best?

Older People's Contribution to Understanding and Preventing Emergency Hospital Admission

Every year, the NHS experiences more than 2 million unplanned admissions for people over 65, accounting for 68 per cent of hospital emergency bed days and the use of more than 51,000 acute beds at any one time (Imison et al., 2012? Poteliakhoff and Thompson, 2011). With an ageing population, a challenging financial context and major structural upheavals throughout the English health service, such pressures show no sign of abating, and indeed may be increasing. But while a certain amount of attention has been paid to processes of emergency admissions of older people, these discussions have tended to neglect a patient perspective, with hardly any attention focused on the patient's experience of emergency admissions and their understanding of what might help to prevent the need for admission in the first place. The Health Services Management Centre at the University of Birmingham is engaged in a two-year NIHR funded study (due for completion April 2016) to provide an in-depth exploration of emergency admission from the perspectives of older people and professionals working in a variety of roles in hospital and community services. In this paper I describe the rationale behind the study and the methods, and present findings from the interviews with professionals in hospitals and community services, and emerging themes from interviews with older patients, their families and carers.

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[Hilary Farnworth]

Older students' perspectives on life-long learning: reflections from the Ransackers educational adventure.

The Ransackers Association (RA) was set up in 2006 with support from the UK Better Government for Older People programme. It was established to support older students without academic qualifications who took part in a scheme offering ten-week residential courses at a small number of UK further education colleges. Over 700 students

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participated between 2004 and 2014, and many completed written dissertations. Recent policy changes and the withdrawal of public funding mean that the courses are no longer in operation and RA continues to operate as an unstaffed, user-led body promoting the re-continuation of the courses, student fellowship, and the right to enjoy lifelong learning.

This paper reports progress on a small unfunded study drawing on the written work of RA members and former members. A complete list of the dissertation topics is in preparation using broad categories to characterise the main themes. A research team comprising lay researchers alongside academically trained researchers has accessed dissertations from individuals and the archives of five of the higher education colleges that participated in the Ransackers scheme. A descriptive account of twenty of these dissertations is being prepared and subjected to content analysis, along with a series of semi-structured interviews conducted with former RA students and tutors. These archived documents and retrospective accounts provide insights for the understanding of life-long learning and creativity from older students' perspectives.

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[Rebecca Wassall]

Rethinking delivery of Dental and Oral Healthcare services in residential care settings – a design approach.

This paper explores the value of design methods in the context of community-based healthcare, to identify and describe new directions for Community Dentistry Services. Specifically, it considers integrated, holistic and person-centred interventions, to better support older people living in residential care. Design methods have been shown to be valuable in such settings, changing the deterministic paradigm, redressing power imbalances and seeing the person not just the condition(s).

The project methodology involved a case-study of a collaboration between Northumberland Health Care NHS Trust, and Northumbria University Design School and Newcastle University Dental School, working with a broad sample of stakeholders, where the research question concerned the value of design visualisation tools to emphasise the service-user within a larger, complex service-provision. Key visual tools used to establish this extra-organisational view of service provision were: a map of the current structure of 'health service providers', created to

guide the project approach and introduce the user-centred perspective; and a draft Service Blueprint, to position new service concepts within existing provision.

The collaboration developed a series of design objects to stimulate discussion and cooperation between stakeholders. The case study found that these objects constitute design propositions, which freely cut across current organisational structures, for example, one proposal synthesises issues of Nutritional Education, Dental Health, Family Social-Interaction and High-Street Dentistry.

The visual tools are found to effectively widen and hold open the scope of the project, permitting future propositions that straddled organisational boundaries, whilst framing focused design work on the service 'touch-points'.

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Bridges and Barriers: Exploring the Involvement of Older People in Adult Safeguarding

Adult safeguarding guidance in the UK highlights the importance of fully engaging adults at risk in all areas of safeguarding (at both a strategic and an individual level). However, research has suggested that the level of involvement is low, both regionally (in the North East of England), and nationally. This proposed paper will present findings from a PhD study which explored the involvement of older people at both a strategic level (within local decision making on policy and practice guidance), and an individual level (within individual safeguarding investigations). This research study aimed to contribute to adult safeguarding through greater knowledge and understanding of the involvement of older people, and to identify and develop indicators for best practice in this area.

The research applied a qualitative approach, informed by critical realism, with data collected in two local authorities in the North East of England. Data collection methods included interviews and observations, as well as the compiling of related policy documents. Participants included key stakeholders in adult safeguarding and the data was analysed using thematic analysis.

A number of key themes were identified from the data including factors which help and hinder involvement, and participants' constructions of involvement and adult

safeguarding. Key themes also related to the human rights of older people within safeguarding processes and the impact of both regional and national policy on adult safeguarding practice. The proposed paper will discuss the key recommendations and implications of the research findings for social work policy, practice and future research.

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Examining the mental health outcomes of care recipients in the home and community-based services of the long-term care system in Taiwan

Objective - This study examined the effectiveness of community care delivery by exploring changes in the mental health outcomes of care recipients and the predictive factors for a maximum of two years (TO-T4).

Method - The long-term care dataset of one southern city was used to follow up 5683 care recipients at baseline receiving the home and community-based services. Generalized Estimating Equations (GEE) were used to analyze two mental outcome measures including the Short Portable Mental Status Questionnaire (SPMSQ) and the short version of the Centre for Epidemiologic Studies Depression Scale (CESD).

Results - There were 2614 (46.0%), 1121 (19.72%) and 1948 (34.28%) persons identified in the high dependency (HD), moderate dependency (MD) and low dependen cy (LD) group at baseline . The outcome change patterns of SPMSQ and CESD were found to have different directions. The result showed that the average cognitive status changed significantly with negative path estimates cP from Tl-T4=-0.016 to -0.119). In contrast , the CESD outcomes changed positively with negative path estimates cP from Tl-T4=-0.120 to -0.I 59). Apart from age, the significant predictors of changing SPMSQ and CESD scores were mainly the care duration (time), living status, education and financial means as well as the functional status at baseline .

Conclusions - To reach the goal of effectiveness, regular monitoring of LTC recipients is crucial and more input of psychological supports in the community is required. Feedback from outcomes would provide information not only about care recipients, but also allow for more informed decisions regarding what to input and improve in service delivery.

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Subverting the script: User-technology relations and the creation of invisible work in telecare practice

Increasing technology use in the provision of health and care services to older people at home has become a prominent UK policy goal over the past decade. Technological devices have been adopted to varying degrees at a local level and the experiences of older people demonstrate a nuanced picture of successful implementation.

The case study gathered data from interviews with stakeholders (n=23) in telecare provision, including older people, and from observations of practice, to investigate the impact of technology implementation on outcomes for service users. This paper takes a material semiotic approach to the role of technology in challenging the norms of care, drawing on concepts identified by Oudshoorn (2011) that focus on the relationship between individuals and technology and the creation of telecare work that is often rendered 'invisible' in service evaluations.

Findings show that older people are incorporating telecare into their lives to different extents and the prevailing technology 'script' can lead to non- or misuse of devices. The practice of telecare has led to the creation of new roles but has also devalued certain tasks, and in some cases fails to acknowledge the work involved. Furthermore, despite claims of personalisation, implementation practices often do not allow for the meaningful involvement of service users in decisions about the use of technology, at either the individual or strategic level.

These findings have implications for the future involvement of older people in decisions about technology, from the design phase to needs assessment, and warns against the de-professionalisation of telecare work.

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[Claire Preston], [Stephen Moore]

Telephone helpline as a source of emotional support for older people

This paper examines the use of a telephone helpline by

older people as a source of emotional support. It draws on mixed-methods research carried out as part of a broader evaluation of a national helpline seeking to provide information and reduce loneliness and isolation among older people.

It is now widely accepted that social relationships have an important effect on health and wellbeing. According to the buffering hypothesis, social relationships provide informational, tangible and emotional resources which help people cope with stress and adversity. Certain events and transitions that commonly occur in later life can reduce the quality or quantity of social relationships among older adults, when the need for emotional resources is high. Apart from mental health services, however, services for older people often focus on information or tangible resources, with less attention on emotional support.

Early findings from surveys, focus groups and interviews suggest widespread use of the helpline for emotional support. Preliminary analysis of qualitative accounts in the light of existing literature indicates various reasons for this. Some callers simply lack close social contacts, while others wish to avoid inconveniencing others. A desire to maintain self-worth and independence can discourage older people from turning to family, especially one's children, for emotional support. The 24-hour nature of the service also enables callers to access support when friends and family may be unavailable. Overall, these findings suggest a positive effect on mental wellbeing as a result of both real and perceived availability of emotional support via the telephone helpline.

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[Katy Pilcher]

Visual Representations of Digital Connectivities in Everyday Life

This paper draws on data from the empirical study Photographing Everyday Life: Ageing, Lived Experiences, Time and Space funded by the ESRC, UK. The focus of the project was to explore the significance of the ordinary and day-to-day and focus on the everyday meanings, lived experiences, practical activities, and social contexts in which people in mid to later life live their daily lives. The research involved a diverse sample of 62 women and men aged 50 years and over who took photographs of their different daily routines to create a weekly visual diary. This diary was then explored through in-depth photo-elicitation interviews to make visible the rhythms, patterns and

meanings that underlie habitual and routinised everyday worlds. The data was analysed using the software Atlas Ti. The analysis highlighted: (1) the increasing importance of digital and virtual connectivities and the ways in which people in mid to later life actively engage (and resist) technologies of communication in their daily lives; (2) the significance of embodied co-presence and the immediacy of shared space and/or time; and (3) how narratives surrounding engagement (or not) with virtual technologies both challenge and reinforce ideas about ageing (and youth) in complex and, at times, contradictory ways. Exploring the routines, meanings, and patterns that underpin everyday life has enabled us to make visible how people build, maintain and experience their social and virtual connections, and the ways in which digital devices and information technologies are being incorporated into (and resisted) within daily life.

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[Alison Bowes, Alison Dawson]

Remodem: support of people with dementia in remote areas

Funded by the Northern Peripheries Programme of the EU, the Remodem project brought together municipalities in Sweden, the Faroe Islands, Greenland and the Scottish islands to develop services for people with dementia in remote regions. The overall aim of the project was to develop and test an integrated service package for people with dementia living in remote rural communities which allows and supports them to continue living in their current homes. There was an emphasis on utilising technological solutions to enhance support. This paper presents a review of the methods adopted to evaluate the impact of the project on people with dementia and those supporting them and reflects on the evaluation findings as well as some of the challenges experienced. The services developed across the different test sites included direct support for people with dementia, and support for family or other informal carers, for professionals delivering services, for community members, for information exchange between professionals, for community awareness and for service integration. The emphasis of the new developments varied according to the starting points and particular challenges in each local area. Services involving improved communication were especially popular, and many of these used 'off the shelf' technologies rather than specialist equipment. The most useful element of the evaluation came from the cross-site discussions and

comparisons of experiences between sites. These provided data for the report, whilst also allowing cross-site formative feedback and learning as the project progressed.

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[Lynne Coventry]

Stigma, stress and walking aids: Appraising the role of design in tackling self-stigma.

The identity of being an "old person" is sometimes perceived as undesirable and this affects the ways in which older adults behave. For instance, older adults often avoid using walking aids because of the stigma associated with using one. For this reason, older adults sometimes utilise compensatory strategies to avoid stigma such as using shopping trolleys as walking aids. Such devices provide some level of support but can be dangerous as this is their intended purpose but at the same time do not evoke the stigma. When older adults face decline in their abilities and stigma due to using a walker, it can create a kind of stress. The effect of this stress is not the same for all people because different people react to stress differently through different coping mechanisms. Drawing on the appraisal theory of stress, we argue that stigma associated with walker-use is subject to various cognitive appraisals that affect whether the user sees the walker as stigmatizing and the extent to which they can cope with that stigma. Template analysis of five focus groups provides data explaining the ways in which potential users assess stigma and coping resources. In the primary appraisal issues are raised about appearance, social acceptability and self esteem. The secondary appraisal focuses on the walkers role of solving problems and the benefits it can bring. We emphasise that while better design of walkers is important, tackling the self-stigma of users and increasing their ability to cope with using one is equally important.

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[Margaret Brown, Janice McAllister, Val Logan, Karen Heron, John Booth, Maxine Bayliss]

Food for Thought: Enhancing Dietary Preferences for the Person with Advanced Dementia.

This project adopted a nurse-led partnership approach, designed to explore innovative ways of eliciting food and drink preferences in a care home setting, in order to underpin the development of a framework to enhance dietary preferences for the person with advanced dementia. An adequate nutritional intake is essential for the maintenance of physiological functioning as well as playing a key role in social and psychological wellbeing and quality of life (Green and Jackson, 2006; Healthcare Improvement Scotland, 2012). Having no choice in what you eat and drink threatens dignity and personhood in a culture where choice of food and drink contributes to a sense of self.

The project involved six residents, their family members, nursing, speech and language, catering, and academic staff. Initially members of staff and family members attended an education programme on eating and drinking in advanced dementia. Following this, for an intervention period of 11 weeks, a sensory framework was used to explore ways of improving the dining experience of the person with advanced dementia. The results demonstrated maintenance of resident's nutritional status and reduction in eating difficulties. Families and staff reported improved knowledge and understanding of the challenges faced by the residents and developed more open communication. Families indicated satisfaction with the changes and staff saw these as 'just the start', intending to move forward with further changes. The outcome of the study will be a toolkit to extend the lessons learned to other areas both within Erskine Home and for the wider nursing community.

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[Hannah Pitt]

IMPLEMENTING A FOOD FOR LIFE AND WHOLE SETTINGS APPROACH TO FOOD IN CARE HOMES: AN EXPLORATORY EVALUATION

The Food for Life Partnership (FFLP) across schools and communities is an initiative led by the Soil Association with the help of a major grant from the Big Lottery Fund and is being evaluated by a research team from the University of the West of England. Although the main focus is on schools, one component of FFLP is looking at what it calls 'New settings' for this type of approach, one of which is Care Homes.

The emphasis of FFLP is upon producing organic/sustainable food (the Soil Association runs a national Catering Mark system for those that meet high standards), engaging with the growing and harvesting of

food as well as its consumption together with a desire to promote whole setting or partnership working across agencies.

The paper will draw upon an evaluation of two Care Home providers (one a large national for-profit company and the other a third sector regional organisation) who have attempted to introduce an FFLP approach across their Care Home provision. The first half of the paper will explore the challenges of achieving Catering Mark standards within this sector including an exploration of motivations for seeking this. The second half will explore whether or not either organisation has managed to move beyond the Catering Mark agenda to a broader whole settings approach to food within their Care Homes.

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Policy adequacy to the expectations of later life in Chile

Policy making for later life occurs at the intersection on multiple voices. It is constructed upon age stage demarcations from previous policies. It intends to support the needs of their target population. It attempts to create instruments that are valid and useful for extended periods of time. At the same time, it cannot escape pressures from political agendas that are in nature contingent and short-termed. These systemic pressures are enhanced in policies oriented towards ageing groups if the demographic structure of the population changes rapidly. Such rapid changes have occurred and are ongoing in the Chilean population. The creation of organisations and policies addressing ageing as a structural challenge, and not merely as a marginal phenomenon, only began on the 21st century. This presentation intends to look at the recently developed policies for ageing in Chile and how they fit the needs and expectations of those who are subjects of these policies now, as well as those people in middle age who will not enter later life for one or even two decades. Chilean policy will be contrasted with results of 32 qualitative interviews conducted with people from 40-90 years old in Santiago, Chile in 2013. These interviews aimed to tease out strategies to solve and cope with contentions in the meanings and expectations for later life in Chilean society in four areas: information, education & technology; body, health and quality of life; economy and demography and; roles and representations of later life.

