Abstracts - Symposia

In alphabetical order of chairs last name

Chair: Yasumichi Arai
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Correlates of cognitive impairment in the very old in different cultures: Japan and the UK

Abstract: With the rapid increase in the very old population worldwide, considerable concern has arisen about the social and economic burden of chronic diseases and disability. One particular disease that is of major concern is dementia, given that the prevalence of dementia doubles for every five year increase in age. Arguably, maintaining cognitive function and psychosocial wellbeing is most important because these conditions have huge implications for healthcare delivery, care budgets and reduced quality of life not only of the very old but also their families. Studies of risk factors for cognitive decline and mortality on younger-old populations may not translate to the very old and indeed, risk factors at younger ages may be protective in the very old, e.g. vascular risk factors and mortality. . Moreover the extent to which lifestyle factors may ameliorate cognitive decline in the very old is also unknown.

This symposium will focus on two of the largest on-going cohort studies of the very old: the Newcastle 85+ Study and the Tokyo Oldest Old Survey on Total Health (TOOTH). Comparison of countries with very different life expectancies and health inequalities, such as Japan and the UK, can not only add to our understanding of the ageing process but may also inform UK policy on future ageing populations. Through the three linked presentations we will explore the differences and similarities in being very old in countries with different cultures, morbidity patterns, care systems and longevity and how these contribute to our understanding of sociodemographic, biomedical, and lifestyle-related factors which shape the trajectories of cognitive decline and development of dementia. After a brief introduction of the two studies (Dr Yasu Arai, Keio University), there will be two presentations from the TOOTH study: investigating the role of psychosocial factors in mediating the effect of physical and cognitive function on mortality (Prof. Midori Takayama, Keio University); and exploring the role of

biomedical and lifestyle factors on cognitive decline (Dr Yusuke Osawa, Keio University). The third presentation will focus on the Newcastle 85+ study and will replicate the previous Japanese analyses for comparison in a UK population as well as reporting in detail the relationship between diet and cognitive decline (Dr Antoneta Granic, Institute for Health and Society, Newcastle University). The discussant (Prof Louise Robinson) will bring the findings together and address how the implications for supporting very old people to remain active and healthy.

Paper 1

Midori Takayama
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The effects of the Social and Psychological Factors on Mortality"

Abstract: Numerous studies on mortality have focused on biological and health-related factors. Recently, research has demonstrated that sociodemographic factors as well as psychosocial factors such as subjective well-being, sense of self-control and social relations are also important predictors of mortality in old age. One question is whether these psychosocial factors are unique predictors after controlling for physical and cognitive functioning in the oldest old? Little research has focused only on the mortality risks of people over age 85. Some researchers propose the predictors of mortality may differ between the old and the oldest old. The purposes of this study are to examine whether indicators of physical and cognitive functioning relate to mortality in the oldest old cohort, to the same extent as they do in the young old, and to examine whether psychosocial factors are independent and unique predictors of mortality in the oldest old. In order to examine theses research questions, we analyzed longitudinal data among the oldest old in Japan (TOOTH Study) using logistic regression analysis controlling for age and gender (dependent variables: alive or dead until 2010(Wave3); independent variables: physical, cognitive, psychological and social variables in Wave1 (2008)). The results reveal that after controlling age, gender, and education, physical and cognitive functioning played little role on mortality. On the other hand, our analyses also

revealed unique effects of psychosocial factors on mortality in the oldest old after controlling age, gender, education, health and cognitive functioning.

Paper 2

Yusuke Osawa
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Biomedical and lifestyle factors for cognitive decline in the very old

Prevalence of dementia is exponentially increased with age, and more than one in forth individuals aged 85 years or older have cognitive impairment. However, little is known about factors that contribute to cognitive decline in the very old age. The aim of this study is identify both vascular and non-vascular risk factors for cognitive decline in this particular age group. We followed a cohort of 542 community-living seniors aged 85 years or older for 3 years. Cognitive function was assessed with MMSE at baseline and 3-year follow up, and those who lost 3 or more points were defined as cognitive decline. A total of 291 participants who were free of dementia and had 24 and more of MMSE at baseline, and completed MMSE at 3-year follow up were included in this study. In 3-year follow-up, 77 had cognitive decline, of whom age, gender distribution, and baseline MMSE score were comparable to their counterparts. Participants with cognitive decline exhibited lower BMI, lower wellbeing index, poor timed-up and go performance, lower cognitive activity (reading books, hand craft, drawing, board game, puzzles, and haiku) than those without cognitive decline, however, physical activity and vascular risk factors including history of cardiovascular disease, diabetes, hypertension, and carotid plaque score were not associated with cognitive decline. Multivariate logistic analysis showed significant association between low BMI, Low wellbeing, poor TUG and cognitive decline. These results suggest that maintaining wellbeing, nutritional status, and mobility may be effective for dementia prevention in the very old.

Paper 3

Antoneta Granic
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[Karen Davies, Ashley Adamson, Tom Kirkwood, Tom Hill, Mario Siervo, John C Mathers, Carol Jagger]

Dietary patterns and cognitive functioning in the Newcastle 85+ Study and the impact of genetic factors.

Healthy dietary patterns (DP) have been linked to better cognition and reduced risk of dementia, but their role in cognitive decline in the very old is unexplored. We used data from the Newcastle 85+ Study to: (1) derive DP in the very old; (2) investigate the association between DP and cognitive decline; and (3) assess whether the association is altered by dementia-related genotype (APOE4).

Dietary data at baseline was collected by 24-hr multiple pass recall. Cognition was assessed at 3 and 5 years by the Standardized Mini-Mental State Examination (SMMSE), and the Cognitive Drug Research attention battery. We used Two Step clustering to derive DP and random effects models to determine the effects of DP on initial level and rate of change in cognition.

Complete data was available for 793 participants. We identified three distinct DP ('High Red Meat', 'Low Meat', and 'High Butter'). Those in 'Low Meat' DP had more favourable socioeconomic position, were healthier and more physically active, had higher SMMSE scores at baseline and follow-ups, and better initial attention. 'High Red Meat' was associated with overall lower SMMSE scores in men (,=0.129, p=0.02) compared to 'Low Meat' even after adjustment for confounders. Participants in 'High Red Meat' and 'High Butter' had overall worse focused attention (,=0.017, p=0.03; ,=0.018, p=0.01, respectively), but a similar rate of decline over the study period. Adjustment for APOE4 genotype did not alter conclusions.

Diets high in red meats and butter may adversely affect cognitive functioning in late life, independently of genetic factors.

Chair: Ruth Bartlett
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How men and women with dementia practice citizenship: Findings from recent research

This symposium is dedicated to the practice of citizenship in relation to men and women with dementia. It links various discourses across the social sciences and public policy to examine how men and women living with dementia are enabled to take responsibility to varying degrees for themselves and others, and be seen and treated by others as active agents. Each of the four papers making up this symposium is concerned with how we understand, define, and operationalise citizenship in the context of dementia care. The symposium has three key objectives, these are to:

1) mobilise the knowledge gained from recent research conducted in the UK and Canada concerned with the citizenship of men and women with dementia

2) raise critical awareness of how the citizenship of people with dementia is played out in real life settings (such as hair salons) and situations (such as self-management, peer support programmes, and campaigning activities)

3) stimulate critical debate between researchers, policy-makers, and practitioners, about the value of citizenship for dementia care and the field of gerontology more broadly.

Each of these objectives is addressed in the four papers. In the first paper, presented by Dr Ward (Stirling) the notion of citizenship is explored and operationalised in relation to hairdressing and hair salons. Here, the emphasis is on the perfomative dimension to citizenship, and in particular how women's health and well-being is sustained and mediated through such sites. In the second paper, presented by Dr Wiersma (Lakehead University, Canada) we learn how 'learning becomes power' for individuals with dementia taking part in a self-management programme. This paper usefully teases out the key elements of a social citizenship approach. The third paper, presented by Prof Clarke (Edinburgh) presents key findings from a national evaluation of peer support networks in the National Dementia Strategy for England. It operationalises citizenship by showing the significance of commonality of experience and reciprocity of support to men and women with dementia. In the fourth and final paper, given by Dr Bartlett, we learn about the psycho-emotional effects of struggling for citizenship from the perspective of campaigners with dementia. Together these papers advance understanding of the application of citizenship in relation to individuals with dementia.

Central to the symposium is the main theme of the conference – namely, ageing in changing times – and sub-theme of health and well-being. These themes will be evident as we debate the expectations, opportunities, and identity work of men and women with dementia.

Paper 1
Richard Ward
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[Sarah Campbell]

Reservoirs of citizenship? Exploring the role of care-based hair salons in the lives of older women with dementia

This paper will explore the relationship between hairdressing and citizenship in the context of dementia care. In particular, we shall consider the hair salon as a distinctive space in the lives of disabled older women in receipt of care and one that raises a series of questions regarding how we understand and define citizenship practices and the nature of political action in the context of living with dementia. The hair salon has a long-standing relationship with the age cohort of women currently in receipt of care in later life; it is a feminised space intimately intertwined with the formation of identities and a sense of belonging. Yet, within the care system the salon occupies a peripheral position often taking the form of temporarily designated and poorly resourced spaces in hospitals, care homes and day care facilities. Salons have been overlooked by policymakers, researchers and practitioners alike and largely escaped the scrutiny and regulation that otherwise characterises dementia care. Drawing upon findings from the Hair and Care project, a 28-month ethnographic study of care-based hairdressing, this paper will consider the hair salon not only as a space that mediates disabled older women's relationship to the State, but also as a site for everyday resistance. Our research underlines the value of recognising a performative dimension to citizenship and invites us to consider the places and spaces where citizenship is practised by different groups and individuals affected by dementia in the course of their everyday lives.