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[Helena Schweigert, Otto Rienhoff]

Ageing in German rural areas – Possibilities of assisting technologies for the ageing population using the example of KoopAS" An information platform for the elderly

The definition of "rural area" in Europe strongly depends on landscape, economy, government, population and its density [1]. Although the distribution of rural areas in Germany appears to be negligible [2], the dependency of smaller populated "villages" on cities with better infrastructures for health or logistics, is one of the main reasons for the "flight from the land" of mostly young people. This demographic change leads to rural areas populated by mainly older people which entails certain issues for. The project KoopAS ties in with the issue.

Within KoopAS a communication and information platform on mobile devices has been developed in order to support elderly and handicapped persons in a rural community of Southern Germany. The platform aims to enable the target group to live longer independent in their own home, to make the communal participation easier, to support the contact with friends and family and provides access to certain community members and care consulting through Audio-Video-Communication.

First results clarify the importance of assistive technologies in rural areas. They show that older people, although being sceptical towards new technology, see a. o. the benefits of keeping a well- established social and autonomous life if needed and therefore relieving relatives.

The project progress so far has shown certain challenges, though, especially within implementation. They show that, although the functionality is given, assistive technologies have to be well adjusted to requirements and diverse existing infrastructures. Those conditions have to be further explored and discussed in the remaining project term.

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Managing Change: Reflections on an Action Research Study in NHS Dementia Care

This presentation gives a reflective account of conducting action research in two NHS continuing care wards for people with dementia. The overall aim of the study was to develop small-??scale interventions to improve the tone, nature and experience of mealtimes, and the content of meals, within the wards. The goals were to enhance patient, their relative's and ward staff enjoyment of meals and mealtimes, and improve patient nutrition and hydration levels. Elements of Participatory Action Research were employed, as it encouraged ward staff, relatives and (where possible) patients to co-??develop and later implement changes.

There were a number of challenges in conducting action research in this setting. Effecting change depended on a number of factors including the micro-??culture of the wards, the nature of interventions, and the patterns of interaction among the participant groups, as well as between participants and the researcher. Apart from considering the processes that either helped or hindered implementing changes to mealtimes (e.g. authority hierarchies, organisational decision-??making patters, perceived threat and infra-??humanisation), the presentation also discusses practical suggestions on implementing action methodologies in settings defined by 'closed' and specific micro-??cultures. Specific attention will be paid to research timelines, modes of engagement, conflict resolution, transparency, effective sharing of information and flexibility in the action researcher's role. The presentation will not only discuss what is required of the project and the researcher, but also what prerequisites should be present in the setting for 'action' to take place.

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Intergenerationality and everyday community life: narrative methods, social remembering and generational intelligence.

Structurally, relationally, and symbolically, intergenerationality (Pain, 2004) is complex: it reflects the interweaving of history, personal time, and social relations. Drawing on recent research into community development and intergenerational practice in the British city of Manchester I deploy a narrative approach to my respondents' accounts of their lives and experience. At interview, both story-telling and reflection disclose a complex interchange between personal memory and social remembering (Misztal, 2003). They illustrate everyday community life and evoke recent historical events. Both individual and collective actors strive to come to terms with the overlapping impact of life events, symbolic materials, commemorative encounters and their own conscious purposes. Accordingly, I try to respect my respondents' accomplishments as story-tellers while addressing the intersubjectivities evident from reading their interview transcripts. Analysis must therefore attend to structural, performative, and interpretive elements of the interview (Riessman, 2008) and to its social and historical context. To demonstrate this I present and discuss findings from: a city official's account of growing up as a youth club member in Moss Side; an experienced youth-worker's description of her first exploration of intergenerational practice; a head-teacher's representation of a retired serviceman's Remembrance Day initiatives with primary schools in Gorton, and a former prisoner's response to the local lads' demand he manage their football team. In my interpretations I explore how 'generational intelligence requires us to become critically aware of age and generational identity as a factor in social relationships' (Biggs and Lowenstein, 2011, p 1).

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[Liz Lloyd]

Rapid Site-Switching Ethnography: Methodology for Comparative Study into Healthy Ageing and Promising Practices in Residential Care Contexts in Canada, Norway, Sweden and the UK

This presentation deals with an innovative approach to conducting comparative research into identifying healthy ageing strategies for long-term residential care. This new method, named as rapid site-switching ethnography, is based on intensive comparative, collaborative and qualitative case studies undertaken by international teams of researchers led by York University, Canada and funded by the ESRC in the UK. Researchers from the aforementioned countries come together to study two facilities in each jurisdiction over a period of one week to 10 days, before proceeding to the next country. Where possible, these visits are conducted in quick succession to maximise the comparative element of the work.

For the purposes of this study, health is defined in its broadest sense to include its mental, physical, emotional and spiritual aspects. The objective of the research is to identify promising practices that enable staff and residents to live more fulfilling lives. The interdisciplinary make-up of the teams facilitates the gathering of rich observational and interview data on the physical, economic, environmental and social conditions that define and support healthy ageing for residents and staff in each selected site. In this case, combining insider and outsider perspectives while conducting fieldwork is achieved through foreign researchers working alongside their native counterparts, ensuring that fresh eyes contribute to existing local perspectives in each case study.

Drawing on examples from the research experience in the UK and Norway, in particular, this presentation examines the merits and the complexities of applying this methodology to conduct research into healthy ageing.

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'Unbecoming' a Carer: exploring the status and profile of 'former carers'

A growing sub group of the UK's carer population are those described as 'former carers': carers who have finished 'actively' caring but who retain links, with caring roles and/or identity. The findings of a recent systematic literature review suggest that there are a number of different routes into becoming a 'former carer': when the cared for person dies, relatives of those admitted to hospital or a hospice, relatives of those living permanently in a care home, those whose relatives recover from an illness or go into remission, and young carers who leave home. Both the life course – often shared with cared for person – and the care course influence the experiences of former carers. Many former carers have poor physical and mental health which tends to worsen post caring; this is especially the case for depression. There are of course distinctions between the different groups of former carers. Bereaved carers and young carers are more distinctly ex-carers than the other groups whilst dementia carers occupy a number of different temporally determined conceptual identities from carer to former carer. Mediators that influence post caring experiences include, gender, length of time being a 'former carer' and culture. Whilst policy and support services are beginning to recognise the distinctive needs of former carers, they remain largely 'off the radar' of mainstream services such as local authorities. Very limited research has been done with, and on, former carers; a primary challenge relates to the conceptual frameworks

employed to understand and capture their profile(s) and experiences.

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[Wollo W.S. Wu, Helen C.Y. Poon, Rosanna S.Y. Chan]

Young People's Attitudes and Perceptions towards Elderly in Hong Kong: The Significance of Contact Experiences

Ageing population poses challenges to the healthcare and social welfare system of Hong Kong. Younger generation also needs to shoulder more responsibilities in supporting the senior population. The current study aims to investigate young people's attitudes towards elderly, their perceptions of elderly's needs and their knowledge about elderly services in Hong Kong. Semi-structured focus group interviews were conducted on 32 final year students (M = 12; F = 20) who are studying a 2-year health-related pre-vocational higher diploma programme at a local institution. Comparison was made between those who participated in a volunteer project namely, 'Home Safety and Health Enhancement Programme for the Elderly' (n = 16) and the controls (n = 16). Students who joined the programme exhibit greater awareness over the potential risks situated in elderly's living environment, their physical and mental health needs, and knowledge about corresponding social welfare policies and age-friendly community measures. They tend to show more favourable attitudes towards elderly. Noteworthy, these students also have greater appreciation of their pursued education and career path than the controls. They evaluated their programme as more informative, practical and encouraging for future career development. In addition, they expressed stronger motivation than the controls to serve elderly in their future career. The current study revealed that young people's frequent associations with elderly might improve their understanding of the older population, leading to positive perceptions towards elderly. Students' engagement in respective health-related volunteer services might help to nurture caring and respectful attitudes towards elderly, and to strengthen inter-generational harmony.

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[Vanessa Burholt]

Loneliness and social isolation in later life: A biographical Disruption.

This paper will present one aspect of a mixed method PhD Study exploring transitions in loneliness and social isolation in later life. While a great deal is known about the range of risk factors that increase vulnerability to loneliness and social isolation in later life, very little research has explored stability and change in levels of loneliness and social isolation.

Narrative interviews were conducted with 11 participants who had reported being lonely and/ or isolated. The interviews were used to explore stability and change in levels of loneliness from the perspective of older people themselves. The interviews focused on participant's perspectives of the events that triggered loneliness and social isolation, stability and change in levels of loneliness and social isolation over time as well as participant's responses to loneliness.

Reframing the events that triggered loneliness and social isolation as disruptive events the paper will show how the response of participants and their wider social network had implications for the individual's trajectory through loneliness and isolation. The paper will discuss the range of strategies employed by older people to manage loneliness and social isolation over time. While a framework for understanding chronic and degenerating loneliness is proposed.

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[Lesley Jessiman]

Old Age has its pleasures, which though different, are not less than the pleasures of youth" – An Examination of Sexuality in Later Life.

Ageing and sexuality is without question a relatively neglected area of research particularly when compared to other areas such as cognitive and biological ageing. Because our new generation of older adults consists of the "baby boomers", a population known for their broad-minded and progressive attitudes, and behaviours towards sex and sexuality, it would seem the literature's relative neglect of ageing and sexuality is a little short-sighted. From the research that has been carried out, we know that older adult sexual minorities (i.e. lesbian, gay and bi-sexual older adults: LGB) often suffer what is known as "the triple threat" i.e. ageism, sexism and homophobia (Fullmer, Shenk, & Eastland, 1999). Competence of crisis theory on the other hand suggests that LGB individuals' long history of psychosocial hardship better equips the older adult for dealing with other "crises" of old age (Schope, 2005). The lack of attention paid to aging sexual minority populations and the importance of better understanding these minority groups does indeed form the basis of our research. Employing qualitative interviewing methods to explore the experiences of sexual minorities in coastal British Columbia, we are recording the experiences and consequences of 'coming out' and examining issues of ageism, sexism and homophobia overall. We believe our research has important implications such as filling a gap in the literature and also helping to reaffirm that "the pleasures of old age are not less than the pleasures of youth" (W Somerset Maugham, 1938).

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[Aravinda Meera Guntupalli]

How have increases in food prices affected the spending patterns on food of older people and what are the implications for dietary patterns?

It has been consistently shown that the cost of food is one of the most important drivers of food choice, particularly for those on a low income who are more likely to opt for cheaper foods . These foods are often less healthful and have been implicated in the development of chronic disease . Many older people live on low and static incomes but very little is known about how the recent increases in food prices have affected older people's spending patterns on food and non-alcoholic beverages (FNABs) and what impact this may have had on dietary patterns. A repeated cross-sectional design was employed and, using data generated from the Living Costs and Food Survey between 2007 and 2012, changes in spending patterns on FNABs were examined. Linear regression analyses were used to observe the impact of age, living arrangements, income, car ownership and place of residence on the spending patterns on FNABs. Overall, the proportion of income spent on FNABs between 2007 and 2012 decreased for single older

males and females but increased for retired couples. Single older males were most likely to reduce their expenditure on fruit and vegetables as their costs increased, and those belonging to the lowest income quintile were most likely to remove foods experiencing the highest price increases from their diets. These findings may have implications for the health of older people but further research is warranted.

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[Paul Willis, Andrea Tales, Thomas Cryer].

Unmasking the sexual health and activity of older adults in the UK

The population is ageing and the rights, welfare and wellbeing of this age cohort are becoming more globally prominent and the focus of much policy development. Whilst research is leading the way and informing this in many spheres of an older person's life, this is not the case for sexual health. Campaigns of sexual health literacy and intervention are targeted at 'at-risk' cohorts, largely ignoring those over 60 years of age. With increases in sexually transmitted infections (STIs) in this age group and the potentially serious nature of untreated conditions, this review highlights the need for increased research, health literacy and targeted interventions. The multiple barriers and challenges older adults can experience in accessing care and support with sexual health in later life have been illuminated, including recognition of older people as sexually active. This review has highlighted the need for enhanced dialogue between older people and health and social care professionals about older adult's sexual relationships, both past and present. Where this strategy has been widely supported by traditional 'at-risk' communities, the same opportunities are not being given to older adults. This suggests an ageing-blind approach to sexual health campaigns and strategies should be adopted. At its heart there is still the need to combat ageism in clinical and research communities. Older people do want to have sex, older people are having sex and, like younger cohorts, older people are not necessarily using protection.

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[Anna Goulding]

Developing social support amongst older people through the consumption of art

This paper explores the interplay between interpersonal contacts and the cultural consumption (Warde and Tampubolon, 2002) of older people and how that relates to social support. It aims to show how the meanings created by older people in encounters with contemporary visual art can be both a product of social networks as well as being responsible for their development (Lizardo, 2006). In this empirical study, art was a vehicle for collectivising feelings which helped develop social relations. Participants with little prior engagement with art interpreted the artworks in terms of collective understandings of historical or life events which strengthened existing social connections and developed new ones. The results are then examined in the light of changing trends in social support for older people as presented by Gray (2009). It is recognised that the processes described are marked by age rather than being determined by it.

The data-set used to explore these issues comes from a 28-month study (May 2009–October 2011) 'Contemporary Visual Art and Identity Construction: Wellbeing amongst Older People' funded by the New Dynamics of Ageing programme.

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[Cher Cartwright, Pritpal Rayat, Jill Manthorpe],

Investigating the feasibility of introducing an outcome measure (survey) in England for older people who have been through a safeguarding investigation

Protecting older people and other adults at risk of neglect and abuse is termed 'adult safeguarding'. Currently no national measures record the opinions of older people and their carers about the experiences of an adult safeguarding investigation. The Health and Social Care Information Centre (HSCIC) was therefore charged by the Department of Health with developing a survey that could be added to the Adult Social Care Outcomes Framework (ASCOF). The ASCOF collects data about service users' opinions of social care services in England.

A face-to-face survey, made up of seven questions, was piloted in 2014 in 38 councils with 382 participants. Piloting investigated:- i) if a statistically representative sample could be recruited; ii) responses to the survey questions; iii) feedback from council staff; vi) costs to councils.

Overall the survey results met statistical confidence; however the individual results for older people at risk did not because a high proportion of relatives and carers responded in place of the older people sampled. The reasons for this are explored. Most (72%) of participants considered the support they received had made them/the person they support feel 'quite a bit' or 'a lot safer'.

This is the most robust data collected on older people who have been through a safeguarding investigation. This paper discusses the significance of the findings for older people and will be of interest to practitioners and policy makers concerned about elder abuse.

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[Catherine Quinn, Sharon M. Nelis, Linda Clare]

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Is cognitive lifestyle associated with depressive thoughts and self-reported depressive symptoms in later life?

Key components of cognitive lifestyle are educational attainment, occupational complexity and engagement in cognitively-stimulating leisure activities. Each of these factors is associated with experiencing fewer depressive symptoms in later life, but no study to date has examined the relationship between overall cognitive lifestyle and depressive symptoms. This task is made more complex because relatively few older participants in cross-sectional studies will be currently experiencing depression. However, many more will show evidence of a depressive thinking style that predisposes them towards depression. This study aimed to investigate the extent to which cognitive lifestyle and its individual components are associated with depressive thoughts and symptoms. Two hundred and six community-dwelling participants aged 65+ completed measures of depressive thoughts and depressive symptoms, and the Lifetime of Experiences Questionnaire which assesses cognitive lifestyle. Correlational analysis indicated that each of the individual lifestyle factors - education, occupational complexity, and activities in young adulthood, mid-life, and later life - and the combined cognitive lifestyle score were positively associated with each other and with depressive symptoms, while all except

education were positively associated with depressive thoughts. Cognitive lifestyle score explained 4.6% of the variance in depressive thoughts and 10.2% of the variance in depressive symptom.