Paper 2

Elaine Wiersma
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[Lisa Loiselle, Ruth Wilford, Emily Lambe, Kathy
Hickman, Deb O'Connor]

Learning as Power: Applying a Social Citizenship Lens to a Self-Management Program for People Living with Dementia

Through an iterative process engaging 20 people living with dementia and 20 care partners and service providers across Canada, a team of researchers has been working to develop the program, "Taking Control of Our Lives: A self-management program for people living with dementia." The research process and program development was guided by Bartlett & O'Connor's (2010) work on social citizenship in dementia as well as Dialogue Education, an adult education learning philosophy focusing on empowerment and engagement of learners (Vella, 2008).

In the fall of 2014, this program was piloted in two sites in Ontario, Canada. In total, 10 people living with dementia and 7 care partners participated in the pilot program. The program was 8 weeks long, covering various topics such as memory strategies, finding meaning and purpose, adapting to change, communication, decision-making, building and keeping connections, emotional wellness, and staying well. After each session, researchers conducted reflective focus groups with the participants while the program facilitators conducted their own reflections. Key outcomes emerging from participants living with dementia included: standing up to stigma, having more confidence, feeling valued, making strong connections and not feeling alone, and learning more about how to cope with dementia.

These outcomes align with the key elements of a social citizenship approach, including growth, purpose, participation, solidarity, freedom from discrimination, and social positions.

Paper 3

Charlotte Clarke,
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Edinburgh
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[Heather Wilkinson, Sarah Keyes, Jo Alexjuk]

Re-storying and re-building lives: Biographic narration and peer networks in dementia

How we understand ourselves and others as contributing to and receiving from others and wider society are key aspects of citizenship. For people with dementia, are we to assume that they are care receivers and therefore not contributing to others or to society, for example. Of course, this binary of giving and taking is very open to challenge, and in this presentation we will explore the part that biographic narration and peer networks play in our understanding of contributing and receiving to society and to other individuals.

This paper provides evidence from a large data set of qualitative interviews with people with dementia and their immediate carers, collected as part of the mixed-methods national evaluation of peer support networks in the National Dementia Strategy for England. We focus on in-depth qualitative interviews with people living with dementia (n=101) at eight in- depth case studies sites. Data collection was rooted in a relational approach to interviews, capturing direct views and experiences. Data analysis was a five-stage process through which a thematic framework was developed, modelled and verified.

Peer support had positive emotional and social impact that was rooted in identification with others, and a commonality of experience and reciprocity of support. One outcome was that people were supported to tell and re-story their lives living with dementia, including finding new ways to relating to other people as citizens who are both receiving and contributing. This emphasises the significance of lived experience and promoting a strength-based approach to interpersonal support that is enabling and challenges a deficit approach to understanding dementia.

Paper 4

Ruth Bartlett
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Citizenship in Action: Examining the lived experiences of citizens with dementia who campaign for social change

This presentation is about the psycho-emotional effects of claiming full citizenship in the context of living well with dementia. Specifically, it explores the lived experiences of citizens with dementia who campaign for social change, with a particular focus on the effects of campaigning on citizenry identity and psycho-emotional well-being. It is based on a piece of completed and published ESRC-funded research conducted in the UK. In diary-interviews, 16 people with dementia recorded and described their experiences of campaigning. Findings revealed that although campaigning can be energizing and reaffirming of citizen identity, because it (re) located a person within the realm of work, individuals may experience dementia-related fatigue and oppression linked to normative expectations about what someone with dementia 'should' be like. The discussion is linked to critical debates within disability studies about the psycho-emotional aspects of impairment and disability, and it is argued that the struggle for citizenship has only just begun for people with dementia.

Chair: Tine Buffel
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Implementing age-friendly policies and practices: international perspectives

In 2010, the World Health Organization launched the Global Network of Age-Friendly Cities and Communities (AFCC), which by January 2015 spanned 26 countries worldwide with 210 cities and comqmunities enrolled in the programme. 'Age-friendly cities' are defined as encouraging 'active aging' by 'optimizing opportunities for health, participation and security in order to enhance quality of life as people age' (WHO, 2007). The AFCC Network has been influential in raising awareness about the need to adapt urban environments to the demands of an ageing population. However, the dual global trends of population aging and urbanization raise questions about the extent to which cities are, or could become, age-friendly communities. Will so-called global cities integrate or segregate their aging populations? In what ways may the

needs and strategies differ by country? Much of the study of urban aging has been country-centric, with little cross-national synthesis. This symposium brings together scholars from five countries to address aspects of the implementation of age-friendly policies and practices. Drawing from research in Canada, Belgium, Ireland, the UK and the US, these presentations will focus on the opportunities and challenges associated with the development, implementation and monitoring of age-friendly initiatives. Thibauld Moulaert and Suzanne Garon will present findings from a comparative study of the 'age-friendly cities' models in Quebec, Canada and Wallonia, Belgium. The paper will provide a critical reflection of the role of academic research in the development of the age-friendly approaches. Bernard McDonald will explore the implementation dynamics of an age-friendly county in Ireland, using in-depth interviews with key stakeholders and older adults living in two towns in the county programme area. The paper identifies a number of core elements for the successful implementation of age-friendly initiatives. Paul McGarry will present the opportunities and challenges associated with the implementation of the age-friendly city programme in the city of Manchester (UK), providing a range of examples of policy initiatives which have the potential of influencing the lives of older people living in deprived urban settings. Finally, Margaret Neal and Alan DeLaTorre will describe the development and implementation of the 'Action Plan for an Age-Friendly Portland' (Oregon, US). The paper will discuss the implementation of a range of action areas, including 'housing', 'civic engagement', 'economic development', 'health' and 'transportation'.

Paper 1

Paul McGarry
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Developing Age-Friendly Cities: Perspectives from the City of Manchester (UK)

The World Health Organization's (WHO) Global Age-Friendly Cities project began in 2006 and now links over 200 cities across the world. The impetus behind this development was the growth in older populations coupled with the importance of urban environments in determining the quality of daily life in old age. The WHO programme raises important questions for cities, for example: how should they harness their rich cultural and social resources for the benefit of older people? What is the best way of developing age-friendly infrastructures in areas such as transportation and housing? What are the options for encouraging participation and access to information? How best to promote secure neighbourhoods? This presentation

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will review these issues drawing on experiences from Manchester in the UK. It will examine: first, the demographic and social context of Manchester; second, the way in which the city became a member of the WHO Global Network of Age-Friendly Cities and Communities; third, age-friendly approaches and actions aimed at improving the lives of older people living in deprived urban communities; and fourth, opportunities and barriers to the implementation of the age-friendly programme. The presentation concludes by discussing the key elements and resources needed to develop age-friendly cities.

Paper 2

Suzanne Garon
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[Thibauld Moulaert]

The Relevance of the Research Component in the Development of an Age-Friendly Cities Programmes

Comparing the development of two AFC programmes, one in the Province of Québec, Canada, the other in the Walloon Region, Belgium, it appears that the role of the research has been determinant. Specifically, the implication of a research team along the process in the implementation of a successful platform for action to make cities more Age-Friendly Communities appeared as success factor. This presentation aims to underline the involvement, at every step of the process, from the social diagnostic to the evaluation of the activities, of a research team. Furthermore, using Michael Burawoy's classification based in four ideal-types of researchers, whom range from strictly academic to policy- or public- oriented, we will analyse the role of the researcher itself. This classification takes also into account not only the ideal-types of researchers but also the different categories of knowledge that are at stake in this situation. For instance, when a broad diversity of stakeholders are involved, the research narrative has to be well-understood by all of them. Precisely, because everyone has a role to play to implement Age-Friendly Communities, the researchers have to master different types of knowledge from a solid academic one to the abilities of knowledge transfers. In this conference, we will give an overview of the different aspects of the research task and what has to be taken into account in the development of AFC.

Paper 3

Bernard McDonald
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The approach to creating an age-friendly county in Ireland: challenges identified and lessons learned

Developing age-friendly communities is now a significant global policy issue. The WHO age-friendly city initiative provided the impetus for establishing Ireland's Age Friendly Programme in 2009. However, we still know little about the achievements of such programmes, and research is just beginning on their implementation. This paper explores the implementation dynamics of one county programme and identifies the significant factors which have impacted on its rollout. It also outlines older adults' experience of living in two towns in the county, and explores how the age-friendly programme addresses their aspirations and needs.

Using a qualitative case-study design, in-depth interviews were held with key stakeholders in the development of age-friendly programmes at county, national and international level. Older adults living in two towns in the county programme area were also interviewed.

Stakeholders identified core elements for the successful implementation of age-friendly initiatives: strong leadership, meaningful engagement of older adults, strong political support, and appropriate planning mechanisms. Inter-agency collaboration is important, and initiatives need to be responsive to changing strategic priorities. Older adults' experience of life in the towns is rich and varied, and some aspects of it are amenable to programme intervention. However, there is a question mark as to what degree the current programme impacts on the lives of older residents.

It seems that age-friendly programmes have the potential to improve quality of life. This depends on establishing appropriate and effective implementation infrastructures and mechanisms. There is need for further research to explore programme outcomes from the perspective of older people.