The association of greater participation in cognitive activities, especially in later life, with fewer depressive symptoms and thoughts suggests that preventive interventions aimed at increasing participation in cognitively-stimulating leisure activity could be beneficial in decreasing the risk of experiencing depressive thoughts and symptoms in later life.

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[Jill Manthorpe, Anthea Tinker]

Why do day centres for older people exist in England, who benefits from them and how?

The context in which building-based day centres exist has changed considerably and they are surprisingly under-researched. This presentation will share the findings of a systematic literature review, undertaken 2014-15, addressing the following questions:

- Which older people benefit from day centres and how?
- How are day centres perceived?
- Have they a place in today's social care market?
- What are the evidence gaps?

Attending a day centre is no longer a standard social care option, but one which is rationed by both declining funding and decreasing provision in England. Approximately 10% of people aged over 65 in receipt of Local Authority provided/commissioned community services attended day centres each year across 2011-14 (n=82,670, n=69,095 and n=59,300 respectively), accounting for the largest proportion of out of home services among this group. Of the 2013-14 day centre attenders, over half (54%, n=9,800) were physically frail or disabled and one fifth (19%, n=11,330) had dementia.

Little is known of the day centre, or other, services purchased by the 8-10% of care users who receive Direct Payments, or who self-fund or, indeed, how many day centres operate. What is known is that more than 10,000 people work in day services.

In an environment of austerity in which choice is promoted by current policy, and with increasing numbers of older

people, many of whom live alone, it is important to understand how and who day centres benefit and how they are perceived. The findings from this review present a summary of the evidence.

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Paying for services for people with dementia

At the current estimated rate of prevalence, there will be 850,000 people with dementia in the UK in 2015. Services for people with dementia are a growing priority. The main customer has traditionally been adult social care commissioners, however increasingly individuals, often the family carer, are purchasing services directly. There is little research that explores in depth individuals purchasing of services for people with dementia or what services they would like to purchase if their choice was not limited by what services are available. These issues are important for providers and commissioners to understand as providers increasingly begin to deliver services directly to people with dementia and their carers and highlights the gap between commissioned services and the needs and preferences as explained by people with dementia and their families. We also present data on people with dementia's willingness to pay for these services.

Through a partnership between Newcastle University and Age UK North Tyneside, the two organisations have begun have explored new service models for services for people with dementia and their carers. Using qualitative interviews with carers of people with dementia, this study explores the perspectives and views of purchasers of services for people with dementia on what services would best support them and their willingness to pay for these services.

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Exploring uses and perceptions of technology in older adults' life

The layout and organisation of objects in personal spaces can reveal the role material culture plays in the practical and emotional life of homeowners (Miller, 2008). A growing attention has been paid on the personalization of home in later life and on the way it can contribute to older adults' sense of continuity and identity (Csikszentimihalyi & Rochberg-Halton, 1981; Belk, 1992). The research aims to explore meanings of home from an older adults' point of view, with a focus on the relationship with technology. The study is based on videorecorded interviews to older adults in mid-size cities in the South of England and in Central Italy between 2011 and 2012. The interviews were fully transcribed according to Conversation Analysis' conventions (Jefferson, 2004). An ethnographic approach to the interview and a detailed analysis of the transcript allowed a multi-layered apprehension of the practices as well as the representations related to technology. The study focuses on two cases, a UK and an Italian one, illustrative of two different approaches to technology, one focused on updating one's skills and gaining tentative competence on new instruments, the other maintaining full proficiency on an obsolete technology. Overall, we highlight how technologic artefacts can become objects of affection and aesthetic attention, and take part in narratives of the self, both in autobiographical memories and in narratives about overcoming obstacles and acquiring new skills. The study, in conclusion, suggests that a positive relation with technologic devices might have important implications in active aging and well-being in later life.

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HAGGING THE IMAGE: challenging the role of visual media in contemporary narratives of ageing femaleness

Older women who have incorporated a new stage of femaleness in later life, feel unrepresented by the majority of images circulating in Western visual media. Contemporary narratives debate this lack of image as a loss of youth, beauty and performative power and call for counter imagery to meet an absence in representation. My thesis problematises these narratives and argues that this desire is misplaced for images of this dynamic multi-faceted stage of femaleness cannot exist – it is beyond representation.

In this presentation, I show my film piece: Hagging the Image. The hag's powerful toxicity and deadly reputation presents a challenge to the status quo. Always in shapeshifting motion, the hag fractures the order as she goes. Forever in flux, her capture literally represents her death – an image hollowed out of vital dynamic femaleness – it repels identification. My intention is to claim the term as a space of critical resistance for it has currency (negatively used at present) that can be appropriated. The

rupturing power the hag evokes holds the potential to unleash new spaces for performances of ageing femaleness to emerge.

Hagging the Image plays around and encircles a lack in representation. Using visual media as the target for the hag's poisonous mischief, a chorus of women chase her power, collectively spitting out the poisonous residue of a dead image, to rehearse, debate, exchange and remobilise performances of what ageing femaleness means to them and reinvigorate debate on what those images represent in themselves and for society.

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[Nicola Brimblecombe, Derek King, Martin Knapp],

Overcoming Barriers: Unpaid Care and Employment in England - A Longitudinal Study

In the context of population ageing, a key policy objective in England is to enable people to combine unpaid care and employment. To achieve this, there is increasingly an emphasis on paid support and services for the person cared for, or 'replacement care', as a means of supporting working carers. Recent research has examined the effectiveness of 'replacement care' in supporting working carers, using cross-sectional data. However, in order to examine causation, longitudinal analysis is preferable.

To address this, new data are being collected from working carers in England, with the aim of examining the effectiveness of 'replacement care' in supporting working carers over time. The aim of this paper is to describe the research and report baseline results.

Primary data, collected by the Personal Social Services Research Unit at the London School of Economics in 2013, form the baseline in the longitudinal study. 370 working carers completed a questionnaire on working and caring in 2013 and are now being invited to complete a follow-on questionnaire and take part in a telephone interview in 2015. Our primary data allow for a 'natural experiment' in social policy. A key hypothesis is that working carers who care for a person receiving services are more likely to remain in employment. In many ways, our baseline sample is typical of working carers nationally. The majority are women in mid-life from White British backgrounds. Over half care for someone aged 65 and over. Nearly a third look after people who receive no services at all

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Quality in later-life learning: the authentic voice of the learners themselves

The ageing of the world's population demonstrates a compelling need for compassionate and cost-effective strategies to sustain wellbeing throughout the life course. Learning in later life is advocated as just such a strategy. My research has revealed older people's perceptions of factors that contribute to quality learning experiences . My research question, 'what does quality learning, in later life, look like?,' was focused on informal settings, an area of later-life research that has been under-researched. Within a Critical Educational Gerontology framework, I undertook Focus Group discussions to identify facets of learning that provide 'quality learning' and might help older adults remain engaged, empowered and independent for as long as possible. These key findings are all drawn directly from the voices of older learners and through both discussions, and a follow-up questionnaire, provide new and valuable lessons for learners, for tutors, for learning organisations and also for funding providers. They also link helpfully to recent brain research into maintaining cognitive function in later life. For example , older learners want to be inspired by their tutors, to be challenged to try new things, to know that they are progressing, to be respected for who they are and what they already know and not to be left behind by the rest of the world. These findings suggest that the adoption of simple strategies, such as using learning logs or operating peer mentoring, can improve the quality of learning for older people, sustain their sense of purpose and, potentially, enrich their lives.

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The seating needs of older people with dementia in Australian residential aged care homes.

Seating and postural care for people living with advancing dementia in residential aged care homes can impact quality of life and function, yet the evidence base to guide practitioners on correct seating choices in this population is lacking.

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This exploratory qualitative study, guided by an expert reference group of clinicians from a range of backgrounds, sought the views of stakeholders from residential aged care homes in Australia on seating equipment in current use, seating and postural assessment for people with dementia, the impact of postures in dementia on physiological function, nutrition and skin integrity, and on their seating choices.

Results from 39 stakeholder interviews suggested widespread variation in seating practices across the homes sampled. There was also a divergence in approach between those stakeholders deemed in the study to be seating 'specialists', compared to those deemed 'generalists', to: seating assessment; the understanding of ideal seated postures and the meaning of 'comfort' versus the promotion of function in advancing dementia; and of the desired outcomes to be achieved through seating. Specialists stressed the importance of seating to promote function and had a preference for customised wheelchairs. Generalists focused on perceived comfort and safety, and the use of 'pressure relief' chairs.

Australian government seating requirements for aged care homes emphasise comfort and safety, not the promotion of function and engagement. Further research on effective and cost effective seating choices for people with dementia in residential care is required, along with guidelines to assist staff in decision making.

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The early identification of functional decline in community dwelling older people receiving home care packages – the Focus on Function project

The Focus on Function project was conducted by aged care services provider HammondCare and the University of NSW (UNSW) in Sydney, Australia. It aimed to extend the scope of practice of community care workers in the identification and management of potentially reversible functional decline in community dwelling older people receiving home care packages.

The intervention consisted of five training modules for care workers and managers, focusing on: the difference between normal ageing and potentially reversible functional decline; the assessment of function, including use of the Late Life Function and Disability Instrument

(LLFDI-CAT), and the approach to managing functional decline. The project was supported with technology (iPads), used to access training resources and to promote inter-team communication.

Community care workers showed both a willingness and capacity to develop their knowledge and skills in the assessment of functional decline. Most embraced the supportive technology. Care workers reported that use of the LLFDI encouraged them to ask clients about other aspects of function. Managers and community care workers reported improvements in the timeliness and appropriateness of communication, especially through emails from the field. Positive feedback was received from GPs who participated in case discussions about clients.

Following the project, HammondCare and UNSW have developed a range of restorative care services for clients experiencing functional decline. These services are funded under new consumer directed care provisions within Australian community care packages. Services are targeted and time limited, and focus on improving ADL status, falls prevention, healthy eating and nutrition, and other client-determined functional goals.

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[Stephen Moore, Sanna Markannen]

Phone friends or phony friends: why does phone-based friendship appeal to older people?

This paper focuses on the potential of different types of friendship to tackle loneliness among older people. It is based on a wider, ongoing study of a national phone-line for older people. One of the stated aims of the phone-line is to combat loneliness, which it addresses in two ways: it offers a free, 24-hour, staffed Helpline, which is intentionally styled as being friendly; and, it offers a Friends Service, matching callers with a volunteer, who phones them for regular chats.

Underlying the question of whether the phone-line is successful in tackling loneliness is the more complex issue of manufactured friendship. This paper discusses the study findings in view of issues such as, whether a phone-based service constitutes 'genuine' friendship or a 'synthetic' substitute, and what the pros and cons of the two alternatives might be. It thereby raises questions on the nature of friendship and whether an arms-length relationship offers benefits over face-to-face alternatives. Literature demonstrating the capacity of the internet to

provide different kinds of friendly relations is relevant here.

The research is mixed-methods and includes surveys, semi-structured interviews and focus groups. Early findings show high levels of loneliness among those subscribing to the Friends Service and also that callers to the Helpline value it more for providing 'someone to chat to' than as a source of information or advice. This shows the appeal of phone based friendship. Whether this is despite, or because of the arms-length nature of the friendship is a central question this paper addresses.

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[Stephen Moore]

Round pegs and square holes: the role of compatible culture in the success of a dementia buddies scheme in two hospital wards

This paper addresses the links between the culture of care prevailing in hospital settings and the success of interventions to improve the care of older people with dementia in those settings. The analysis presented draws on an evaluation of a patient buddying scheme introduced on two adjacent foundation trust wards, providing mental health services to older people in the South East of England.

Following a literature review, the research focused on whether the buddy scheme improved the satisfaction/experience of carers and patients and enabled increases in the one-to-one non-clinical attention patients received. Because the scheme is built on volunteering, the research also contributes to understandings of the benefits and tensions inherent in incorporating volunteer initiatives, particularly where these are spearheaded by non-NHS staff, into NHS settings.

The research employed primarily qualitative methods, including a survey of volunteer buddies, preliminary interviews with key informants and semi-structured interviews with 20 individuals, split between volunteer buddies, ward staff and carers of patients enrolled on the scheme. The modest number of research participants reflects the small scale nature of the scheme overall.

The study finds notable differences in the success of the scheme between the wards. Success in the context of this evaluation is understood as the scheme's perceived value according to staff and carers, and its sustainability. The

research suggests that the successful experience of person/self-centred dementia interventions may depend in part on their com

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Preliminary findings from a mixed method study

Ten Years On: A follow up study of Berryhill Retirement Village

In 2003, a research team from Keele University completed a three-year Lottery funded project examining health; identity and well-being amongst residents in the then newly built Berryhill Retirement Village. More than 10 years on, this unique follow-up study explores the ways in which the village has evolved and responded to residents' changing needs over time. An overarching aim is to investigate the extent to which Berryhill may be defined and experienced as an "age friendly community". In Phase One of the current project, 25 in-depth interviews were carried out with long-term residents (including 6 who took part in the original study). In Phase Two, a survey questionnaire was distributed to the whole resident population (149). The survey explored age friendliness in more depth across each of the eight domains identified by the WHO (2007).

In terms of 'age friendliness', the preliminary findings from this mixed method study demonstrate: the importance of a suitable physical environment; the need to pay attention to security and safety; and the key role of care arrangements, informal support and the continuity of relationships between carers and staff.

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Vision Rehabilitation Services: What is the evidence?

Sight loss affects all aspects of wellbeing, including daily functioning, mental health and independence and it is more prevalent among older people. In an ageing population the number of people living with sight loss is set to rise. It is estimated that, by 2050, the number of blind and partially sighted people in the UK will increase by 122 per cent, to about four million. This suggests an increasing pressure on health and social care services. The

need to promote preventative and rehabilitation services is recognised as a high priority for all care settings. This paper reports a recently completed study, funded by Thomas Pocklington Trust. The study set out to explore how rehabilitation services are currently supporting people with visual impairment, what outcomes they are likely to achieve and to identify gaps in the evidence base. It involved a literature review, workshops with professionals and people using vision rehabilitation services, a national survey of local authorities and voluntary organisations providing vision rehabilitation services and in-depth qualitative research in three case studies. Overall, the study found a wide variation in vision rehabilitation provision across all types of providers. The findings suggest that community-based vision rehabilitation services have the potential to improve the quality of life and independence of people with visual impairment. However, robust evidence of impact and cost effectiveness of such services is limited in scale and quality. The paper reports what good practice for vision rehabilitation service provision should look like.

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Care-fully Observed: How can we understand the relational field in dementia care

This paper will explore some of the challenges encountered and insights gained during a six-month-long psychodynamic organisational observation study (Hinshelwood & Skogstad, 2000; Davenhill, 2003; Datler, 2009) in a residential care home setting for people with dementia. Focusing on the relationship between a paid professional carer and a cared-for person with dementia, the study attempts to understand the internal and relational experience of both parties. Linked to this, the paper examines whether the care relationship reflects and informs the organisational culture of the institution, focusing particularly on the way that the care organisation-as-a-whole processes and supports the caring work.

Questions that the paper will address involve thinking about whether it is possible to analyse sufficiently the nuanced quality of care relationships through the lens of a psychodynamic observational approach?; What does the researcher discover when the observation becomes a 'walking observation' in conjunction with the movements of the person with dementia?; How can we understand the absence of the professional carer if he or she is not on shift when the observation is taking place?; What kind of pressures, if any, are on the observer to step out of role and become a fill-in carer?

The paper will give a brief overview of the methodological assumptions underpinning psychodynamic organisational observation, as well as drawing from observational material of the actual lived experience between the people who are providing and receiving care to consider the above questions.

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Quality of life of older adults who use social care support and their unpaid carers

A key outcome of community-based social care for older adults (e.g. home or domiciliary care, day centre activities, personal budgets etc.) is to support individuals' to maintain or improve quality of life. Although the evaluation of social care interventions, practice or policy may use quality of life outcomes to estimate the effectiveness or cost-effectiveness of services, there are few studies that explore the impact of social care on both the person receiving care or support and their unpaid carer(s). An understanding of the relationships between service user and carer quality of life outcomes would support the planning of policy, service provision and social care practice to incorporate a broader view of the impact and effectiveness of social care services. This study draws on data from a survey of older adults who use community-based social care support and their primary unpaid carers. Information was collected on socio-demographic, environmental, survey administration and social care-related factors that may be associated with care-related quality of life outcomes measured using the Adult Social Care Outcomes Toolkit (ASCOT) and ASCOT Carer interviews (INT4). Preliminary multivariate regression analysis will be presented to identify the key factors associated with the impact of social care support on quality of life of older adults, carers and older adult/carer dyads. These relationships will be discussed in light of their implications for social care policy and practice.

This paper is based on research conducted by the Quality and Outcomes of person-centred care Research Unit (QORU) funded by the Department of Health. The views expressed in this paper are not necessarily those of the Department of Health.

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[Denise Tanner, Lizzie Ward]

Going it alone: older people and self-funded care

In England, approximately 45% of residential care places, 47.6% of nursing home places and 20% of 'home care support' is paid for entirely by older people themselves (Commission on Funding of Care and Support 2011). This is set to increase within the context of an ageing population, rising care needs and further cuts in public funding for social care. Currently 87% of adults live in local authorities where funding thresholds are set to meet substantial or critical needs only (NAO 2014, 4). People who self-fund their own care have been described as 'lost to the system' and the most disadvantaged and isolated in the whole care system (Henwood 2010). Not only are people who self-fund often faced with finding and managing care services without reliable access to advice and support at times of change and uncertainty; their voice and lived experience play little part in the planning and development of social care services. The Care Act 2014 introduces new statutory responsibilities towards those who fund their own social care and this paper explores the current knowledge base on self-funders as well as the implications of changing legal, policy and practice frameworks.

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Empathy, compassion and understanding: what is the value of arts and culture?

This presentation highlights the findings of an AHRC Cultural Value Research Development award, which focused on cultural value in relation to empathy, compassion and understanding. Whilst a focus on such concepts is often something of a taken-for-granted aspect of many arts projects, it tends to be implicit, rather than explicit, and therefore not directly addressed in the design and implementation of projects. Moreover, typical tools for evaluating arts and cultural interventions are limited in their potential to address the more complex aspects of ways in which people may have reflected on their experiences and potentially reached deeper understandings of themselves and others. Based on a case study, the key research questions focused on why we would choose the medium of arts and culture to link distant geographical communities in ways that foster empathy, compassion and understanding. The research also focused on how we can design and evaluate arts and cultural activities in ways that better recognise and demonstrate their value in terms of empathy, compassion and understanding. The research methods included interviews and focus groups with multi-disciplinary academics and with artists and creative practitioners. A series of films and other resources were created.

This presentation focuses on the relevance of the findings to those who are interested in arts work with older people. In particular, it highlights a research informed resource called 'Caring Cards', designed to support the development and evaluation of arts activities in ways that better recognises and demonstrates their value in terms of empathy, compassion and understanding.

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[Miriam Bernard, Jill Rezzano]

Celebrating Later Life Creativity in North Staffordshire: Sharing our experiences of developing the Live Age Festival

This presentation tells the story of North Staffordshire's first ever 'Live Age Festival' - a celebration of creativity in later life – which took place in October 2014. The festival is rooted in the 'Ages and Stages' project, a collaboration between Keele University and the New Vic Theatre in Newcastle-under-Lyme. Inspired by the Creative Age Festival in Edmonton, Canada, the Live Age Festival was held in City Centre venues in Stoke-on-Trent, and involved an ambitious programme that included choir, musical and dance performances; a wide range of workshops and talks, film screenings, an exhibition and a symposium about later life creativity.

In this presentation, the authors share their experiences of developing the Live Age Festival. They outline the wide range of arts organisations, individual artists and organisations working with older people that worked together to make the Live Age Festival happen. They also highlight the key roles played by Keele and Staffordshire Universities in supporting the initiative.

The presentation also draws upon the evaluation findings in order to highlight the successes and challenges of the Live Age Festival. Such findings include the significant involvement of people working with older people, as well as

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those attending simply for pleasure; the wide age range of participants; the involvement of people who do not regularly attend arts events, and the ways in which participants valued the friendliness, interactions and learning. The presentation concludes with plans for the future development of the Live Age Festival.

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[Anthea Innes]

The BUDI Orchestra: Evaluation of a novel music initiative for people with dementia and their carers

The BUDI Orchestra is an innovative music-based community engagement initiative developed by Bournemouth University Dementia Institute (BUDI) in partnership with Bournemouth Symphony Orchestra (BSO). This project aimed to create and evaluate a music initiative delivered by BSO musicians and BU students for people with dementia and their carers.

The music initiative consisted of ten weekly two-hour sessions for people with dementia (n=7) and their carers (n=7). Sessions were facilitated by the BSO musicians (n=5), and BU Music scholars and students (n=4). At the end of the 10 weeks, participants showcased their achievements at a public performance.

Participants completed Quality of Life (QOL) questionnaires1 and took part in semi-structured interviews pre- and post-initiative. Participants and session facilitators (BSO musicians and BU students) also completed weekly evaluation forms at the end of each session. Facilitators were also interviewed post-initiative. Two BUDI researchers observed each session. The general public were asked to complete a short questionnaire to share their perceptions of people with dementia pre- and post-performance.

Observations suggested high levels of participant engagement. There were no significant changes in QOL based on quantitative findings; however, our qualitative findings indicated increased mood and feelings of respite in carers, and improved relationships with the person they care for. The group promoted feelings of social inclusivity, and people with dementia felt an increased sense of achievement and confidence. The findings challenge the assumptions of the capacity of people with dementia to learn instruments, and the power of performance to challenge current public perception of dementia.

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Achieving person-centred communication in dementia care

Communication in dementia care has featured prominently in person-centred care research, but no consensus has been reached on which communication techniques best support the aims of person-centred care. This primary research project explored communication techniques used by professional carers of people with dementia. Carers trained in a person-centred care method known as SPECAL™ (Garner 2001) were interviewed about their communication techniques and whether those techniques reduced anxiety and promoted well-being in their clients.

Semi-structured interviews with seven professional carers who use the SPECAL method were analysed using a Grounded Theory (Strauss & Corbin 1990) approach. The common themes identified contribute to developing a substantive theory of how the communication techniques of the SPECAL method are used by professional carers and the implications for how carers communicate with people with dementia.

This paper will focus particularly on the role of empathy in communicating with people with dementia and the support required to promote empathy in caring relationships. The SPECAL method is intended to contribute to maintaining clients' well-being through communication aimed at empathising, protecting and reassuring. The carers demonstrated flexibility of emotional response and awareness of how to tailor care to the client's needs and they reported that clients exhibited higher well-being and less anxious behaviour. Using SPECAL communication methods also enhanced their own well-being whilst monthly supervision supported their reflection and learning. SPECAL's person-centred methods, as used by the carers, appear to provide a combination of techniques, contributing to carer and client well-being and helping maintain client personhood and involvement.

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[Karen Watchman, Debbie Tolson]

Enhanced sensory day care for people with advanced dementia: Evaluation of new service model in Dumfries and Galloway.

As dementia advances and the complexity of care needs increases there is a gap in the provision of appropriate services for people who are living at home. The increasing numbers of people with advanced dementia and the calls for caring in place create the imperative to develop new services. Practice and user based evidence indicates that standard day care services struggle to provide the high levels of support required for people with advanced dementia, and that family caring is compromised by the absence of alternatives. Set against this backdrop, a programme of sensory interventions and a new model of day care were developed and piloted within Dumfries and Galloway, Scotland.

In order to evaluate this new model of service delivery, a mixed method design was used involving both quantitative and qualitative elements. Similar to Namaste Care (Simard 2013), the sensory based approach adopted aimed to make connections with the person with advanced dementia through activities which stimulated the five senses.

Findings suggest an increase in staff and volunteer understanding of, and skill in delivering, a sensory approach within a day care service to people in the advanced stage of dementia. People who attend the service may be more able to continue living in their own home as a result of improved carer coping skills and the continuation of respite. Family carers perceived that their family member benefitted, including recognition of a desire to engage with activities at home upon returning from day care.

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Perceptions of attention and processing speed throughout adulthood - Directing future research into vascular cognitive impairment.

Attention problems and slower processing speeds are often associated with older people. Some studies have shown that this is more pronounced in people who have vascular cognitive impairment (VCI). People with VCI perform worse on certain tasks compared to healthy older adults and those with Alzheimer's disease; such tasks involve attention and processing speed. Little research has been done to explore what attention and processing speed mean to people.

The research aims to establish how people picture their own attention and what 'slowing' means to them. What do people attribute identifiable changes in their attention and processing speed to? Do people associate slowing and reduced attention with dementia?

Three focus groups involving younger, middle-aged and older adults were used to explore people's understanding of the term attention, meanings and perceptions of processing speed and slowing. The groups discussed factors that affected the speed that people could do daily tasks. To close the discussion, problems associated with reduced attention and slowed processing speed were considered.

Expected findings will centre on differences between the groups in their understanding of attention and processing speed. It is anticipated that people do not associate dementia with a decline in processing speed and attention, and that it is a natural part of ageing. The results from this research and additional focus groups with people with VCI will be used to inform a larger research project aiming to characterise VCI, involving novel iPad tests of attention and processing speed.

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Revision of an Attitudes Towards the Older Person Scale

A small research grant was awarded to develop Kogan's (1961) Attitudes towards the Older Person scale (KOP). The scale has been used to measure a range of individuals internationally, including college students (Kogan 1961), nurses and health care professionals (Söderhamn, et al 2001, Ryan, et al 2007, Lee 2009) and media students (Hilt and Lipschultz 1999). Generally the scale has been used as a measured outcome of Gerontology education and to compare attitudes groups of people such as students. The tool consists of 17 paired positive and negative opposing statements from which correlations can be taken and an overall attitude score established. Authors have criticised the validity and reliability of the tool in contemporary practice and have recommended revisions, for instance a number of questions present outdated

Americanised language and correlate poorly. To date a number of authors have revised the tool but there has been a lack of consistency in its application, failure to pilot a revised tool and lack of robust procedures for example Hilt and Lipschultz (1999). Thus Ridgway gained permission from Kogan to update and revise the tool and the oral presentation will outline the findings of study which has tested the reliability and validity of the revised tool. It is anticipated this will provide the field of Gerontology with a contemporary attitude measurement tool. This is pertinent within health and social care as older people are documented to receive substandard care and nurses and social workers view the specialism as a second class career.

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Enriching later life through higher education – learning from international experience

I will argue that international experience and evidence (especially from Spain) call for development of distinct higher education programmes for older people in Britain. Despite public and policy constructions of ageing in largely negative terms, there is increasing recognition that older people themselves are the mainstay and future architects of a better old age. Research on the value of physical activity and social contact in maintaining cognitive function and mental health highlights the extent to which older people's collective and individual wellbeing lies within their control:

However, the higher education community in Britain has not responded to help older people exert this control. Spain's clearly articulated policy on active ageing (IMSERSO, 2011) features lifelong learning as a key feature, reflected by an enormous number of initiatives at community, local government, and university level. Twenty-five years' experience of delivering HE programmes to older people in Spain provides an evidence-base (Fernandez-Ballesteros, Caprara, Schettini et al, 2013), an emerging pedagogy (Fundacio Pere Tarres, 2011) and a variety of models (Socios, Braga, and Garma 2004), which are very little-known in British universities.

The presentation will explore the potential benefits of applying this experience from abroad in Britain. A review of the Spanish "Programas Universitarios de Mayores" will be used to contextualise British evidence on older people's engagement in learning (MacNair, 2012), and local data on older people's views on a new university-level initiative in Nottingham. This will be used to argue the case for higher education's distinctive contribution to enriching later life in Britain.

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[John Woolham, Nicole Steils, Guy Daly]

Love in a cold climate? Are personal budgets the answer to the care needs of older people living with austerity?

Although seen as successful for younger disabled adults, personal budgets for older people have not worked as well (Woolham and Benton, 2012) and take up of the direct payment option (where money, rather than direct services is given for the user to spend on their assessed social care needs) has not met government expectations (Smith, 2010) Research carried out at Coventry University's Centre for Communities and Social Justice found that older people wanted different things to their younger counterparts and older people receiving direct payments used them to purchase 'maintenance' rather than 'transformational' services as had been predicted. Older people wanted a relationship with someone they could trust to provide their personal care with the overriding goal of remaining in their own homes.

The paper focuses on interviews with 52 personalisation leads in over a third of English Adult Social Care Departments and draw lessons from surveys of 339 older people and 292 unpaid carers. The study found that for older people, receiving their social care entitlement as a direct payment did not always confer control, with over a quarter have to compromise over bed and mealtimes and over a third not being able to choose when they had a bath or a shower.

The paper explores some of the reasons for this and describes efforts to improve things. It considers the challenges inherent in helping to give older people greater trust and confidence in their care, as well as control in the cold climate of austerity.

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[Prof Vanessa Burholt],

Older Person's External Residential Assessment Tool (OPERAT)

Themes: health and wellbeing, age-friendly communities, methodological approaches to researching later life

Oral presentation - The Older People's External Residential Assessment Tool (OPERAT) is being developed to provide a method of assessing the suitability of the external environment for older people. OPERAT builds upon the Residential Environment Assessment Tool (REAT) which was found which was developed in an urban area with people under the age of 75 years potentially limiting its applicability to older people living in rural and urban environments. The limitations necessitated the development of a tool which incorporated the views of older people in its construction.

Methods: A literature review was conducted that identified pertinent items to include in the measure. Next, a weighting questionnaire was distributed to 3000 older people across Wales to determine which of these items were most important. N=545 questionnaires were returned, and the 40 items deemed to be of greatest importance by older people were included within the pilot tool. Assessments using the OPERAT pilot tool were conducted within 400 postcodes and a validation questionnaire was distributed to residents within each postcode (n=12000).

Results: The majority of OPERAT items showed statistically significant associations with the validation items asked of residents within each postcode. Those items which failed to show a statistically significant association were dropped from the final tool.

Implications: The items that have been validated and identified as important by older people will be used in a final OPERAT. A training manual will be created to standardise assessor ratings. It is anticipated that OPERAT will be useable by service providers, planners and researchers.