Paper 4

Margaret B. Neal
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[Alan DeLaTorre]

Implementing Portland's age-friendly action plan over the first two years

Abstract: Portland, Oregon, U.S., has carried out its age-friendly initiative since joining the original World Health Organization (WHO) Age-friendly Cities project in 2006. At the beginning of the project, researchers from Portland State University's Institute on Aging (IOA) conducted a baseline assessment that examined age-friendly features and barriers, as well as suggestions for improvement within the eight pre-defined WHO domains. Since the initial project, IOA researchers have continued to coordinate Portland's age-friendly initiative, along with the assistance of the Age-friendly Portland Advisory Council, elected officials, civil servants, nonprofit organizations, and members of the community. As part of the requirements for joining the WHO Global Network of Age-friendly Cities and Communities – Portland was accepted in 2010 – the university-city-community partnership was tasked with developing an age-friendly action plan and indicators for monitoring progress. This presentation will describe the development and implementation of the Action Plan for an Age-friendly Portland (2013), including writing and governmental approval of the action plan, expansion of the original eight domains to 10 (economic development was added, and community services and health services were given individual action areas), initial implementation of three action areas in 2014 (housing, civic engagement, and economic development), and the more recent implementation of two additional action areas in 2015 (health and transportation). A description of the five implementation efforts will be offered including: strategic planning approaches, leadership structure, stakeholder involvement, and specific activities carried out and/or planned for the future.

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Paper 5

Thibauld Moulaert
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[Suzanne Garon]

Researchers Behind Policy Development: Comparing 'Age-Friendly Cities' Models in Quebec and Wallonia

Comparing the development of two AFC programmes, one in the Province of Québec, Canada and the other, in the Walloon Region, Belgium, it appears that the role of the research has been determinant. Specifically, the implication of a research team along the process in the implementation of a successful platform for action to make cities more Age-Friendly Communities appeared as success factor. This presentation aims to underline the involvement, at every step of the process, from the social diagnostic to the evaluation of the activities, of a research team. Furthermore, using the Burawoy (2004) classification based in four ideal-types of researchers, whom range from strictly academic to policy- or public- oriented, we will analyse the role of the researcher itself. This classification takes also into account not only the ideal-types of researchers but also the different categories of knowledge that are at stake in this situation. For instance, when a broad diversity of stakeholders are involved, the research narrative has to be well-understood by all of them. Precisely, because everyone has a role to play to implement Age-Friendly Communities, the researchers have to master different types of knowledge from a solid academic one to the abilities of knowledge transfers. In this conference, we will give an overview of the different aspects of the research task and what has to be taken into account in the development of AFC.

Chair: Karen Croucher
Centre for Housing Policy, University of York
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Living with dementia and sight loss - challenges and opportunities for improving support and care.

In an ageing society, increasing numbers of older people will experience multiple health problems and impairments. Focusing on sight loss and dementia, this multi-disciplinary symposium will consider different aspects of the experience of living in the community with complex needs, and the challenges this presents to those living with such co-morbidities, their families and carers, and service providers.

It will explore opportunities to enhance well-being and maintain independence by: improving access to eye care; providing appropriate social care and support; addressing housing needs; and best practice in design and alteration to the home environment.

The symposium will draw on evidence from three separate and recently completed research projects:

The Prevalence of Visual Impairment in Dementia (PrOVIDe study), funded by the NIHR HS & DR programme, led by the College of Optometrists.

Developing best practice in social care and support for adults with concurrent sight loss and dementia within different housing settings, funded by the NIHR School for Social Care Research, led by York University.

Good practice in the design of homes and living spaces for people with dementia and sight loss, funded by the Thomas Pocklington Trust, and undertaken by the Dementia Services Development Centre at the University of Stirling

The projects have used a range of methodologies, and engaged with a various health and social care professionals and practitioners. Key to each project has been the involvement of people living with dementia and sight loss, their families and carers.

The symposium will consist of four papers:

Title: The PrOVIDE Study. This paper will address the prevalence and types of vision problems in people with dementia, why vision problems go undetected, and how eye care services can better respond to the needs of people with dementia.

Title: Improving social care practice for people with sight loss and dementia This paper will explore what works best for people with both conditions and identify barriers to providing high quality, cost effective services that promote independence and enable people to remain living in their own homes.

Title: Ageing in place with complex needs. This paper will focus on the particular challenge of ageing in place faced by people with sight loss and dementia, their personal coping strategies, social support networks, and adaptations and changes to their home environments.

Title: Design of homes and living spaces for people with sight loss and dementia. This study developed evidence based guidance for designing living spaces for people with dementia and sight loss, drawing on a range of research

evidence and extensive stakeholder consultation.

Michael Bowen
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[Beverley Hancock, Professor David Edgar, Rakhee Shah]

The PrOVIDe Study
LIVING WITH DEMENTIA AND SIGHT LOSS

Purpose: The PrOVIDe study aimed to investigate the prevalence of a range of vision problems among people with dementias, aged 60-89 years and to examine the extent to which these conditions are undetected or inappropriately managed.

Methods: The study had two stages, a cross-sectional prevalence study followed by qualitative research. In Stage 1, 708 people with dementia (389 living at home and 319 in care homes) had a domiciliary eye examination. The inclusion criteria were people with dementia (any type), aged 60-89 years; individuals lacking mental capacity to provide informed consent to participate required a consultee who could give approval on their behalf

Results: 22 percent reported not having had a test in the last two years: this included 19 participants who had not been tested in the last 10 years. Prevalence of visual impairment (VI) was 32.4% (95% Confidence Intervals (CI) 28.7 to 36.5) and 16.3% (CI 13.5 to 19.6) for the commonly-used criteria for VI of visual acuity (VA) worse than 6/12 and 6/18 respectively. Of those with VI, 44% (VA<6/12) and 47% (VA<6/18) were correctable with up-to-date spectacles. Almost 50% of remaining un-correctable VI (VA<6/12) was associated with cataract, therefore potentially remediable.

Conclusions: Almost 50% of VI is correctable with spectacles - more with cataract surgery. The prevalence of VI is similar to the best comparator data on the general population but the emerging study findings suggest that eye care for people with dementia could be enhanced.

Paper 2

Simon Evans
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[Jennifer Bray]

Improving social care practice for people with sight loss and dementia

It is estimated that 850,000 people are currently living with dementia in the UK, a figure that is predicted to rise to over one million people by 2025 (Alzheimer's Society 2014). Approximately two million people are living with serious sight loss; one in ten people aged 75 and over have a significant visual impairment, rising to one in three aged 90 and over (Evans et al. 2004). Trigg and Jones (2005) estimate that around 100,000 people in the UK aged 75 and over have concurrent dementia and sight loss, although the actual figure is likely to be higher due to under-diagnosis of both conditions.

This presentation reports on a research project that explored the provision of social care and support for adults living with sight loss and dementia. Data was collected from focus groups involving 47 professionals working in the dementia, sight loss and housing sectors. Analysis identified a lack of services for people with both conditions and highlights a range of barriers to providing high quality social care and support. It is also suggested that the requirements of dementia and sight loss often conflict, which can limit the usefulness of some equipment, aids and adaptations. The presentation concludes that unless professionals develop the knowledge and experience to consider dementia and sight loss together, they are unlikely to fully consider the impact of both conditions and to maximise the potential of services to provide effective support.

Paper 3

Karen Croucher
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[Mark Bevan]

Ageing in place with complex needs

In the UK and most developed economies "ageing in place" has been the consistent focus of housing and care policy and practice, with an emphasis on reducing the use institutional models of care and enabling older people with a range of impairments to receive care and support in their own homes. This paper draws on study funded by the NIHR School for Social Care Research that investigated how social care and support for people living with dementia and visual impairment in a range of housing settings could be improved. First, the paper reviews how far the literature on ageing in place takes account of the increasingly complex needs of some older people. It then explores how older people with concurrent dementia and visual impairment experience and negotiate "ageing in place" drawing on in-depth interviews with 26 individuals living with concurrent dementia and visual impairment living in a range of self-contained housing settings including ordinary "general needs" housing, sheltered housing, and extra care housing schemes. Focusing on the housing setting, the paper outlines the various challenges faced by individuals and their carers as they age in place, their personal coping strategies, social support networks, and adaptations and changes to their home environments. The paper questions whether the current focus on "ageing in place" is sufficiently cognisant of the increasingly complex needs of many older people.

Disclaimer The views and opinions expressed in this paper are those of the authors and do not necessarily reflect those of the School for Social Care Research, NIHR, NHS, of Department of Health

Paper 4

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[Alison Dawson, Corinne Greasley-Adams, Louise McCabe]

Design of homes and living spaces for people with sight loss and dementia

This study developed evidence based guidance for designing living spaces for people with dementia and sight loss, drawing on a range of research evidence and extensive stakeholder consultation. An extensive, focused literature review considered design issues for people with dementia, people with sight loss and people experiencing both conditions. The stakeholder consultations included people with dementia and sight loss living in various environments as well as experts in the fields of design and dementia care, and an extensive survey was used to sense-check the guidelines once developed. The presentation will reflect on the process of developing the guidelines and the emerging research issues which include: the tensions between promoting independence and exercising control that

emerge in previous research; the challenges of promoting an emphasis on independence and capacity; issues with the quality of the evidence base; the need to learn from both research evidence and practice wisdom; and the challenges of producing guidelines which are evidence based, practical and able to ensure that individual needs and preferences can be accommodated.

Chair: Catherine Exley
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[Richard Lee]

Dementia and dying: perspectives on good end of life care

Currently one in three people aged over 60 years die with dementia[1] and the need to ensure good end of life care (EoLC) for people with dementia is a pressing issue.