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[L McCabe, F Kelly, C Greasley-Adams]

Living with dementia: personal, practical, relational and formal strategies among people with dementia and their carers

Living with dementia involves adopting and adapting different strategies and approaches to cope with the changes and challenges associated with the condition. The paper draws on qualitative data collected from people with dementia and their informal carers over two years across Cumbria, in the north of England. Data from interviews and focus groups with 153 people with dementia and their carers highlight the range and complexity of strategies developed to manage everyday lives. Four themes emerged from the data illuminating the different approaches taken: personal strategies involving the way people think and talk about dementia; relationship strategies involving family, friends and community; practical strategies that people employ; and formal strategies where paid carers and formal services are involved in supporting everyday life. People with dementia and their carers were found to develop a range of strategies to manage their lives involving interplay between these personal, practical, relational and formal strategies to cope with ongoing challenges and changes. Implications for practice are considered in the context of how these strategies can be mobilised to support well-being and enhance quality of life in the community.

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[Ann Tobin, Jennifer Granville]

CINAGE, a project offering later life learning opportunities, engaging elderly people with critical analysis of European cinema and practical filmmaking experience, and thus promoting active ageing.

CINAGE is a Grundtvig multilateral project composed of interlinked activities resulting in the production of a learning package aimed at empowering older people towards achieving a more active ageing.

The first phase of the CINAGE Project was a structured critical literature review into active ageing and learning, using evidence from 2000 onwards, across UK, Italy, Slovenia and Portugal. This was followed by focus groups in partner countries viewing a range of European films, and commenting upon the films' approaches to each of the six competencies identified by the European Commission as essential to active ageing: Learning; Civic and Community; Health; Emotional; Financial/Economic and Technological, and whether the film treated the competency negatively or positively.

The third phase piloted a course with a group of senior volunteers exploring their approach to active ageing, their responses to the films selected by the focus groups and, finally, practical filmmaking. They attended screenwriting, directing and editing workshops, and wrote and produced their own scripts which were based on autobiographical stories and strategies for coping with ageing.

The presentation focusses on the third phase of the project, highlighting the way senior volunteers engaged with the learning of filmmaking techniques and production, whilst also discussing a major theme that emerged out of the third phase - the benefits of inter-generational collaboration, teaching and learning. There will also be a screening of the films made by the volunteers.

This project has been funded with support from the European Commission.

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[Daniel Pope, Lois Orton, Nigel Bruce]

Reflections and Future Prospects in Developing Age-Friendly Communities: Using Photo-Voice – a Participatory Approach to Explore Older People's Perceptions of Respect and Social Inclusion in Liverpool City

Population ageing and urbanisation make it increasingly important to involve older people in creating social and physical environments (age-friendly communities) that can better support healthy ageing. This paper reports on a study using Photo-Voice methodology to engage older people in exploring respect and social inclusion. This approach has not been applied in Liverpool City before.

Three groups of older people (N=20; 60+ years) living in disadvantaged and affluent areas in Liverpool took part in the study. Participants photographed perceived positive and negative aspects of the city that made them feel more or less valued and part of their community. They then reflected on the meanings of the photographs in individual (n=18) and group interviews (n=7). Photographs were selected by participants (n=90) and captions attached to aid interpretation by understanding the participants' meaning of the images. Common locations considered to be ideal places for interaction included parks and libraries, and access encouraged by the free travel passes for older people was reported to be important. Poorly maintained neighbourhoods and lack of accessible public toilets in town were portrayed as barriers to social inclusion. Potential solutions to some of these issues emerged.

An exhibition of older people's photographs will take place in May 2015 at the Museum of Liverpool. The aim is to create a platform to enable dialogue amongst participants, researchers, and local policy makers and service providers for older people, where research findings are communicated in a way to stimulate social/policy change that reflects the needs of local older people.

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[Raisa Sinelnikava],   [Alexandra Papkova],

Social needs of older persons and opportunities for their participation in decision making in a post-soviet welfare state: case of Belarus

Belarusian Red Cross Society supported by Swiss Reed Cross Society promotes participatory community work in Belarus since 2006. It is featuring older persons and aimes at their empowerment to enhance their participation in community life and decision making. This approach includes establishment of community groups, building their capacity to identify, articulate and promote priority needs, build startegic partnerships. Over 70 community groups function currently in the country on the principles of participation and inclusion.

In partnership with the Austrian RC, it has organised a survey of needs of older persons, and also their behaviour and attitudes with regards to social inclusion and activism. The study has been conducted in 2013 in 32 locations in four out of six regions of the country: 1.190 randomly selected persons over 60 have been interviewed.

The results of the study clearly demonstrated that people value the work done by active community groups, but in the traditional system of social service provision mainly by state-run institutions active forms of social live are still not developed enough: only about one third of interviewees attend some kind of mutual help groups or interest/ hobby groups. At the same time the social needs are the main priority for nearly all of older persons.

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[Sarah Falcus]

Thinking about Dementia Care and Ethics through Cultural Representations in Post-War Japan

This paper contributes a humanistic perspective to gerontological studies of dementia. Although it has gained prominence in our contemporary life, dementia is mostly conceived in negative terms such as decline (pathological ageing), loss of self (in association with memory loss), and dependence (care need). Dementia is therefore conceived as a burden on and a threat against the well-being of society and individual lives. This negativity also prevails in the cultural imagining of the disease, leading to cultural representations which objectify rather than identify with the subject of dementia. Cultural representations, however, can potentially promote understanding and empathy by offering us imaginative and useful access to the experience of dementia.

This paper therefore examines cultural texts and explores how they imagine the subjective experience of dementia in the context of the care relationship. We focus on Japan, a country with the world's most rapidly ageing population. Japan has long faced the demands that arise from population ageing, and the sense of crisis that dementia represents is especially acute there, producing a range of cultural texts featuring dementia. The texts we discuss are part of these: The Twilight Years (novel, 1972), Memories of Tomorrow (film, 2006) and Pecoross' Mother and Her days (comic book, 2012). We analyse their different representations of care relationships in relation to the social and cultural contexts in which they were produced. We track the changing forms of care in these narratives, seeing a movement towards a person-centred approach, but also highlight the questions raised by such representations.

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[Jo Moriarty, Jess Harris, Jill Manthorpe]

What do older people want from their care services?

Little empirical research has been conducted on older people's views on the characteristics of care workers. Much of the focus has been on impressionistic and aspirational views on what older people would like, in the event that they need care and support, or on the wider system of eligibility and payment. As part of our ongoing Longitudinal Care Work Study, we conducted face-to-face interviews with 27 older people and 10 older carers using photo-elicitation techniques in four English local authority areas. We asked people to identify what they valued in care staff, and explored if they distinguished carework as 'natural' or as a process of learning and skills development. Recorded interviews were transcribed and transcripts were analysed for consistencies and inconsistencies using thematic analysis.

Findings indicated that older people and carers do not generally use terms such as compassion but some were aware of this as a policy agenda. Almost all talked about care work as a in terms of their personal relationships with care staff, and valued staff who were committed on a human level, valuing humour and companionship over shared cultural background and formal qualifications. This study offers timely evidence on older people's views of care work as a local job within global labour movements. With the growth of personal budgets, this study sheds light on what older people may value in the care staff they employ

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Student nurses' association of the meanings of obesity and older age in clinical settings

The increasing prevalence of obesity and its associated co-morbidities mean that obese older patients are likely to be hospitalised. The findings of this nursing study looked into the obesity meaning in three clinical settings and suggested that the meaning of obesity and older age are interconnected.

This ethnographic study incorporated participant observation (305 hours with 11 student nurses), semi-structured interviews and documentary analysis. Thematic content analysis of data found that students' perceptions of patients' age can influence their classification as 'obese' and their subsequent care. Students did not utilise standard weight classifications; instead they viewed excess weight as a sign of health in older patients, they were less likely to monitor their weight and encourage them to eat. Students showed more empathy towards underweight older patients, being more actively involved in their food and diet and meeting their requests more speedily. Similarly, being older was not defined in terms of one's numerical age; rather students judged a patient's physical appearance, mobility

and cognitive status. Due to associated care demands, the majority of students were more likely to label patients with mobility issues and/or dementia as 'obese' and 'elderly' and felt reluctant to participate in their care. However, other students offered hidden acts of care to compensate. Contextual factors, such as professional socialisation, resource shortages and knowledge gaps played a key role in the obesity and older age meaning constructions. Changes in nurse education and practice are proposed to ensure that nurses are adequately prepared to care for obese older patients.

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[Julia Newman]

Local versus Transnational Networks and the Role of Family versus Civil Society in Supporting Older People 'Left Behind': A Romanian Case Study

Researchers and policy makers are showing growing interest in the implications of migration for the support and care of older people 'left behind'. One strand within this work examines transnational family networks and care from a distance by older people's migrant children, while another focuses on remittances. The main tenor is one of viewing migration as leading to older people's greater social, material and emotional vulnerability. Very little research has considered transnational and local networks beyond the family which emerge or are transformed as a result of large-scale emigration. These may shape the lives of older people irrespective of whether they are part of a transnational family configuration. This paper explores the role of different networks by examining the case of older Transylvanian Saxons in Romania, a German-speaking minority affected by dramatic outmigration to Germany post-1990. Drawing on interviews with key stakeholders and older Transylvanian Saxons, we are able to document the much greater role which local networks play for older people's welfare compared with transnational family links or remittances. The role of the Transylvanian Saxon diaspora is nonetheless significant via important transnational support channelled to local institutions, notably the Lutheran church, meals on wheels, and residential homes.

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[Rosemary K. Chapin, Toni Johnson]

Increasing Opportunities for Older Adults to Engage in Volunteerism: A Focus on Strengths

As the older adult population grows, it is increasingly important for countries to identify ways to engage older adults in activities that promote their health and wellbeing. Volunteering is a mechanism for improving the quality of life of older adults. It can increase opportunities for social interactions and has been associated with physical and emotional health benefits. However, older adults with less wealth and education and those from racial/ethnic minority groups are less likely to be asked to engage in volunteer activities and may miss out on these benefits. New approaches are needed to increase volunteer opportunities for all interested older adults. The Strengths Perspective offers a framework for researchers and practitioners to explore the micro and mezzo level factors that could remove barriers to participation in volunteer activities. At the micro level, exploration of individuals' strengths, goals, and personal resources can help identify activities they might be interested in and best suited for, as well as resources in the individual's life, such as family, which could help them participate. At the mezzo level, a focus on community resources can help identify organizations that can both support volunteer programs and help recruit older adults. This paper provides an overview of potential benefits of volunteerism, discusses why some older adults may be less likely to be involved, and provides a discussion and examples of how the Strengths Perspective can be used to guide researchers and practitioners as they seek to understand how to engage all interested older adults in volunteerism.

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Do we need an 'Uber' for older people in rural communities? Exploring the impacts of reduced car access on out-of-home mobility through the lens of activity theory.

This paper explores the role of out-of-home mobility on older people's informal activity – seen to be a key facilitator of wellbeing. It focuses on experience in rural communities

at a time of increasingly limited alternatives for older citizens should they experience reduced access to a car. With this population growing rapidly in the UK this is an important issue, particularly for the older-old who are more likely to either self-regulate driving or lose the ability to use a car. Out-of-home 'mobility' is known to relate to quality of life for older people, whilst being active and being engaged is seen to be an important component of successful ageing. 'Activity theory' offers an understanding of such links, proposing that higher levels of participation in social and leisure activities enhance wellbeing. Activity classed as 'informal' is thought to have greater influence on wellbeing than formal or solitary activity, and engagement with family and friends associated particularly with life satisfaction. This paper explores the role of mobility in facilitating such informal activity, through a study in rural England and Wales. It considers the impact of access to transport alongside age, health, and wealth on each activity type. Findings suggest that mobility impacts on all three types of activity, although not always as perhaps expected. The implications of the results are that perhaps current models of delivery of mobility for older citizens in rural communities are poorly targeted, and that new models embracing shared mobility might offer greater wellbeing and community coherence benefits.

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Well since I got older it's gone worser". The experiences of older people ageing with deafblindness.

Of the estimated 356,000 deafblind people in the UK, the majority (approximately 222,000) are over 70 years of age. Despite this, older deafblind people have been described as a hidden population or even invisible, and their particular needs may be overlooked. Whilst this social invisibility may apply to all older deafblind people, it is those who have aged with deafblindness, rather than those acquiring the condition in later life, that appear to be the most 'invisible'. This reflects the paucity of research exploring the experiences of older people ageing with a variety of impairments. This presentation will describe findings from the first known systematically undertaken literature review (undertaken 2013-14) addressing the question: what is known about the experiences, views and key features of old age and ageing for deafblind people? The challenges of undertaking such a review will be explored. Analysis of the literature revealed key themes: the experiences of ongoing change and adjustment, the inter-related relationship between ageing and deafblindness, the impact on

independence, and older deafblind people's relationship with social care services. These observations will be placed in the context of emerging findings from interviews with older deafblind people in England on the experiences of those ageing with deafblindness.

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[Karen Glaser, Anthea Tinker]

The Challenges for People with Dementia to use Assistive Technology to Conduct Activities of Daily Living

This presentation is based on a data collected from interviews with family members and formal caregivers of care home residents with dementia, in a study that explored Assistive Technology (AT) used by people with dementia to conduct Activities of Daily Living (ADLs) in both community and care home settings. The presentation will discuss some observations based on the results and begin with a brief introduction regarding how people with dementia may gradually decline in performance of ADLs as a result of cognitive, physical and sensory impairments. Then, the particular challenges a population with dementia may have using AT will be presented, including: lack of insight into their difficulty performing an ADL and therefore need to trial an AT, perceived stigma towards using certain technologies, inability to learn new devices and poor maintenance of use over time. The challenges also include how and where people with dementia or their families obtain AT and the role of healthcare and social care professional services to advertise and facilitate technology use in community settings. The presence of other individuals to suggest and facilitate use of an AT leads to a consideration of who the 'user' might really be, and whom usage benefits the most. This and other ethical considerations for using AT with or by people with dementia will be discussed. The presentation will also consider the future and suggest changes that stakeholders could make to encourage AT use among people with dementia.

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[Amy Drahota, John Crossland, Rebecca Stores],

Walking interviews: a novel technique to explore the role of the home environment for carers of people with dementia

Background - The majority of dementia care occurs by family at home. Little research has examined the importance of home environment for family carers. Modifying the home environment can have a great impact on the carer's quality of life and increase independence for the person with dementia. This qualitative study explored attitudes of family carers who co-habit with a person with dementia around elements of their home environment.

Methods - Thirteen current family carers, between 51 and 81 years old, were recruited through local groups. Walking interviews were used to access carers' perceptions and experiences about their surrounding space while interacting with it. The participants were interviewed while walking around their home and discussing the impact of their domestic space, environmental challenges and daily routines. Interviews were analysed using Thematic Analysis.

Findings - Five major themes emerged from the data: (1) The significance of home for carers and how it may change over time, (2) Being a co-resident carer, (3) Perceived barriers that add to carers' burden (4) Perceived enabling elements to tackle everyday environmental challenges, (5) Barriers to implementing environmental solutions.

Conclusions - These findings provide insight of the importance of home and environmental solutions. They also highlight the effectiveness of walking interviews as an empowering technique to access carers' perceptions in richer narratives and reveal hidden relations, which may have been otherwise missed with traditional sedentary interviews.

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Understanding cycling in later life and the health and wellbeing benefits of velomobilitly in age-friendly communities

Cycling in later life has the potential to enhance the health and wellbeing of the older population through physical exercise and connection to place and community. However, rates of cycling by older people in the UK compare unfavourably with those in Germany, Denmark and the Netherlands (Pucher and Buehler2012) suggesting that the cultural, social and physical environment in those countries is more conducive to cycling in later life. The paucity of existing research into older people's cycling is being addressed by the EPSRC funded cycle BOOM (2015) study which is developing a better understanding of how the design of our towns and cities, along with bicycle technology, is shaping older peoples' experience of cycling (or not) in the UK and how this affects health and wellbeing.