This symposium considers what is involved in providing good end of life care for people with dementia and how this can be achieved and standard care improved. The four papers draw on the existing evidence base and on the perspectives of national experts, commissioners, service managers, frontline staff, family carers and people with dementia. Specifically the speakers will focus on:

- Uncertainty in end of life care for people with dementia in care homes (Paper 1)

- Developing of a conceptual framework to assess quality in end of life care in dementia: contextual, structural, process and outcome variables (Paper 2)

- Good end of life care for people with dementia: the perspectives of managers and frontline staff from services in England (Paper 3)

- The commissioning process for end of life care for people with dementia (Paper 4)

Drawing upon a large data set across three studies, Paper 1 proposes an emergent framework that can inform end of care interventions for older people with dementia in care homes, and considers care homes' ability to meet some or all aspects of care. Paper 2 provides an analysis of the suitability of existing outcome measures for end of life care for people with dementia, based on a systematic review of evidence. Paper 3 considers the key practices comprising good care according to service managers and frontline staff, based upon semi-structured interviews (n=30) and focus

groups (n=9). Paper 4 examines how professionals involved in the commissioning of end of life care and dementia services conduct commissioning, based on on-going semi-structured interviews with commissioners from social care and health care. Together, these four papers provide a coherent analysis of the current issues in the care of people with dementia at end of life and suggest steps for future change.

Paper 1
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[Claire Goodman, Liz Sampson, Louise Robinson]

Developing of a conceptual framework to assess quality in end of life care in dementia: contextual, structural, process and outcome variables.

In order to identify indicators to measure the quality of end of life care for people with dementia, we developed a conceptual framework based on a review of existing palliative care literature. The framework provides a comprehensive overview of contextual, structural, process and outcome variables in patient care delivery, against which quality indicators for palliative care identified in a recently updated systematic review have been classified.

The majority of quality indicators measure processes of care (n=167; 76%), which include assessment and referral processes, shared decision-making and patient/family information and education. Within processes of care, only a quarter of indicators appear to measure quality of actual treatment, support and care provided (n=41). Results suggest that even fewer indicators measure outcomes of care (n=34; 15%), which include physical comfort and psychological/spiritual well-being.

Overall, results suggest a need to develop quality indicators

of end of life care in dementia that measure individual level person centred outcomes, in addition to indicators that assess the structure and processes of care.

Paper 2

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[Sarah Amador, Katherine Froggatt, Elspeth Mathie, Andrea Mayrhofer]

Uncertainty in end of life care for people with dementia in care homes

There has been a steady increase in the research on improving end of life (EoL) care for older people with dementia in care homes. Findings consistently demonstrate improvements in practitioner confidence and knowledge, but comparisons are either with usual care or not made.

This paper proposes an emergent framework that can inform EoL care interventions for older people with dementia in care homes, and considers the extent to which care homes are able to meet some or all aspects of care. The data from three studies on EoL care in care homes were used to inform the development of the framework. All used mixed method designs and two had an intervention designed to improve how care home staff provided end of life care. Two studies tracked the care of older people in care homes over 12 months. One collected resource use data of care home residents for three months, and surveyed decedents' notes for a period of ten months. In the three studies, 29 care homes, 528 residents, 205 care home staff, and 44 visiting health care professionals participated. The majority of residents had a recorded dementia diagnosis. Analysis showed that end of life interventions for people with dementia were characterised by uncertainty in three key areas; what treatment is the 'right' treatment, who should do what and when, and in which setting care should be delivered and by whom? Interventions designed to improve EoL care, especially for people with dementia, need to provide strategies that can address and accommodate the inevitable and often unresolvable uncertainties of providing and receiving EoL care in these settings.

Paper 3

Marie Poole
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[Claire Bamford, Richard Lee, Emma McLellan, Catherine Exley, Louise Robinson]

Good end of life care for people with dementia: the perspectives of managers and frontline staff from services in England

Services providing care for people with dementia at the end of life face a number of challenges, including the assessment of pain, the admission of vulnerable people to hospital, dealing with emotional engagement and helping the person's family through a traumatic period. In addition, the phasing out of the Liverpool Care Pathway has the potential to increase uncertainty over appropriate practice.

In this paper we discuss some of the practices, policies and problems which service managers and frontline staff consider significant to the conduct of good end of life care for people with dementia. Based on semi-structured interviews with service managers (n=30) and focus groups (n=9) with frontline staff (including general nurses, care assistants, mental health nurses and support staff) we consider: views on best practice, the factors which influence the extent to which this is achieved, and the similarities and differences between the views of professionals working in different services, including nursing homes specialising in dementia care, supported living services, hospices developing dementia care and former 'elderly mentally infirm' services. We conclude by considering the implications for defining and undertaking good quality care.

Paper 4

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[Claire Goodman, Emma McLellan, Louise Robinson]

The commissioning process for end of life care for people with dementia

The commissioning of social and health care has been subject to significant re-organisation with the creation of clinical commissioning groups. While the commissioning of social care for frail elders has been managed by local

authorities through established processes and systems, clinical commissioning groups, as relatively new organisations, are attempting to take on the commissioning of health care services. Further, moves to integrate social and health care commissioning requires local authorities and clinical commissioning groups to begin to establish collaborative or joint working practices and systems.

In this paper we consider how professionals involved in the commissioning of end of life care and dementia services conduct commissioning. Based on on-going semi-structured interviews with commissioners from social care (primarily local authority adult services) and health care (primarily clinical commissioning groups), we consider:

- The key capabilities commissioners require from services in this area of care provision

- The decision-making process for commissioning

- The role of contracts and capacity building in managing services

- The use of guidelines and policies in the commissioning process

- The views of commissioners on the future of commissioning

Our emerging analysis suggests a lack of coherence, with commissioning processes demonstrating variation in respect of contract specification, partnership working and the incorporation of guidelines. In this respect local strategic approaches to

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Rose Gilroy
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Newcastle Age Friendly City

This symposium brings together a range of academic, practitioner and community voices to consider how Newcastle -a post-industrial city experiencing severe fiscal restraint- is struggling to make itself an Age Friendly City. The voices come together to highlight the depths of work undertaken by Newcastle City Council; Newcastle University and the older people's activist groups- Newcastle Quality of Life partnership and the Elders Council that explore the inter-action between place and health and well-being..

A place-based approach analyses the interactions between architectural space, people's interactions within that space, and the meanings and values that are associated with particular spaces. It is these interactions through the physical environment that create places that hold meanings and values and shape social relations between people. Sense of place for older people is also intimately connected to issues of housing in later life. Our perspective broadens the focus from the dwelling to the neighbourhood and community. We highlight the changing and often contested meanings around place and community that older people in transition experience and how these affect a person's sense of wellbeing have been neglected.

Well-being in older age is a complex nexus of social connectivity, physical mobility, maintaining independence and activity. Functional ability is an important part of wellbeing but only one aspect of this complex concept. Within social gerontology 'ageing in place' is often discussed in terms of 'place attachment'. The meaning of home and experiences of it by older people can become radically transformed in later life, especially when geographical space becomes constrained through reduced mobility. Simultaneously, there is an increasing awareness that a sense of belonging to and participating in the local community is key to a 'good life' for older people, with place attachment playing a role in maintaining identity and social connectivity and social interactions. The boundaries of a person's sense of place may vary across individuals and across the life course in times of transition, these boundaries may move from the city, to the neighbourhood, the street and to the home as people become less mobile.

The symposium will begin with a presentation by the Newcastle 's Elders Council charting the evolution of Newcastle AFC. It will then be followed by three papers

Paper 1

Rachel Clarke

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[Danilo Di Mascio, Clara Crivellaro, Peter Wright]

Shared Mobilities: Technology Design for Dialogues on Age Friendly Cities

Mobile phones are increasingly used as personal tracking devices to map and chart routes, but also for collecting data used for decision making in city planning. However there are many challenges and limits when understanding individual experiences of movement within specific places using mobile phones, particularly for older adults where access may be limited. We present preliminary insights for a series of 'City Walks', a design-led sensory ethnographic approach to exploring several mobile technologies to document and share experiences of mobility in the urban environment with older adults. The walks form part of a long-term research project MyPLACE, to develop digital tools to engage citizens in collecting evidence to inform planning for the age friendly city. We focus here on the first phase of our work in partnership with the Elders Council, a group of politically active older adults who campaign for greater awareness of age related issues and visibility within the city of Newcastle upon Tyne, UK. We discuss how individuals highlighted inclusive strategies involving both physical and place-based interaction using technology within the city, the importance of paying attention to and opportunities for place-based social connections, while also communicating experiences of changes in sensory perception and the challenges this presents when moving around the city.

Paper 2

Dr Jayne Jeffries

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[Katie Brittain, Victoria J Wood]

MyPlace: Reconceptualising Mobilities and Transition in the Age Friendly City

MyPlace is a collaborative research project in Newcastle upon Tyne (UK), which brings together a range of (non)academic stakeholders and local statutory and voluntary sector organisations to explore the way that people's mobilities change with age and over time. We explore the use of digital technologies, providing empirical evidence to understand the role of mobilities and transitions in the context of an Age Friendly City. Firstly, we illustrate the potential of different digital technologies to create new opportunities for re-conceptualising and enhancing older people's everyday mobilities and transitions in place. Secondly, we show that such digital technologies may facilitate new mobilities of place in the future, which cross-cut the social, cultural, political, economic and service landscape. Finally, we outline how a politics of transformation may overcome exclusionary practices and dissolve hierarchies when working with publics and stakeholders to envision a more inclusive Age Friendly City in the future.

Paper 3

Mary Nicholls

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[Barbara Douglas, Cathy Bailey, Rose Gilroy, Joanna Reynolds, Claire Webster-Saaremets, Laura Warwick, Vera Bolter]

Growing older in my home and neighbourhood: a public conversation

Abstract: UK housing, health and social care policy suggests the country is not ready for ageing. More people are living beyond 80 years. Whilst this is celebrated, some are living with three or more complex conditions such as dementia and chronic illness. Recent prevention and enabling strategies seek to prioritise need through a 'people first' approach, exemplified through personalisation and personal budgets. This strategy is likely to lock people into severely stretched, systems and services. Initiatives become hindered by short term resourcing with lack of longer term, NHS financial savings. What do older people think helps or hinders staying well and connected and do their solutions fit and work with existing models of design, commissioning and delivery of services and supports? We the Elders Council, Newcastle; Northumbria and Newcastle Universities and Skimtone Arts, addressed these questions through a eight month, participatory, citizen conversation with 22 older citizens, aged over 50 to late 80s, living in Newcastle upon Tyne, north east of England. Research, social media and intergenerational drama tools guided the conversation. Our community conversation suggests that older people are a considerable asset to communities and across and within generations, there is informal, often taken for granted, embedded, practical action, securing self and mutual help. The value of this asset is enhanced when it is recognised and supported and there is good interface with formal services and support. It

needs to be taken into account in the planning of housing and neighbourhood, drawing on concepts such as the '20 minute neighbourhood'.

Rose Gilroy
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Negotiated mobility: temporality and transitions

This proposed symposium brings together researchers exploring issues funded by the EPSRC under the Life Long Health and Well-Being call. The call set out the increasing importance of understanding the role of mobility in promoting healthy and longer lives where mobility is understood as an engagement with the world specifically with local and more distant amenities and with social experiences. This engagement is constantly being re-negotiated through the challenge of multiple transitions: subtle or traumatic physiological or psychological changes in the individual; changes in the physical, social and service landscape; enrichment and erosion of access through financial and familial changes. These play out against a background of fiscal austerity in which services, facilities and the local retail and employment landscape are changing.

This symposium brings together researchers exploring a range of mobilities from those focused on corporeal practices and those exploring how a range of communities and individuals engage with technology to enhance older people's mobilities and make these transitions more positive. A common thread is seeking to understand how the design of buildings and spaces, as well as policies and programmes can offer greater support

The papers here span those exploring modes of working with members of the public and stakeholders gathering evidence and experiences of mobility; papers that look to re-conceptualise mobilities, and those presenting empirical evidence of meeting transitions.

Paper 1
Sarah Wigglesworth
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Resilient design strategies through participatory design: lessons in Well-being from the DWELL project.

At the present time, older people that have capital tied up in their family home and those with salary-related and index-linked pensions have choices that are not being met by housing providers. Those with few assets or in need of additional care have fewer options but they still need appropriate choices if they are to live happy, fulfilled, healthy lives. Older people are consistently cut out of the discourse on what makes a suitable set of choices for them, and participatory design research that involves older people can help address the shortcomings of a system in which people are treated either as passive consumers of a 'product' or as residents on whom housing is imposed by others.

The DWELL Project (Design for Wellbeing in Environments for Later Life) aims to show how the opinions, desires and needs of the older person are key to housing that provides for the mobility and wellbeing of this group. Using evidence gathered from the engagement sessions that lie at the heart of the project, this paper aims to demonstrate the insights that such work can give the designer. Through reflecting on the carefully managed process of feedback and testing proposals with older participants, the project ultimately aims to show how it can help develop a set of choices that are more tuned to the needs of this group of people.

Key words: older people, research by design, well-being, participatory design, co-design, age-friendly environments

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Paper 2
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[Liz Andrews Senior, Dr Katia Attuyer]

Driving cessation among the over 55s: Just a private matter?

Statistics demonstrate that growing numbers of older people are car drivers and there is evidence that increased use of a private car is linked to substantial increases in trip rates and trip lengths among those over 65 years of age.

Academic literature suggests that policymakers have failed to recognize that the growing auto-mobility of older people means that they are not only making more trips and longer trips than in the past, they are making the kinds of trips least amenable to the use of alternative modes of transport. This gap in awareness is worrying given that research makes clear that as people experience physical and/ or cognitive changes as well as shifting financial circumstances their use of a car declines and stops. If being mobile is a key factor in maintaining physical, cognitive and social well-being how can policy makers and practitioners respond?

This paper considers that it is time to shift the discourse from driving cessation as a private matter to one of national concern. It draws on quantitative and narrative data from people aged 55 and over who have regulated or stopped driving to consider what strategies they made and implemented. The paper then draws on discussions with a range of policy makers to consider how prepared they feel and what possibilities there are for action.

The evidence is taken from ongoing research under the project Co-Motion led by York University. It is one of seven projects funded by the EPSRC under the Life Long Health and Well-Being call.

Paper 3

Ben Spencer
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Reflections on cycling experience in later life: diaries and discussions

cycle BOOM* is a three-year study (commenced October 2013) led by Oxford Brookes University to develop a better understanding of how the design of our towns and cities, along with bicycle technology, is shaping older peoples' experience of cycling. The study is examining how this affects older people's willingness to engage with cycling as a means of mobility, and how this contributes to health and wellbeing.

cycle BOOM is using multiple methods with participants to explore their experience of cycling at a range of timescales. This includes conducting life history interviews of previous cycling experience, observing and video recording older people's experience of cycling followed by video elicitation interviews with older cyclists, and finally, conducting cycling and wellbeing trials with those new or returning to cycling.

The paper will outline these varied approaches to understanding temporality, and the relationships between them, before focussing on findings specifically generated from the cycling and wellbeing trials. This involved participants committing to using cycling, either on a loaned electric assisted bicycle (e-bike) or a pedal cycle, over an eight-week period and keeping a diary of their experience. The paper will examine the main themes arising from close visual and narrative analysis of diary entries and also from focus groups conducted with participants after the trial was completed. It will conclude by highlighting the opportunities and challenges of re-engaging with cycling in later life and its relationship to later life transitions.

Chair: Paul Higgs
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Personhood, Agency and the Fourth Age

The notion of a fourth age as 'an era of final dependence, decrepitude and death' was elucidated by Peter Laslett in his 1989 book 'A Fresh Map of Life'. Since then a number of writers and researchers have explored the idea of a fourth age both as a distinct demographic emerging from the ageing of ageing societies (Baltes and Smith and as a cultural imaginary embodying much of the fear of old age against which 'third age' culture has struggled (Gilleard and Higgs, 2010). Central to such fears is the loss of agency that seems to be associated particularly with late life dementia and 'going into care'. Earlier writings that highlighted the 'burden of care' associated with age associated mental and physical infirmity described dementia in terms of a 'loss of self' or more extremely a 'social death' were contested by writers such as Tom Kitwood who argued for an enduring personhood despite the progressive impairments of dementia (Kitwood, 1997). Person-centred care (PCC) has served as an important framework in long term care settings and training in PCC has become a routine element in the practices of many care workers.

Dementia is one manifestation of a broader problem facing people experiencing progressive bodily and mental infirmity in later life, namely the over-generalised assumption of dependency and decrepitude that may undermine any expression of agency and personhood. On the other hand, there are those who claim that assumptions of an 'unimpeachable' personhood only lead to conflicts and frustration in care relationships especially when carers

and the cared for are faced with a lack of congruence – or reciprocity – between their respective desires and needs. Such problems highlight the importance of care narratives and practices that demand or deny personhood and agency 'in the shadow of' the fourth age.

The aim of this symposium is to promote sociological discussion of the concepts of agency and personhood in the context of 'deep' old age. To what extent does the idea of a fourth age as 'ageing without agency' illuminate aspects of old age and to what extent does it obfuscate both its potential and its limitations? The papers in this proposed symposium address these questions drawing out the strengths and weaknesses of the idea of a fourth age imaginary.

Paper 1

Paul Higgs
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Personhood and the fourth age

A key aspect of debates around the fourth age concerns the representation it implies about people with dementia and their ongoing personhood. A major concern is the generalised assumption that dependency and mental decay undermine expressions of agency and therefore of personhood. An important research question is consequently how fourth age understandings of dementia and frailty impact on ideas of personhood, at both an interpersonal and societal levels and the extent to which such effects are mediated by the conditions of their abjection. To address this, a number of related questions will be examined:

What constitutes personhood in social life and what aspects of dementia and frailty contribute most to the idea of dementia as incomplete or non-personhood?

How far does the idea of abjection help understand this process of withdrawing attributions of personhood from mentally frail individuals?

What are the personal and social consequences of these ideas of spoiled or incomplete personhood for frail older people themselves and for their carers?

The paper will argue that the debates around personhood and dementia need to engage with the role of the fourth age as a social or cultural imaginary in creating a state of ageing without agency.: The paper seeks to provide a framework for the development of research on the role of the social imaginary of the fourth age in promoting or inhibiting a positive approach to the care of older people with dementia

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Paper 2

Jan Baars
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"The Fourth Age: just another challenge for Personhood and Agency"

Personhood and agency only seem opposed to the dependency of the Fourth Age when they are understood as signs of independence. Such an interpretation neglects that agency and personhood emerge from experiences of individual, social or biological heteronomy. Social imaginaries of the Fourth Age represent just another challenge to personhood and agency and play a constitutive role in these imaginaries. These concepts, therefore, need to be critically inspected with regard to their abstract opposition to situations of dependency that accompany persons over the life course. This reflection leads to a search for concepts that could be used to understand these challenges but that avoid abstract oppositions such as dialectic, difference, or transition.

Paper 3

Chris Phillipson
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[Amanda Grenier]

Theorizing Late Life: A Re-appraisal of Agency in the 'Fourth Age'

In recent years, the construct of the 'fourth age' has emerged as a complex socio-cultural construct located at the intersection of age and impairment. At the same time, concerns have arisen about the how the idea of 'human agency' is understood and operationalised within the period known as the fourth age. The paper reviews debates on agency in late life in order to assess the relevance of existing frameworks. Considered in relation to complex realities such as impairment or cognitive decline, the analysis is organized around the following questions: how do circumstances considered typical of the 'fourth age' challenge current understandings of agency? How might we better understand and account for agency in situations of frailty and impairment? The paper will point to the challenges that exist between constructs of the fourth age

and conceptualisations of agency. In particular, the analysis points to the contradictions and tensions that are rooted in binary understandings of agency as either present or absent, in notions of agency as 'active voice', and in situations of reduced communication. The conclusion will develop approaches that reach across critical and cultural perspectives in gerontology in order to develop a reappraised sense of agency in late life.