This paper outlines the multidisciplinary approaches to understanding cycling by older people including cycling life histories, data-mining, EU case study visits, mobility observations and interviews, trials of older people returning to cycling using electrically assisted bicycles (e-bikes) and pedal cycles and the development of an urban design audit tool. Initial findings from the first phase of the research will be presented along with preliminary conclusions and reflections on the implications for UK policy and practice.

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[Katrina Ritters, John Woolham, Guy Daly]

Meeting targets, achieving outcomes, balancing expectations and successful relationships: different perspectives on 'successful' personalisation in social care for older people

Personal budgets and direct payments are now the main way through which local authorities provide social care to eligible older people. This paper explores how local

authorities define 'success' in delivering personalised services and compares the perspectives and criteria of senior managers with those of older budget holders, unpaid carers of older people, and front-line staff.

The paper draws on findings from a recent study examining whether personal budgets and direct payments are always the best way to deliver personalised care for older people. The presentation is based on interviews with senior managers in 52 – about one third – of all English local authorities with adult social care responsibilities, and interviews with older people, unpaid carers and front-line staff in three councils.

The study found that success in providing personalised services was defined from different perspectives. Senior managers were challenged to meet national and financial targets, but also highlighted ways of offering more choice and control to achieve outcomes that enabled older people to live more independently following national policies. Front-line staff focussed on providing services that made a positive difference to older people's lives, whilst older people and unpaid carers framed successful social care in terms of high quality of care, reliability of and trustful relationships with care workers. Although all groups agreed that social care needs improvements, it seemed that older people's focus on relationships and the day-to-day quality of care were less acknowledged in the policies.

The paper discusses the implications for achieving effective and valued personalised services.

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Pleasure and physical activity 50+: perceptions of an exercise instructor.

Awareness of the challenges posed to society by an ageing demographic profile has spawned much research into the benefits of engagement with physical activity on the one hand and has been the spur for surveys mapping current levels in the environment with a view to increasing engagement. Health promotion agencies are striving to encourage more people to take up some form of physical activity but their publicity tends to rely upon a cognitive approach – that exercise is good for you.

This paper explores the perceptions of an exercise instructor working with four different keep fit groups. It is part of a doctoral study which includes other cultures of exercise that are aimed at engaging and benefiting people 50+. It builds upon work presented last year which

revealed that the quality of the atmosphere established in an exercise class was at least as, if not more, important as the expected outcomes of the exercise. It draws upon the work of several authors involving pleasure and embodiment and asks questions about health promotion and exercise provision.

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[Anthea Tinker]

Negativity towards Geriatric Medicine: An ongoing challenge for the 21st Century

In the early 1940s, Dr Marjory Warren expressed concerns about negative attitudes towards older patients and those who cared for them (Warren 1943). These negative attitudes towards older patients are seen as ageism in healthcare and may inhibit an older person's access to services and results in under-treatment of many conditions (Jones 2009). Negative attitudes towards Geriatric Medicine can be seen by the small number of those who are willing to pursue the specialty as a career (Maisonneuve et al. 2014).

However, research into how these negative attitudes are received by those within Geriatric Medicine is limited. This research was conducted to understand the Geriatrician's experience of receiving negativity.

Twelve semi-structured interviews were conducted with Consultants and Registrars in Geriatric Medicine. Interviews were recorded, transcribed and analysed using principles of thematic analysis.

The results show that the majority (60%) of participants reported overall negative experiences and therefore it can be concluded that negativity towards Geriatric Medicine remains a significant concern.

Negativity can be experienced directly or indirectly. Direct negativity is aimed at the specialty itself and implies inferiority of Geriatric Medicine. Indirect negativity is primarily aimed at older patients. It includes reluctance to be involved in the care of older patients and poor care given to them. It is important to be aware of negativity as it conveys a significant emotional impact. Also, indirect negativity is a manifestation of ageism in healthcare, which may or may not be already recognised. Solutions to the problem are discussed.

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[Christina Victor, Mike Thomas, Rachel Woodbridge]

Dancing with Loneliness in Later Life: A Pilot Study Exploring Temporal Variations

The dynamic nature of loneliness in later life has been largely overlooked in the research literature. Thus its complex and culturally situated character, its causes and consequences and older people's subjective appraisals about what is means in daily life remain poorly understood. This paper builds on a recent examination of how lonely older people talk about loneliness and presents findings from a pilot study exploring temporal variations in loneliness and the internal and external factors that may contribute to the experience. We draw on an integrated theoretical model of the phenomenon to begin to disentangle loneliness trajectories.

We conducted a longitudinal study of people aged 65+ over the course of 12 months. 33 participants completed a self-report questionnaire and the 6-item De Jong Giervald loneliness scale at 3 month intervals. In-depth interviews were conducted with 23 of these participants at the end of the year.

For 50% of the sample the experience of loneliness varied considerably during the day, over a week and throughout the year – its movement waxing and waning in their daily lives. One third predicted that their loneliness would get worse as they got older. Participant narratives reinforced their unique efforts to escape their loneliness or even the possibility of feeling lonely. We conclude that that temporal variations in loneliness are unpredictable; and the complex relationship between intra/interpersonal characteristics, the psychosocial context and a willingness and/or an adeptness to talk about loneliness presents unique challenges for revealing the complexity of the dance with loneliness in later life.

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[Irina Moroz, Christine Rutschmann]

Medical and social home care to the elderly in Belarus

Belarus is increasingly confronted with an ageing society with more than 20% of inhabitants being 60 years and older.

Medical and social care for this population group of Belarus is provided mainly by state health institutions and social protection structures. The Belarus Red Cross Society (BRC) is the only organization in Belarus which provides integrated care which means medical, social, individual and household care through their Visiting Nurses Services (VNS).

In 2011 – 2012 the study with the aim to compare the medical, social and economic effectiveness (cost-effectiveness) of integrated home care with main providers was conducted in Belarus. In order to determine Health Related Quality Of Life (HRQoL) of the clients, a generic health assessment questionnaire SF 36™ (Russian version) was applied to a sample of 800 elderly and living alone citizens above the age of 60.

Analyzing the HRQoL of elderly receiving the different types of nursing care and home care, VNS integrated care services prove more cost effective for mental factors (95 % CI: 38.5-43.2) and for the clients with disability grade 1 (95 % CI:31.5 – 49.2) in comparison to state care.

Given the medico-demographic situation in Belarus it is evident that in the future, more elderly and disabled persons may require help for medical and social services. The combination of medical and social home care in one service provider, as provided by the BRC VNS has proved to be an efficient solution addressing holistically the needs of each beneficiary.

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Abstracts - Oral presentations

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[Anna L Barker, Marie-Louise Bird]

Effect of Pilates exercise for improving balance in older adults: A systematic review with meta-analysis

Falls in older adults are a major concern worldwide in terms of frequency, disability and mortality [1]. Balance impairment is a key modifiable risk factor for falls [2, 3] and exercises to improve balance (e.g. Pilates) therefore form a key component of falls prevention programs. The aim of this study was to investigate the effect of Pilates on balance and fall risk in older adults, and whether programs tested in prior studies met best-practice recommendations for exercises to prevent falls. Five databases were searched from earliest record to July 2014 for randomized and controlled clinical trials evaluating the effect of Pilates on balance (dynamic or static) and falls in older adults. Six studies were included in this review. The meta-analysis indicated a large significant effect on balance (SMD 0.84, 95% CI 0.44 to 1.23). One study included falls outcomes and reported a significant reduction in the number of falls for Pilates participants (SMD -2.03, 95% CI -2.66 to -1.40). Three studies provided sufficient detail to enable assessment of best-practice recommendations compliance. Of these studies, 2-36% of exercises provided a moderate to high challenge to balance. All studies provided ?2 hours of exercise per week and one provided >50 hours of exercise during the study period. Current literature suggests that Pilates is effective for improving balance in older adults which may reduce their falls risk; however there is limited data on the impact on falls. Pilates programs should apply the best-practice recommendations for exercise to prevent falls to ensure maximum benefit is achieved

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Engaging seniors in volunteerism as an active ageing and manpower strategy – A Singapore hospital case study

Singapore is facing an ageing and contracting population. About 20% of her citizen population will be aged 65 and above by 2030. This demographic trend presents both challenges and opportunities. The practice of engaging senior volunteers can alleviate workforce shortage. Such engagement also enables volunteers to lead active ageing. This case study looks at how an organisation can benefit from engaging senior volunteers, how senior volunteers can also participate in the labour market and continue to remain socially engaged.

Despite the digital age, frontline operations requiring person-to-person contact, such as concierge services, cannot be replaced by technology. At KK Women's and Children's hospital (KKH), concierge service is provided by senior volunteers from a non-profit organisation - RSVP Singapore, under their Senior Guiding Programme. Senior volunteers serving as senior guides at KKH are carefully selected and receive customer service training. They are reimbursed only for out-of-pocket expenses.

Studies have shown that seniors who engage in more volunteer work report higher levels of well- being. KKH also takes into account work time flexibility, which was surveyed an important factor for volunteering. To address this, the concierge service at KKH is structured as 3 hour-shifts for flexible work arrangement and minimise fatigue from long work hours.

This case study showcases the practice of successful engagement of seniors in volunteerism in Singapore. At the same time, this practice promotes active ageing through volunteerism as senior volunteers can continue making a meaningful contribution to the community.

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Unpreparedness for the role: Nursing home nurses practicing at the intersection of health and social care.

The primary purpose of nursing homes for older people is the provision of nursing care delivered by registered nurses. However, these facilities are different to most other healthcare facilities in that service-users reside in nursing home establishments permanently, and their personal care and social activity needs, as well as their health needs, are addressed by nurses. The inclusion of accommodation and personal and social needs in care provision impacts upon how nursing home care is funded.

This study investigated experiences and views of nursing home nurses in order to identify how nursing 'residents' differs from nursing 'patients'.

The methodology was hermeneutic phenomenology. 13 nurses from 7 nursing homes were each interviewed 5 times using an episodic interview technique. Interviews were analysed using a literary analysis approach.

A major emerging theme concerned the participants' unpreparedness for their role. As healthcare professionals trained to deliver healthcare interventions, participants felt unprepared to work in an environment that is located at the intersection of health and social care. They felt particularly unprepared for:

- The inclusion of business and funding matters within the remit of the nurse.
- Promoting individual residents' choice and control in a long-term communal settings.

Also, findings revealed that a lack of recognised continuing professional training leads to low levels of cultural capital, which leaves nursing home nurses unprepared to deliver some clinical interventions.

Policy makers, education providers, and employers need to consider these issues in order to ensure than registered nurses working in nursing homes are adequately prepared for their role.

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[Juliana Thompson, Anne Hutchinson]

An exploration of student and service user views on user involvement in a pre-registration adult nurse module

The pre-registration adult nursing programme incorporates a module which aims to equip students with the skills to provide quality care for older people. As the core philosophy of person-centredness underpins the module, the module team felt that service-user involvement should be an integral component of session development and delivery . Including services-users in the module was based upon the view that involving those with experience brings a different perspective to understanding the issues related to living with chronic conditions and multi-morbidities.

Based on this rationale, a number of service-users were invited to support the first run of the module. Some sessions involved service-users discussing their experiences and views of living with chronic conditions. Other service-users participated in practical simulation sessions in which

they acted as patients, so that students were able to perform simulated assessments, hospital admission procedures, and multi? disciplinary team case conferences .

Subsequent to the module run, students were requested to complete a module evaluation form. The evaluation with regard to service-user involvement was extremely positive. In addition, informal feedback from the participating service-users was obtained . This was also positive. This feedback suggested that extending service-user involvement in curriculum development and delivery might be beneficial.

Consequently, the module team applied for, and acquired, internal grant funding in order to commence a research study with the aim of seeking to understand the impact of service-user input upton student learning, and how service-users feel they contribute to that experience. The research study is ongoing.

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[Jay Ginn]

Housing for older people at home: Some different options

Ways are increasingly being sought by policy makers and service providers to keep older people who are in need of support and care at home and out of institutions. Conventional ways are extra care housing and, increasingly, adaptations and assistive technology. There are, however, other options which are increasingly focussed on self-help. Recent research by the authors on Long Term Care in Europe, which included a case study of the Netherlands, (Tinker et al, 2013a and 2013b), has shown that some of these options have the potential for wider application. These include those designed for particular groups of older people such as women or those with a work connection. Preeminent is co-housing where people either rent or buy property and live with some measure of independence but share some communal facilities. Home sharing, where an older person offers low or no rent accommodation to someone who can provide some support and companionship is another. Another is sharing a home with a family. More radical alternatives include hotels and cruise ships. And in the Netherlands a Care co-operative village includes the use of volunteers combined with professional help to keep frail older people in the village. We consider how far each type of housing with care can respond to evolving needs as disabling conditions change. While not all these initiatives are new little attention has been paid to

them in the past. . A strategy is suggested to higher the profile of some of them.

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[Jack Lilly d'Cruz, Labib.Hussain, William Tai.Yee.Seng, Sebastian Zaidman]

Why should medical students study Social Gerontology?

The General Medical Council guides undergraduate medical education in the United Kingdom (General Medical Council 2009). However, there is some variation between medical schools including, for example, between the social science modules relevant to Social Gerontology. This includes Psychology, Sociology and Social Policy. We believe there is a strong case for the universal inclusion of Social Gerontology in the training of tomorrow's doctors.

There has been a well-known shift to a population with increased numbers of older people and most doctors will have this group amongst their patients who will have heterogeneous living arrangements and social backgrounds. Patients must be viewed holistically given the non-clinical factors influencing health and well-being.

Consideration of psychological factors such as resilience and health seeking behaviours in older age is of paramount importance. Delivering personalised care requires an awareness of the coping strategies increasingly used in later life, for example, by older people who have disabilities or who are widowed. The sociology of later life is warranted by the augmented risk of social exclusion, loneliness and poverty. These sociological issues, amongst others, affect the provision of care. Doctors are becoming increasingly influential at local, regional and national levels of decision-making. This places added importance on understanding social policy at an undergraduate level.

Medical schools should incorporate Social Gerontology into their curricula, to equip medical students with the knowledge and skills to care for our ageing population.

This presentation will draw on the literature and the personal experience of the authors.

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[Joanie Sims-Gould],

"Just keep moving": Factors that promote the physical mobility of foreign-born older adults- A mixed-methods study in five languages

Older adults are increasingly aging in foreign lands. In Canada, for example, 30% of older adults are foreign-born1. Physical mobility, the ability to move oneself in their home and community2, is vital, yet we know very little about the physical mobility of foreign-born older adults (FBOAs), particularly those with limited English. Preliminary research from the United States and Australia suggests that FBOAs engage in little physical activity3 and perceive difficulties navigating their local environments4. Executed in five languages, our mixed-method study examines the physical mobility of 51 FBOAs residing in Vancouver, Canada. Participants completed a 2 hour survey assessment and wore accelerometers, monitoring their physical activity, for one week. Surveys assessed demographics, self-reported health and physical activity, and perceived neighbourhood walkability and neighbourhood cohesion/interaction. With the assistance of professional interpreters, nineteen FBOAs completed in-depth qualitative interviews, including thirteen walking interviews in participants' neighbourhoods. Challenging the assumption that FBOAs are inactive, participants in our study took an average of 7400 steps per day. Participants discussed a number of factors that promote their mobility, including: community centres and non-profit organizations that offer a range of activities in their first languages, same-language family physicians who promote physical activity, gardens and green spaces to be active in, shops and services embedded in local neighbourhoods, and public transportation, allowing participants to combine walking and bus travel. Despite challenges, such as inclement weather or poor health, our study highlights a number of individual and neighbourhood-level features that promote the mobility of FBOAs.