Chair: Paul Higgs
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Travel in later life: academic tensions and critical perspectives

Older people appear to be increasingly mobile, both in terms of their everyday mobility and their leisure and tourism travel. They are also generally traveling greater distances and for longer periods than before in a way that would seem to indicate a growing ability and desire to travel. On the one hand, this is widely viewed as a good thing since the enabling of more and further travel by older people sits well with active and positive ageing agendas and can be easily connected to the varied social benefits we know are often associated with mobility. Yet, on the other hand, certain trends in leisure travel amongst older people can be a significant source of anxiety for those working on intergenerational justice and the resource use implications of changing consumption patterns. Meanwhile the field of tourism studies seems increasingly alive to what is often portrayed as an underdeveloped market comprised of retirees with the time and money for many trips.

This symposium will consider the different ways in which we might understand older person travel at a range of geographical scales, explore the tensions between relevant research approaches, and question how they may be productively combined in future. When does positive mobility morph into environmentally damaging travel, how and why have studies tended to focus on particular aspects of older person travel, and what topics have been comparatively overlooked? In seeking to answer questions such as these, the aim of this symposium is to highlight and reflect upon the divergent representations and understandings of later life mobility that we currently have. After a series of presentations, the session will conclude with a critical discussion of the issues that they raise led by a discussant.

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Paper 1
Gary Haq
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Meeting the Diverse Travel Needs of an Ageing Population

Abstract: The ageing of society is resulting in different patterns of consumption and travel behaviours, reflecting wealth, age, health and social needs. Reduction in household size and changing lifestyles in later life are having an impact on levels of energy use and carbon emissions. In particular, baby boomers are re-inventing old age basing it on new consumption and leisure-oriented lifestyles, where travel and cosmopolitanism are key features. Many are highly car dependent and enjoy international air travel. In contrast, some older people are challenged by poor health, limited mobility and financial resources. How can we meet the diverse transport needs of an ageing society in a sustainable way?

This paper will discuss the differing travel patterns of older people in later life and their contribution to carbon emissions. Based on learning from a number of community-based projects, it will present a range of approaches that could be used to promote pro-environmental travel behaviour change in older people while identifying the potential barriers for this demographic group. The paper will outline the benefits and risks of walking and cycling. It will examine the potential impact of innovative transport technologies on older people's travel. It will conclude by providing a number of recommendations to meet the transport needs of ageing society in a sustainable way and outline potential areas for future research.

Paper 2
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The need for social and recreational mobility in later life

Transport solutions provided for older people are usually centred on practical or utilitarian notions of derived mobility to meet "essential" needs, for example community transport to aid people shopping and visiting doctors or hospitals. However, people aged 60-69 years travel more than other age groups for social and recreational purposes, especially shopping and visiting family and friends. This

reduces among 70 years and older, against their wishes, largely due to transport issues. This presentation draws on re-analysis of 148 interviews carried out over four research projects over the past five years involving people aged over 65 resident in the UK, some of whom have given-up driving, some still driving, from a variety of backgrounds. Findings suggest that despite great anxiety about the issue, utilitarian needs (including shopping, accessing health services, caring for others etc.) tend to be met for people in later life, even after individuals have given up driving, through social support, lifts, using paratransit, public or community transport. However, crucially missing are social and recreational journeys, mobilities and associated activities (visiting friends, family, recreational activities, tourism, going on a journey for its own sake etc.) which are not so easily be replaced. This presentation will look at how this can be improved through a variety of mobility practices including literal, virtual, potential and imaginative travel solutions to improve health and wellbeing among older people.

Paper 3
Russell Hitchings

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[Susan Venn, Rosie Day Julia Hibbert]

Post retirement travel and the circulation of expectation

Abstract: This paper will begin with how relevant gerontological approaches frame the topic of older person mobility and the tensions that exist between them. In particular, we will consider how aspects of critical gerontology might themselves benefit from going beyond their usual geographical range to engage more directly with how post retirement travel of greater distances is commonly examined in other disciplines.

Then we will turn to the wider question of how expectations for post-retirement travel circulate within society. Where do ideas about where older people should be travelling for leisure purposes come from, how are they received by older people themselves, and what does this tell us about how cultural changes with important social and environmental implications come about?

In seeking to answer these questions, we draw on early findings from a UK study of leisure travel and the retirement transition. As part of this we spoke with leisure and travel service providers and with men and women aged 50-55 and not yet retired, recent retirees aged 60-69, and

an older cohort whose members were at least 75 in London and Birmingham (n=60). Drawing on this data, we compare how those in the tourism industry and those in these generational cohorts talk about how leisure travel should feature in older lives and identify some of the implications.

Paper 4
Martin Hyde

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Travel and transport trends in later life. Evidence from the National Travel Surveys 2002-2012.

Abstract: There is a dual discourse around travel and transportation in later life. Some fear that older people might be less able to travel, leading to social exclusion. Others suggest that they are travelling more than ever before, both nationally and internationally. The presentation examines, a) travel trends for different age groups from 2002-2012 and, b) whether there are differences in travel trends for different groups in later life. The data are drawn from 10 years of the, annual, nationally representative, National Travel Surveys from 2002 to 2012 (N = 236,249). The analyses show that, except for those aged 75+, there was a decline in the average number of domestic trips made, miles travelled and time spent travelling from 2002-2012 for all age groups. For those aged 75+ the number of miles travelled increased but they still travel less than other age groups. Rates of international air travel have remained fairly constant for all age groups from 2006-2012. In all years those aged 65+ were less likely to take any international flights and, when they did, they were less likely to take multiple trips than those in mid-life. Finally analyses amongst the 65+ reveal socioeconomic differences in the amount of trips made, distances travelled, time spent travelling and international flights taken. Thus, in contrast to concerns about a coming silver tsunami of, unsustainable, travel in later life the data show that older people travel less than other age groups and are a heterogeneous group with varied travel patterns.

Chair: Martin Hyde,
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Opportunities and obstacles to extending working lives. Multidisciplinary, lifecourse and cross-national perspectives

In response to the financial challenges of increasing life expectancy and population ageing Government policy in the UK and many other countries is to encourage increased labour market participation up to and beyond state pension age. 'Extended' or 'fuller' working lives are expected to deliver a 'double dividend' of reduced demands on public spending and an increased contribution to the economy through paid work and taxes. General improvements in the health of older people suggest that extended work-life is possible. In turn it is argued that this will have individual financial and health benefits. But there are also major challenges relating to continued labour market participation, legal inequalities and overall quality of life for older people. The association between work and health at older ages is complex. Although work in general may have positive benefits for health, working in poor physical and/or psychosocial conditions can be detrimental and studies have shown that statutory retirement can bring major health benefits. Concerns about extending working life have prompted protests across Europe which raise questions about how to enable people to continue working longer with good health, productivity and quality of life, as well as how to motivate them to do so. This symposium seeks to address these questions through multidisciplinary, lifecourse and cross-national perspectives. Such an approach is necessary if we are to unpack the complex processes around labour market participation in later life. The decision to continue working until later in life does not take place in a vacuum. It is affected by a series of overlapping spheres which encompass the workplace, the legal context, welfare systems and the individual's own lifecourse experiences. The papers in this symposium will explore each of these areas. The papers by Carr et al and Lain and Loretto focus on the impact that employment conditions have on working longer later in life. Following this Dewhurst provides an important, critical discussion of retirement legislation. Finally the papers by Platts et al and Corna et al take a lifecourse perspective to look at the socio-demographic factors that are associated with 'un-retirement' and the gendered nature of employment trajectories. Overall, these papers show that whilst there are possibilities for and benefits of extending working life there are also challenges that policy makers need to address if they are to realise this goal in an equitable manner.

Paper 1

Ewan Carr
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[Gareth Hagger-Johnson, Jenny Head, Nicola Shelton, Mai Stafford, Stephen Stansfeld, Paola Zaninotto]

Working conditions as predictors of retirement preferences and exit from employment: findings from the English Longitudinal Study of Ageing

Population ageing in Western countries has made delayed retirement and extended working life a policy priority in recent years. This study considers the role of the psychosocial work environment, recognising that, compared to other determinants of labour market exit (such as health and wealth), the immediate work environment offers a more modifiable target for intervention, particularly in the short-term.

Following Karasek's model of job strain, we examine how job demands and resources influence (a) retirement preferences and (b) transitions out of employment, for a nationally representative sample of older workers in England (N = 9,129). Overall, demands and resources are shown to be significantly associated with retirement preferences, but have little influence on the probability of stopping work. Workers reporting high levels of job demand (e.g. time pressure or working very fast) prefer to retire earlier, compared to colleagues experiencing lower levels of demand. Conversely, workers reporting positive job attributes (e.g. control or support) prefer to keep working. These associations held after controlling for demographic factors, wealth and health.

Improved working conditions for older workers can therefore contribute towards European policy objectives of delayed retirement and extended working life.

Paper 2

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[Wendy Loretto]

Workers over 65 in the UK: The new 'Precariat'?

UK employment over age 65 is currently rising, against a background of declining defined-benefit pension coverage, rising state pension ages and the abolition of mandatory retirement. Guy Standing (2011) argues that declining pensions mean older people are increasingly joining the 'precariat', by taking jobs lacking employment, job and income security. With a doubling in the number of people working past age 65 in the UK in the last decade, this raises the question of whether workers over 65 as a group represent the new 'precariat'. In this paper we therefore examine how employment at age 65-69 has changed between 2001, 2008 and 2013 using the UK Labour Force Survey.

The analysis reveals that employment increases past age 65, for both employees and the self-employed, are concentrated among those with long held jobs. We see a reduction in the share of workers over 65 in lower-level service jobs between 2001 and 2013, and a declining proportion of 65-69 year olds working part-time. This process of increased job continuation across a range of occupations and sectors would appear to be at odds with a precariat thesis. However, we argue that a different form of precarity may develop in the UK - that of people feeling trapped in their jobs. This is likely to exist alongside smaller numbers re-entering employment into lower level jobs. In this context, the forms of precariarity facing older people are likely to take be shaped by the national policy context.

Paper 3

Elaine Dewhurst,
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Are Mandatory Retirement Measures Dignified? Current Legal Conceptions and Future Challenges

The current legal conception of mandatory retirement measures is that such measures are directly discriminatory on grounds of age but that they can be legally justified where the imposition of a mandatory retirement age would avoid "unseemly debates about capacity" (Lady Hale, Supreme Court 2012). The legal regime, therefore, accepts what Martin Levine described as process rationality: it is inherently cheaper and more convenient to use mandatory retirement rather than individual performance appraisal in order to avoid some of the most costly aspects of such systems, most particularly, the "psychic costs" (Levine, 1988). Mandatory retirement is, therefore, viewed by the existing legal regime as inherently more dignified than performance appraisal in certain workplaces. This paper will analyse the rationale for the development of the current legal principles which reinforce this assumption through a legal analysis of the legislation and the judgments of the Court of Justice of the European Union and the courts in England and Wales. It will then challenge these underlying rationale and conclude that the imposition of mandatory retirement in a blanket fashion as an alternative to performance appraisal is, substantively, a form of stereotyping which undermines the very essence of the existing equality legislation (an argument which the Supreme Court has expressed sympathy with) and procedurally removes a valuable opportunity for discussions surrounding potential improvements or arrangements or the training needs of the older workforce. Challenging existing assumptions will provide much needed clarity to the existing legal framework.

Paper 4

Loretta G. Platts
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[Laurie M. Corna2*, Karen Glaser3*, Diana Worts, Debora Price]

Retirement Reversals: A lifecourse analysis using the British Household Panel Survey

Despite the complexity of the retirement process, research tends to treat it as a single, abrupt transition. This study takes a different approach. It uses panel data to study retirement reversals (unretirement) and their predictors. Retirement reversals were examined in 2043 British Household Panel Survey (BHPS) participants born 1920–1949, using survival analysis. Unretirement was defined as 1) reporting being retired and subsequently recommencing paid employment or 2) beginning full-time work following partial retirement (reporting being retired and working fewer than 35 hours a week). About one in seven BHPS participants, 16.4% of men and 13.0% of women, experienced a retirement reversal after reporting being retired. Three-quarters of the retirement reversals occurred within the first two years of retirement. The risk of unretirement was higher for participants who: retired at

a younger age, reported better health, had fewer chronic conditions, reported financial difficulties and owned a house with a mortgage (compared to owning it outright). Women who reported caring responsibilities were less likely to unretire. Married men unretired more often, as did single and divorced/widowed women. Both men and women who had career histories marked by full-time working were more likely to unretire. These results highlight how individuals' life courses affect both the desirability and the possibility of returning to the labour market in later life. As such, they contribute to understanding the factors which affect older people's participation in the labour force and thereby influence social inequalities in later life.

Paper 5

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[Diana Worts, Peggy McDonough, Amanda Sacker, Anne McMunn, Dalla Lana]

A Gendered Life Course Perspective on Older Adults' Labour Market Trajectories

68   Recent concerns over population ageing and rising public pension costs have prompted a push to extend working life in many western nations. However, the strategies adopted— removing workplace barriers and reducing access to non-work income—rest on an approach that glosses over considerable heterogeneity in older adults' labour market trajectories, and in the social and biographical factors that shape them. In this paper we adopt a comparative, gendered life course perspective to better understand older adults' labour market

involvement. Our data come from four nations with distinct approaches to women's and men's paid work over the life course: Germany, Sweden, Italy and the US. Our approach uses optimal matching analysis to model labour market biographies between the ages of 50- 69, and regression techniques to assess their gender-specific relationships to family circumstances and work experiences earlier in the life course. We find, for all four countries, that women are overrepresented in groups characterized by weak(er) labour market attachment in later life. This pattern is, however, much stronger for Germany and Italy, where breadwinning is highly gendered earlier in the life course, than for Sweden and the US. Similarly, family circumstances and employment prior to age 50 matter more for understanding male-female differences in Germany and Italy. Our findings highlight the imperative for policy-makers to look beyond a gender-blind focus on proximal workplace and pension related considerations, and to adopt a life course view of labour market involvement in later life.

Chairs: Richard Milne and Tineke Broer
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Changing Minds: Sociological perspectives on the neuroscience of ageing

The process of brain ageing and development from childhood to old age has become the subject of political, social and scientific interest, reflecting and contributing to a growing preoccupation with establishing and maintaining brain health (Moreira and Bond 2008; Pickersgill 2013; Rose and Abi-Rached 2013). However, there has been relatively little sociological analysis of how brain ageing as well as normality and pathology are defined, standardised and contested.

This symposium brings together researchers working in the sociology of science, medicine and health to explore practices through which the ageing brain is understood. The researchers examine how, where, and by and for whom normal brain ageing is defined and its boundaries negotiated. They draw on a range of qualitative and ethnographic approaches, bringing together detailed studies of neuroscience laboratories, memory clinics and media discourses with analysis of the broader social meanings and implications of neuroscientific understandings of ageing.

The first paper in this session, by Alexandra Hillman and Joanna Latimer, presents an ethnographic study of two different sites – the laboratory and the clinic. The authors analyse how the 'acceptable' level of forgetfulness or impairment continually shifts through scientific debate as well as negotiation between clinicians, patients and families.

The second paper, by Richard Milne, looks at research into Alzheimer's disease by exploring social and ethical questions arising from the use of cohorts as resources for further studies through deliberative workshops with cohort participants. It concludes by arguing for the importance of responsiveness and collective obligations in such research.

The third paper, by Tiago Moreira, explores how the technique of the interview constructs dementia. The author analyses clinical, standardised and qualitative interview techniques and shows how, while they enact

different versions of dementia, these versions have also become mutually dependent on each other.

The last paper, by Martyn Pickersgill and Tineke Broer, analyses the way commercial brain training games are being accounted for in the media, showing how journalists present these games as part of a desire to be young where ageing gets paradoxically reconceptualised as a lifelong process.

By studying a range of practices, the symposium provides a platform for critically discussing and comparing these and how they shape (our understandings of) ageing and the ab/normal brain. This will help to critically appreciate the role of the neurosciences in how we come to understand ageing, as well as open up different possible ways of understanding the ageing brain and, ultimately, ourselves.

Paper 1
Dr Richard Milne
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Developing responsible futures for Alzheimer's disease research

Research into Alzheimer's disease increasingly focusses on targeting the disease process earlier in life, a preventative approach reflected in recent major initiatives including the UK Dementias Platform (DPUK) and the European Prevention of Alzheimer's Dementia (EPAD) project. These projects also represent a second emerging theme in dementia research - the re-use of existing cohort studies. Longitudinal studies of ageing provide a rich resource in terms of data, biological materials and established relationship between participants and researchers and study infrastructure. However, the identification of cohorts as resources for further studies raises a range of social and ethical questions. This paper explores some of these questions through the example of a longitudinal cohort study currently considering inviting participants to take part in trials of interventions to promote healthy brain ageing and prevent or slow cognitive decline.

The paper reports the findings of an innovative 'deliberative mapping' (Burgess et al. 2007) project with cohort participants. These involved a series of small group meetings and a day workshop aimed at opening up the decision making process about the future directions of research and allowing participants to develop their own framework and criteria for discussion, and to engage with experts. The paper presents the outcome of this work, and connects it with current policy discussions around responsible research and innovation (Owen et al. 2013) to

argues that 'responsibility' in AD research requires an emphasis on responsiveness and the identification of collective obligations in research.

Paper 2
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Dementia and the interview

In the last two decades, there has been increased interest in the social sciences in exploring and understanding the shifts associated with what Richard Adelman once labelled the 'alzheimerisation of ageing' (Adelman, 1995). In this the focus has mostly been in tracing the ways in which new biomedical knowledge and technologies have reconfigured the role of memory in ageing, and in debating the extent to which this has affected social institutions and how individuals manage health and life course processes. In this, less attention has been given to the more mundane technique of the interview in assembling dementia as an epistemic object. In this paper, drawing on transcripts, ethnographic and documentary data, I explore how clinical, standardised and qualitative interview techniques are used to enact different versions of dementia. I suggest that these versions have become mutually dependent on each other in contemporary dementia research and policy and discuss the consequences this might have for persons living with dementia.

Paper 3
Alexandra Hillman
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[Joanna Latimer]

Ageing and the neuroscientific turn: dementia, neurodegeneration and the ab/normal

Drawing on two ethnographic studies, one of dementia in the clinic and the other on biogerontology, this paper explores the role of dementia/neurodegenerative disease in narratives of ageing, and the dominance of ageing in discussions of dementia/neurodegenerative disease. The social science of ageing has shown considerable interest in the ascendancy of the neurosciences in recent decades and the implications of this ascendancy for the re-configuration of the boundaries between 'normal' and 'abnormal', between 'natural' ageing and degenerative brain disease. Comparing our interviews and observations of biomedical

scientists in the fields of Alzheimer's disease (AD), dementia and biogerontology, with transcripts of memory clinic consultations, and interviews with older people and their families, we examine the contingencies and precariousness of how distinctions are made regarding what counts as signs of 'normal' or 'abnormal' ageing. We hold these against people's experience of AD or another dementia. Our analysis highlights how the 'acceptable level' of forgetfulness or impairment (that which is deemed normal for an individual's age) is continually shifting, as a result of both continued debate amongst scientists and clinicians, as well as in the everyday interactions that occur in memory clinics, where decisions regarding the cause of a person's memory problems are negotiated between clinicians, patients and families. We end by discussing the significance of our findings for understanding the relations between how 'normal' and 'abnormal' brains, and 'normal' and 'abnormal' ageing, are being constituted in the clinic and the laboratory.