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Food shopping, later life and independence: the role of social networks and new technology

The provision of low level support to maintain older people's independence around the home has long been recognized as important. Such support, from adaptations around the house to help and support with mobility and care needs not only prolongs independence but reduces the chances of admission to residential or nursing care. This research investigates how or to what extent the maintenance of one's ability to food shop maintains independence in later life. It does this by exploring not just the issue of shopping and independence but the wider values and meanings older people bring to food shopping not just as a means to achieve independence but as a social activity in itself, helping to maintain health, well- being and social networks. The work explores the meaning of food shopping through the life course whilst paying particular attention to its value and significance in later life. It considers how older people food shop in terms of who or what they may make use of in order to continue to shop in person, exploring the role of friends and family. The role of new technology and attitudes towards internet shopping is explored as older people reflect on the relative value and importance of both 'in person' and on-line shopping and its place within their lives. Individual interviews and focus groups both in rural and urban locations explore what food shopping has meant through their lives and more importantly in later life.

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[Andreas Braun, Angela Dickinson, Heather Gage, Laura Hamilton, Claire Goodman, Kunle Ashaye, Steve Iliffe, Jill Manthorpe]

Managing behavioural and psychological symptoms in people with dementia and their carers living at home/community- A mixed methods evidence synthesis for non-pharmacological interventions

Two-thirds of people with dementia live at home and many experience non-cognitive behavioural and psychological symptoms of dementia (BPSD) or distressing behaviour.

This paper reports findings from a systematic review of the literature about this subject. Its unique feature is that our focus was on older people with dementia living in their own homes and not care homes.

We reviewed qualitative and quantitative evidence concerning non-pharmacological interventions to minimise BPSD and improve outcomes for people with dementia and their family carers. We then evaluated the evidence from the perspectives of people with dementia, family carers (including people from Black and Minority Ethnic groups), service providers and commissioners. We employed a two stage co-design for an in- depth systematic review integrated with focus groups and interviews with stakeholders .

We retrieved around 16,000 records from searching electronic databases (January 2000-May 2014) and lateral searches, and identified relevant qualitative (over 50) and quantitative (over 60) studies targeting community dwelling people with dementia and carers for inclusion in the evidence synthesis.

This paper presents findings from three sources of data: 1) What is the evidence on the effectiveness of different types of interventions on managing BPSD? 2) What are the perspectives of people with dementia and carers on this subject? 3) What are the key concerns of stakeholders? We will discuss methodological challenges and stakeholders' views and will make recommendations for service providers and researchers.

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[Laura Greaves]

NU-AGE: A teaching module designed and developed by and for students and older people

Knowledge about ageing and later life is relevant to university students from all academic backgrounds. However, teaching and research about ageing has traditionally been concentrated around biomedical departments and in the postgraduate sphere. Using a multi-disciplinary approach to ageing, we developed a teaching module (NU-AGE) aimed at undergraduate students from any academic background. In acknowledgement of the important role that members of the public can play in higher education, we recruited a team of older adults to help design, pilot and evaluate the module. We encouraged

collaboration between students and older people in the design phase of the module, and constructed a curriculum based on consensus as to both the pertinent challenges facing an ageing society, and the positive aspects of ageing. 20 students and more than 20 older adults took part in the NU-AGE module pilot, engaging in a series of teaching sessions including an interactive lecture, debate and small group seminar. Inter-generational discussion was integral to the format of each of the teaching sessions. We evaluated the pilot using written questionnaires and focus groups, and adapted the structure and content of the module based on feedback from students, older adults, and educators. The NU-AGE module has now been adopted in the university's portfolio and will run annually with ongoing involvement of older members of the public.

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[Barbara Hanratty]

A framework for classifying and comparing measures of social relationships used in epidemiological studies

Background and aim: There are a variety of tools available to researchers who wish to measure different aspects of social relationships, such as social support, social networks, social integration or social cohesion. At present, it is unclear how existing measuring tools relate to the concepts encompassed by the term social relationships. In this presentation, a novel way of classifying and comparing measures of social relationships will be proposed. It aims to provide researchers with a framework to guide their choice of measuring tool.

Methods: Measures of social relationships used in epidemiological studies were identified from two systematic reviews – one review on the association between social relationships and health and social care service use, and a second review on the association between social relationships and health. The questions contained in each measure were retrieved and tabulated, to derive a classification of social relationship measures.

Results: We present and discuss a matrix classification of measures according to two dimensions: their form - whether respondents are asked to a) quantify, b) qualify, c) report on the adequacy of, or d) report feelings relating to social relationships – and their content – whether they cover a) structural aspects or b) functional aspects of social relationships.

Conclusions: Our proposed classification of social relationship transcends disciplinary and conceptual boundaries, allowing researchers to compare measures that have been developed from different theoretical perspectives. In bringing clarity to a complex literature, our ultimate goal is to clarify the potential health gain from interventions that address social relationships.

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[Nastaran Sepanj]

Dare to Age Well: Can Health information empower women over 65 to increase healthy life expectancy?

Urinary incontinence(UI) is a serious and common health concern amongst older women and strongly linked with social isolation, depression, falls and lower quality of life 3. Because of the sensitive and "taboo" nature of bladder problems and UI, women seldom seek help and the management and prevention of this condition is not adequately addressed by public health policies 1-2. Nevertheless UI poses substantial social, psychological and physical implications for senior women 3. Dare to Age Well is a large multinational, open label, randomised control trial undertaken via collaborative working with Canada, France and targeted nationally across the UK. The study aims to investigate the effectiveness of a continence education workshop combined with evidence based self-management techniques (intervention) versus a an educational workshop covering other health topics such as memory and hearing problems with little information about the management of incontinence (control). Community organisations were offered and randomly assigned to either an intervention or a control workshop.

This study is informed by findings of presvious research which demonstrate the efficacy of continence education combined with evidence based self-management techniques and support its feasibility at community level 4-5. The objective of the current proposal is to mount a multinational open-label cluster randomized controlled trial to test the effectiveness of an integrated, evidence-based continence promotion intervention to improve incontinence, eliminate stigma, curtail associated fall incidence, reduce the cost of care, and increase healthy aging and active life expectancy. We will be presenting the interim results of the study.

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[Zhixin Feng, Maria Evandrou, Jane Falkingham]

Pensions among ethnic elders in the UK

Pension receipt in later life is determined by the way in which individuals' pension contributions and circumstances over the life course interact with eligibility rules for each type of pension. Within the British context, and before recent pension reforms, such pensions related to sources such as the state pension, an occupational or private pension and the Pension Credit. Existing research has shown that different demographic and socio-economic characteristics are associated with the receipt of a pension income from different sources, for example certain ethnic groups are associated with a lower likelihood of receiving occupational pensions. New data from the 'Understanding Society' Longitudinal Household Survey allows us to examine the determinants of receiving pensions from different sources in by women aged 60 and over and men aged 65 and over. In addition, this data allows us to explore the impact of ethnicity on one's chances of receiving pension income from different sources. This paper focuses on differences between ethnic groups, and shows that coming from an ethnic minority group reduces one's chances of receiving the state pension or an occupational/private pension (especially for Pakistanis and Bangladeshis), but increases their chances of receiving the Pension Credit (especially for Indians). Such findings call for the strengthening of social policies that improve eligibility among older individuals from ethnic groups and encourage take-up of existing welfare support in later life.

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[Liesbeth De Donder, Hui Zhang, Tao He, Koen Lombaerts]

Learning barriers and ICT literacy of older adults: A Chinese perspective

Although the benefits of elderly learning are widely acknowledged, many older individuals remain not involved due to the restriction of time, space and information. Previous studies pointed out that effective and adequate use of ICTs facilitated educational particiapation in adult learning (ICT Literacy Panel, 2002). The objective of this study is to examine the learning barriers (Cross, 1981) of seniors and explore the relationship batween ICT literacy and these barriers.

For this purpose, a survey was setup in the Xi'an region of China and 650 older adults participated in this study. The structured questionnaire was constructed from the results of our former study on learning barriers.

The results of the present study found that the strongest barriers was informational barrier (MINFB=2.86, SD=.89), coming to physical barrier (MPB=2.83, SD=.76) and situational barrier (MSB=2.71, SD=.69). Moreover, correlation analysis results showed that ICT literacy has significantly negative relationship with informational barriers (rINFB=-.270, p<.01), physical barrier (rPB=-.362, p<.01) and situational barrier (rSB=-.182, p<.01), which indicated that people with higher ICT literacy have lower barriers. In addition, the "Young Old" reported higher ICT literacy than the "Old" and "Oldest-Old". But now, seniors are at present proportionally underrepresented as consumers of digital resources. To overcome learning barriers, the future of the research is to look beyond the traditional learning module, provide more online learning resources and trainings in order to foster old adults' ICT literacy.

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[Thomas Scharf, Kieran Walsh].

Stakeholder perceptions of risk for older people living in rural communities: An international study.

The notion of risk environments has become central at a time of uncertainty associated with late modernity, having implications for neoliberal ageing societies where older people are vulnerable to individual risk-taking. This presentation explores the concept of risk in rural environments, which are increasingly likely to be populated by older people yet vulnerable to multiple levels of economic and social disadvantage, including lack of appropriate services. This all suggests that rural older people are at significant risk of social exclusion. In this paper, we explore how community and health stakeholders in rural communities perceive these risks for rural older people, drawing on qualitative data from stakeholders within thirteen case study sites across three jurisdictions:

Ireland, Northern Ireland and Australia.

Findings show that community stakeholders are well able to identify risk factors for older people living in rural environments, yet the complexity and multi-dimensional nature of these risks is overlooked. Further, the strong social environment associated with rural communities is viewed as protective of risk and counter to lack of formal services. Older people who are not involved are perceived as choosing not to do so or cannot do so because of a personal limitation. This suggests an individualisation of risk, with risk being seen as a matter of personal choice. However, this perspective neglects the multiple facets of social exclusion and in particular that communities themselves can be exclusionary for those who "fly under the radar". These findings suggest a much more complex and multi-dimensional reality facing the growing number of people ageing in rural places.

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"Support of parents in the United Kingdom by expatriates living in Europe"

The UNFPA estimates that 232 million people lived outside of their country of origin in 2013, a 33% rise since 2000. In an increasingly global world, attention has been directed to transnational support and care of parents "left behind". Migrants fall into several categories, from those seeking refuge to short-term expatriates, and research shows these vary in motivation and mind set. British expatriates, assigned to another European country by their employer, were interviewed to understand if and how they help their parents from afar. Day to day support was examined as well as how the expatriates had or would expect to help their parents in crisis situations. It was found that, whilst parents can gain from their adult children's relocation through, inter alia, opportunities to travel and their children intentionally seeking to communicate regularly, accessing these opportunities depended on willingness and ability. Although their parents' situations had generally been good when the adult children relocated, subsequent experiences ranged greatly, as did solutions. Participants had supported their parents through cancer, the onset of dementia, bereavement and relocation, whilst other parents continued living healthy, active lives. Reliance on siblings remaining in the United Kingdom was often key, as well as on the "trailing spouse" who had typically given up work, although this depended on the needs of the grandchildren generation. Many of the participants were uncertain about the actual length of their

posting and in consequence how to help their parents with growing needs for support and care.

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[Clare McManus, Steve Pool]

The Art of Engagement: Older Women, Images and Impact

This presentation will illustrate and critically review efforts to extend, through public engagement, the impact of the Look At Me! project which explored representations of women and ageing. Impact has become a central plank of Research Council funding in the UK and a key component of the assessment of research excellence in Universities. Through its annual funding of events celebrating the Social Sciences, the Economic and Social Research Council (ESRC) Festival of Social Science (FSS) offers a channel to achieve impact through public engagement. In November 2014, Look At Me! used this channel to beam images of older women onto iconic buildings in Sheffield. The reactions from passersby engendered by this activity then formed the basis of a discussion of the representation of older women in public on BBC Radio Sheffield. The presentation will: outline the aims of this initiative; discuss collaboration amongst key players in setting up these FSS activities; highlight tensions in as well as benefits arising from achieving public engagement; and identify implications for participatory approaches to research on gender and ageing. The ESRC has acknowledged that 'Determining the impact of social science research is not a straightforward task.' The wider goal of the presentation is to demonstrate that if we are to better assess it, we need to know more about the processes that surround and link the 'planning' and 'evaluating' of the impact of research.

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[Suzanne Moffatt, Lesley Kay, Ben Thompson, Terry Aspray, Rachel Duncan]

A qualitative study of the educational needs of care home staff.

The prevalence of arthritis increases with age and is commonly associated with joint pain, stiffness, reduced mobility and disability. There are a growing number of

older people living in care homes in England and many of these care home residents experience painful joints and poor mobility. However, there is a paucity of research regarding how staff manage residents with joint pain and the associated disability often incurred.

The purpose of this research, funded by The JGW Patterson Foundation, is to establish the educational needs of care home staff by exploring their typical routines and practices around looking after residents with joint pain. In this paper we present findings from focus groups and interviews with both staff and residents. Focus groups were conducted with paid carers, vignettes being used to explore their experience and understanding of looking after residents experiencing joint pain. Individual interviews were also conducted with care home residents to further understand how they are looked after when they are living with joint pain.

Preliminary findings strongly support the need and desire for better training and educational resources. The data also highlights how joint management occurs between institutionalised processes and informal practices. We discuss the results of the study reflecting, in particular, on how this evidence can be used to develop new training resources for care staff. To be effective, educational tools need to combine the experiential 'hands on' knowledge of care staff alongside a clinical understanding of arthritis care.

Elaine Wiersma
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[Pauline Sameshima, Sherry Dupuis, Philip Caffery, David Harvey]

Visually Depicting the Dementia Journey

When people are diagnosed with dementia, the expectations and understanding of what this journey will entail are often very unclear. More importantly, the information given to people is often focused on biomedical and/or health care information, with less information on the aspects of the journey that relate to wellness, social connectedness, and the other psychosocial changes that might occur. The Alzheimer Society of Ontario identified a need to map the journey for people with dementia and their care partners to assist them in greater understanding and planning for the future. Using the analogy of a road trip, road signs, and a map, researchers conducted 12 focus groups with 14 people living with dementia, 24 care partners, and 14 health service providers to better understand and contextualize the dementia journey. Using an open canvas and road signs, participants chose road

signs to best represent their experiences as the researchers sketched out the road, added road signs, and key points of their stories. From these maps, an overall composite was created as a subway map. Four key themes are represented as subway lines—the system journey, changing and adapting, relationships and community, and caring for myself. At each of the subway "stations" along these four lines, the findings are presented as the street above the subway, with the corresponding road signs that were identified by participants. In this way, a layered and textual analysis of the dementia journey is visually presented, capturing the diversity, complexity, interconnectivity, and dimensionality of the dementia journey.

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[Suzanne Moffatt, Mark Pearce]

Choice and necessity in retirement: experiences of a baby boomer cohort

Inherent in the policy aim of delaying retirements in an ageing population is the belief that older workers choose how they retire. In reality, however, apparently freely-chosen retirements can be constrained. This research forms part of a unique mixed-methods study of an established UK birth cohort, presenting analysis of some of the first in-depth interviews to be conducted with members of the Newcastle Thousand Families Study (NTFS) cohort (N=432), comprising all infants born May to June 1947 within Newcastle upon Tyne. The NTFS provides valuable insights into the lives of an early 'baby-boomer' cohort - popularly believed to be the 'have-it-all' generation – as they transition to retirement. Policy and popular rhetoric suggests that baby-boomer retirement is positively anticipated, freely chosen and rewarding. However, initial quantitative analysis of NTFS data revealed intra-cohort heterogeneity, with evidence that perceived baby-boomer advantages are unequally shared. Longitudinal data enabled the identification of criteria closely associated in both the wider literature and the initial quantitative analysis with potentially voluntary and involuntary retirements, enabling a thorough a maximal variation sampling strategy. In-depth interviews (n=30) explored individual accounts of control and autonomy over the retirement decision in the context of meanings and interpretations attached to circumstances and experiences documented in the quantitative data. Wide individual variation and clear gender differences were found in retirement experiences. The importance given to predictors of choice or necessity in retirement across all socio-economic groups: potentially salient predictors identified in the quantitative data were not, necessarily, considered important in individual narratives.

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[Pathik Pathak, Priya Khambhaita, Maria Evandrou]

Staff perspectives on the impact of cultural and language differences on social care work

The ageing of the ethnic minority population in Britain has led to a more ethnically diverse older client group for social care services than has ever been the case. This presentation focuses on the issue of how social care staff in Britain experience working across differences of culture, ethnicity, religion, and language. It reports on the perspectives of social care staff from both White British and minority ethnic backgrounds on their attempts to work in a culturally competent way. Individual in? depth interviews were carried out with 39 social care practitioners, including social workers, occupational therapists, domiciliary carers, care home staff, managers, and commissioners. The interviews were analysed using thematic analysis. The themes related to training needs, uncertainties about how to behave, and professional competence. The perceived shortcomings of existing diversity training led to some practitioners feeling uncertain about how to behave with clients from different backgrounds to themselves. They reported a dilemma about whether admitting ignorance would result in improved or worsened rapport. Other practitioners were confident in how to work across diversity. The key difference between these practitioners and the uncertain practitioners was being open in discussing and asking about diversity. Some practitioners felt unable to perform to their accustomed skill level when working across language or cultural differences, which has implications for the quality of care provided as well as their own job satisfaction. The presentation offers some critical discussion of the concept of a culturally competent practitioner.

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[Vanessa Burholt]

Social exclusion among older people in rural communities in Wales: a life-course and multi-level approach

Purpose: The current neo liberal economic and ideological approach of Western governments which advocates an austerity agenda is causing increasing levels of social exclusion. This presentation explores the nature, extent and impact of social exclusion experienced by older people in rural communities in Wales in relation to 6 key indicators: neighbourhood; material resources; social relations; services; civic engagement and discrimination. Taking a life course and mulit level perspective has also made it possible to examine the processes and pathways (cumulative advantage/ disadvantage) that have contributed to social exclusion over the lifetime of these older people.

Method: 3 rural communities in Wales that have experienced significant community change were selected as case study areas. Within each of these a workshop (N=3 x 10) was undertaken with older people to explore changes in the communities over time and life history interviews with older people (N= 3 x 10) completed. A Life History Calendar (SHARE 2010) was adapted to present both types of data in a way that interconnects individual histories with community change. Nvivo was used to analyse all qualitative data.

Results: The evidence revealed extensive and increasing levels of social exclusion among older people in rural areas. However variations in the form, extent and outcome of this on participants both within and between the 3 rural communities were identified. The Life History Calendar approach provided new evidence that social exclusion in later life is influenced by a complex mix of earlier individual life events as well multi level structural factors.

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[Andrew Butt]

The impact of rural retirement migration on local government strategic planning processes: an Australian perspective

Globally, retirement migration is an important demographic trend influencing rural population ageing and community sustainability, and the subsequent capacity of rural communities to cater for their aged populations. However, there is limited knowledge in regard to how local governments are responding to the challenges and opportunities associated with retirement migration from the perspective of housing, services and infrastructure planning. Drawing on focus groups with local government stakeholders (n=39) across six local government areas (LGAs) in one Australian state, this presentation explores how rural retirement migration is impacting on local

government strategic planning processes. Within the six LGAs, two focus groups were conducted – one with senior management staff, and one with ageing and community services staff. Discussions were centred on three primary themes: the extent to which LGAs are planning strategically to attract older in-migrants, the impact of trends associated with rural retirement migration on strategic planning processes, and factors that hinder the capacity of LGAs to plan more strategically to accommodate changes associated with rural retirement migration. Findings highlight a series of challenges to be addressed from the perspective of strategic planning; inclusive of capitalising on the skills of rural retirement migrants, understanding of diversity among retirement migrant populations, mediating the impact of retirement migration on communities, and resourcing increased levels of population ageing. These challenges are discussed from the perspective of planning for community sustainability across diverse rural contexts.

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[Mary Pat Sullivan, Mary Gilhooly, Seb Crutch]

Enabling Activity: A review of the empirical literature on environmental modifications which support ADLs for people with dementia

Difficulties with activities of daily living (ADLs) is a key symptom and defining feature of dementia, affecting individuals throughout the disease process and contributing to quality of life and overall well-being. All ADLs, from eating and meal preparation, to hobbies and travelling, involve direct interaction and co-ordination with the immediate physical environment. Subsequently, design interventions and environmental modifications which facilitate and support this process can be particularly useful. This paper presents the findings from a systematic literature review investigating which ADLs are being supported by evidence-based environmental modifications for people with dementia and carers in the home/care-home setting. Overall, we found ADLs such as bathing, eating and orientation in time and space, were being supported effectively by environmental interventions. The research also appears to be moving more towards person-centred approaches and assistive technologies tailored to individuals and the particular ADLs they find challenging. In conclusion, environmental interventions appear to be effective in supporting ADL ability for people with dementia. However, there are gaps in the research where some ADLs are not being supported such as dressing and

recreational activities, as well as some contexts such as the private home for people in later stages of dementia.

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Systems Methodology: A New Perspective on Gathering Rich Data and Analysis

There is a renewed interest in systems theory but, to date, it has not been employed as an applied research methodology in gerontology. This paper discusses the use of applied systems thinking in a recently completed study of time and ageing body. Systems theory informed all aspects of data gathering and analysis. The research methodology is aligned with Bateson's and van Bertalanffy's work. Interviews were informed by Coordinated Management of Meaning theory and the work of Canadian systemic family therapist Karl Tomm. A systemic approach to research interview will be emphasized in this paper.

In the tradition of Bateson, applied system's theory produced rich data using non-lineal questions. Interview methodology, question construction, and communication throughout the interview process will be discussed. This methodology is particularly useful for data collection in potentially difficult or sensitive areas. The rich contextualized data that came forward as a result of using a modification of Coordinated Management of Meaning has the possibility of being useful in a number of different areas in gerontological research.

This presentation will focus on applied systems theory as a research methodology with an emphasis on the research interview. It will explore the positioning of the interviewer within a systemic context and the use of spatial and temporal dimensions to gather rich data. The presentation will look at extending the conversation and the centrality of nonlineal question construction among other aspects of systems-based interviewing.

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Longevity: Baby Boomers: Time, Body, and Meaning

The postwar generation has witnessed the increased longevity of the previous generation. Bearing witness to this change has shifted some of their ideas of old age. 'Deep time' is the knowledge that an extended lifetime is a

real possibility. It is an interweaving of time and ageing body. What is the experience of time in the face of an extended lifespan? What is the meaning of time when one acknowledges they have lived more years than they have left - 'relative time'? Extended longevity means our bodies carry the marks of time but allow for the possibilities of an extended period of generativity. This research centers on the postwar cohort and the influence of the postwar on their lives. Now entering that 'last phase' of their lives, the framing of embodied time and generativity is on the minds or, already in action for many of the postwar generation.

This paper reflects systemically informed, qualitative research that included interview data from a cross-class study of thirty adults born between 1945 - 1955. Participants come from widely diverse backgrounds.

Research participants perceived extended lifespan as a time of generative activity in, what they described as, the 'last phase' of their lives. They wanted to leave a 'dynamic legacy' that jibed with their values.

The interweaving of aspects of the temporal dimension such as generation and longevity, and ageing body within the postwar cohort, has created a departure from some of the notions of old age that previous generations have lived out.

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[Nicole Steils, Katrina Ritters, Guy Daly]

The impact of personalisation on unpaid carers: are unpaid carers of older people who use direct payments benefiting from more personalised services?

This presentation will focus on the impact that a personal budget – either as a direct payment or as a managed budget – has had on the role of unpaid carers of older people. A mixed method design used to collect data included a postal survey of over 1400 unpaid carers (overall response rate 21%) as well as semi-structured interviews with a self-selected group of 31 carers.

The survey found that unpaid carers played a central role in supporting older budget holders irrespective of budget type. Many carers felt the personal budget may have decreased the amount of 'hands on' care they provided, allowing them to do different things for and with the person they cared for, but did not free them entirely from direct involvement in care provision. The budget did provide many carers with more flexibility to juggle caring tasks with other roles, such as caring for children or remaining in paid employment. However, carers supporting older direct payment users experienced higher levels of stress than those caring for people with a managed budget. This seemed to be linked to taking on responsibilities and additional work related to the administration of the direct payment. Unpaid carers seemed relatively unsupported by their local Adult Social Care Department. The presentation reflects on ways local authority adult social care departments can provide better support – a requirement following the 2014 Care Act.

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[Michelle A. Miller, Francesco P. Cappuccio]

Gender, cognition and cognitive lifestyle in the English Longitudinal Study of Ageing

Gender differences are present in a range of cognitive functions across the lifespan (Halpern, 1992; Munro et al., 2012). Recent research has shown gender differences in 'cognitive lifestyle' in older age (Valenzuela et al., 2013), as well as associations between richer cognitive lifestyle and a slower rate of cognitive decline (Marioni et al., 2012). The present study assesses the association between gender and cognitive function, and the mediating effect of cognitive lifestyle, in an ageing English population.

Data were drawn from Wave 4 of the English Longitudinal Study of Ageing (n = 8688). Cognitive function scores were adjusted (ANCOVA) for basic demographic factors which have been shown to directly affect or mediate cognitive function (age, education, employment grade), as well as for the general lifestyle and social factors pertaining to cognitive lifestyle.

After adjustments, there were statistically significant gender differences in cognitive function scores. Women scored higher than men on tests of immediate and delayed recall (both $p < 0.001$), speed of processing ($p < 0.001$) and search accuracy ($p = 0.016$), whereas men scored higher than women on numeracy tests ($p < 0.001$). There were also significant gender differences in engagement with certain aspects of cognitive lifestyle.

Prospective studies are required to establish whether increased engagement in cognitive lifestyle has a causal role

in improving or preserving cognitive function in older age. Evidence of a prospective association could have implications for interventions to assess whether gender-specific modifications to cognitive lifestyle can slow or prevent cognitive decline in later life.

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[Rebecca Jenks]

Cross-sectional associations between sexual activity and cognitive function in the English Longitudinal Study of Ageing

There is very little literature on the relationship between sexual activity and cognitive function in healthy older age individuals (Hartmans et al., 2013; Momtaz et al., 2013). Given the wealth of research on the associations between physical activity and cognition (Elovainio et al., 2009), and with sexual activity and quality of life (Levine et al., 2012), the paucity of literature in this area is surprising.

Using newly available data from Wave 6 of the English Longitudinal Study of Ageing, the current study explores the relationship between sexual activity and cognitive function in adults aged 50 years and over (n = 6833).

Early multivariate analyses (ANCOVA) revealed interactions between sexual activity and gender, so subsequent models were constructed separately for men and women. After adjusting for age, education, wealth, depression, loneliness and quality of life, there were significant associations between sexual activity and cognitive function in both men and women.

For men who reported being sexually active in the past 12 months, scores for both fluid intelligence and word recall were higher than for men who did not report sexual activity (both p < 0.001). Similarly, women who reported being sexually active in the past 12 months had higher fluid intelligence (p = 0.015) and word recall scores (p = 0.024) than women who did not report sexual activity.

Possible mediators of these associations (i.e. physical activity, cardiovascular health, response bias), and the potential benefits of sexual counselling in older age (i.e. for maintaining wellbeing and cognitive function) will be discussed

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[Caroline Searing]

Fine Lines. Cosmetic advertising and the perception of ageing beauty

Despite the rapid ageing of Western populations and preponderance of older people in society, older people, particularly women, still perceive the need to retain a youthful appearance. Thus 43% of women questioned by Mintel (2012) considered looking young to be highly important. Moreover, with an apparently youth-obsessed media constantly reinforcing the negative aspects of ageing, it is no surprise that there is a strong market for products which claim to slow, or even stop, the ageing process. As science comes to a greater understanding of the ageing process, more and more sophisticated 'anti-ageing' products and treatments have been developed. The pace of change quickened with the licensing in 2002 of botulinum toxin A (Botox™, Allergan, United States) for the reduction of facial wrinkles, followed in 2005 by Restylane® (Medicis Aesthetics Inc., United States), the first of the injectable fillers containing hyaluronic acid, which can replace facial volume lost due to age.

This is the contemporary cultural background that forms the background for our research that has investigated cosmetic advertising and its putative role in shaping our expectations and understandings of age and ageing. The authors will present findings from their analysis of the changes in the language of advertising before and after these transformational developments in aesthetic dermatology.

The paper will stimulate new perspectives on the role of the body and beauty in later life and above all present a critical review concerning some of the ways in which 'age' is marketed in the 21st century.

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[Lucy Burke]

Dementia: Ways of talking

This discursive and provocative presentation will explore the complex condition 'dementia' as it is a social, political and cultural category, rather than as a solely medical phenomenon by focussing on the language that is used

about this condition. The chapter will build on and extend the authors' extant scholarship on metaphor and the language of representation as this pertains to dementia. The work of Raymond Williams who unravels some of the historical processes within language will be central to the arguments of this paper. The authors will query the way in which the talk of the UK government has located dementia as a global phenomenon characterised by a medieval spirit of knightly challenges, champions and quests: on the one hand promising funds for 'cures' (the holy grail of dementia as emphasised in 2014 Autumn statement) whilst simultaneously decimating social care budgets for supporting people's daily lives in the name of austerity. This carefully argued discussion will explore how the use of a series of linguistic devices including objectification, trope, conceits and metonyms, infuse political speeches about dementia and subsequently influence cultural representations of this condition and colour social representations of this complex condition and the people who are living with it. Above all, the authors consider:

i) The social and political dimensions of dementia
ii) The ways in which the language persistently used to explain dementia shape our consciousness about this condition and
iii) The extent to which dementia is an intrinsic part of contemporary life.

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[Malcolm Tait]

Towards envisioning mobility in later life as 'engagement with the world': an interdisciplinary approach to design

Mobility in later life is recognised as important for maintaining well-being and independence. It is often defined in the ageing literature as 'the ability to move from A to B' and conceptualised as at the heart of a complex interweaving network of determinants influencing its outcomes (e.g. Webber et al 2010). Whilst there has been much detailed research that has investigated the barriers and enablers to older people's mobility in the built environment, because of their complexity none of the lessons learnt have to date been applied and evaluated comprehensively in a design context. In this paper we review current conceptualisations of older people's mobility and their interaction with the environment which often neglect the temporal, relational and spatial aspects of mobility. Based on the ongoing participatory design work of the DWELL project with older people in Sheffield, we propose and develop a new conceptualisation based on the mobilities turn in the social sciences. Here mobilites are understood in terms of the older person's 'engagement with the world' (Adey 2001; Ziegler 2011). In combination with geographical understandings of place as relational and of ageing as a life-long embodied process we can arrive at built environment designs which truly promote mobilities in later life.