Paper 4
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[Martyn Pickersgill]

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Gaming to be Young? Media Accounts of 'Brain Training' Games and The Reconceptualization of Ageing

Recent sociological literature has analysed how the concept of ageing has changed, a development accelerated by drugs and technologies which create possibilities for people to (appear to) function as younger. In this paper, we explore UK-media discourses on cognition, aging, health and enhancement, by focusing on commercial brain training games such as Nintendo's 'Dr. Kawashima Brain Training'. These articles can be seen as cases of science communication concerning brain science and the conceptualisation of ageing. We analyse how journalists draw on the repertoire of self-improvement and enhancement to frame the games. We show how these brain training games are being presented as part of a desire to be young, where ageing paradoxically gets reconceptualised as a lifelong process. Partly through this reconceptualization, brain training games and the way they are discussed in the media contribute to technologies for people to think about and act upon their brains in ways that were previously not or less possible. As well, we analyse how media discourses critically engage with the science underlying the games, as well as with evidence against effectiveness of the games, and thus we reflect on how

evidence figures in their stories. In the conclusion, we discuss what these games and the way they are accounted for in media articles mean for science communication, the conceptualization of ageing, and what it means to be human.

Chair: Bridie Moore
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Chair: Clare McManus
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Presentation no. 1:

Exploring Age Awareness Through Contemporary Performance Methods.

1. Arts, culture and ageing.

2. Methodological approaches to researching later life.

Oral presentations and practical workshop Hans Theis Lehmann in Postdramatic Theatre proposed that contemporary or 'postdramatic' theatre forms focus on 'the performer as theme and protagonist' (2006: 25). In this workshop/symposium we will explore and demonstrate ways in which contemporary or 'postdramatic' One to One and interactive performance forms might promote age awareness and thus challenge dominant age ideology, as older people's lived experience becomes the content, and older people themselves become performer/protagonists in intimate and immersive theatre. The symposium/workshop will open a discussion around the potential of intimate and interactive performance to promote age awareness and to challenge dominant age ideology.

The symposium will consist of four parts, beginning with two oral presentations on the theoretical starting points from which two, very different, performances that consider age and ageing – A Blueprint for Ageing and Tread Softly – have developed. A Blueprint for Ageing is an interactive performance co-produced with Passages Theatre Group, a group of older people who have been meeting over the past 3 years to explore representations of ageing in theatre. Performer Clare McManus's Tread Softly is a One to One performance, which springs from the experience of caring for her mother who had vascular dementia. Uniquely for this symposium the workshop leaders will then demonstrate part of Tread Softly, a performance that is usually a private experience involving only two people but in this demonstration will place workshop participants in

the unique position of witnessing a One to One in progress. This aims to help assessment of the potential of this form to engage with issues of ageing, identity, loss and dementia. Participants will then be invited to take part in a series of exercises that have been developed by Passages Theatre Group, which explore identity through time and representations of ageing.

The workshop will be led by Bridie Moore and Clare McManus with the assistance of members of Passages Theatre Group, a practice-as-research group, which has been researching the performance of age and ageing as part of Bridie Moore's PhD study since October 2012.

Abstract: oral presentation by Clare McManus I trained and worked as a performer in the alternative theatre of the 70s and 80s, a working world of communes and co-operatives, and a performing world of community venues and non–theatre audiences. Exploring routes back to that performing self three years ago, I embarked on an MA focusing on contemporary theatre and performance. Much of the practice I encountered was new to me, as audience as well as performer, particularly work around the interface between live art and theatre. However, I found that the paradox of One to One Performance, a closed performance limited to two people, created a greater space for what Rachel Zerihan calls 'affinities of affect' (http://www.shef.ac.uk/english/people/zerihan) than more conventional forms. The focus on performance rather than acting enabled the mining of deeply personal material creating an authentic base for mutual transactions between performer and audience member, and the concept of performance as a gift underpins the ethos of the encounter. Issues of intimacy, confidentiality and responsibility are constantly under negotiation to create a safe space for performer and audience member. The form is very different from earlier experiments in alternative theatre, but the desire to create a shared experience outside a conventional theatre space remains the same. The presentation will explore how this form can illuminate issues of ageing, identity, loss and dementia.

Abstract: oral Presentation by Bridie Moore This short presentation will explore the ways in which taking part in contemporary immersive forms of theatre confounds expectations of older people's performance and it will also develop ideas about the representation of older people in contemporary performance settings. The presentation will briefly outline how Passages Theatre Group devised A Blueprint for Ageing, discuss how the audience participated in and received the performance and also make an assessment of its potential to promote age awareness and to challenge dominant age ideology.

A Blueprint for Ageing This is an immersive and interactive performance for a maximum of 15 audience members. It explores the way, historically, ageing across the lifespan has been mapped and prescribed by commentators, by the media, by literature, drama and the visual arts. It also explores the idiosyncratic and particular lived experience of ageing as experienced by both performers and participant audience members. It is gently interactive, so participants should be prepared to contribute to the performance, however we will not insist that you do so, thereby everyone's own willingness or reluctance to interact will be accommodated within the performance.

Tread Softly - This One to One performance (for one participant at a time) springs from the performer Clare McManus's experience of caring for her mother who had vascular dementia. Participation in the performance requires openness to a developing dialogue and interaction between the participant and the performer. The piece will be different every time in response to each participant.

About the presenters: Bridie Moore is an AHRC funded PhD candidate at the University of Sheffield, she is researching the performance of age and ageing and has formed Passages Theatre Group as a practice-as-research group. Passages, whose members are all over the age of sixty, has given performances of two shows – Life Acts and A Blueprint for Ageing – to community groups, sheltered housing projects, the general public and university audiences since the group started in October 2012. Passages is a 'Shared Learning Project' with the University of The Third Age.

For more information about the work of Passages Theatre Group see the BSG Ageing Bites video on http://youtu.be/l2CyFSm6HB4 or click here for a short clip of A Blueprint for Ageing http://youtu.be/NJ60x79BinE

Chair: Andrew Newman,
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Challenges of the research process: reflections on the progression of research in visual art groups for people living with dementia and those who care for them

There is a growing interest in the role of creative activities for improving the quality of life for people living with dementia and those who care for them. In the UK, Dementia and Imagination is using a range of methods to understand the role of visual art making and viewing. This symposium discusses some of the research challenges encountered so far in conducting this multi-disciplinary, mixed methods research.

Mixed methods research can present challenges through the different perspectives between the deliverers of the art sessions and researchers. This includes issues such as researchers being sensitive to individual's creative engagement or process whilst collecting independent evaluations.

This symposium will consider ways in which researchers can learn from and build upon past experience. In reflecting on the research process itself, we will convey some of our observations on conducting community research with people living with dementia, those who care for them and artists in a variety of settings.

Each paper presents some of the challenges that have been raised during the research process. In our four papers we refer to difficulties in recruitment at the outset of a study, challenges to the way in which research, researchers and the researched are encountered, and the very issue of convincing people to engage with the research.

Catrin Hedd Jones discusses the challenges of engaging people living with dementia to attend a three month visual art programme and the methodology adopted to recruit people to the study.

Kat Algar examines an art intervention from the perspective of participants with dementia, care staff, and the artists, with emphasis on the change in care home staff attitudes.

Teri Howson considers process versus outcome in a visual arts intervention and the difficultly of demonstrating process beyond the art session.

Dave O' Brien will be discussing the specific role of artists as researchers, reflecting on the issues associated with working across and between the sciences and arts and humanities.

The symposium concludes with discussion on the ways we can improve upon delivery for the future.

Paper 1
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Is seven the magic number? The experiences of recruiting people living with dementia to a visual art group research study.

A key aspect of this research is a mixed method evaluation of a visual arts programme called Dementia and Imagination. It involves groups of people meeting weekly for a couple of hours over three months. The groups, led by artists, are encouraged to view and discuss artwork on display before individuals make their own artwork inspired by the pieces discussed in the group. The study examines the potential well-being benefits of encouraging access for people living with dementia into stimulating cultural centres.

Two thirds of people living with dementia live in the community (Alzheimer's Society, 2013) and isolation is a common factor for people living with memory impairment. Numerous opportunities exist for social engagement but attendance at some groups can be low. The barriers to engagement and challenges related to successful recruitment will be shared with delegates. This paper focuses on the recruitment process within three regions in Wales. People living with memory impairment and living independently were recruited from the community. The strategy adopted to successfully recruit four consecutive groups over a year will explain the importance of a multifaceted approach to raising awareness and interest in a new programme.

Debates about the optimum number for a group dynamics have also been included and a number of recommendations for overcoming some of the issues facing those working to reduce isolation for people living with dementia in the community will be included.

Paper 2

Katherine Algar
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"I thought you'd be wasting your time, if I'm honest": A qualitative exploration of the impact of a visual arts programme for care home residents with dementia

There is a growing interest in the use of art as a psychosocial intervention for people with dementia and emerging evidence for their benefits, particularly on well-being and quality of life. This presentation focusses on the qualitative results of an exploratory study aimed to evaluate a visual art programme for care home residents.

A visual art intervention was run in two North Wales care homes for people with dementia. The sessions were led by a visual artist and two artist volunteers and included a wide range of activities covering a range of different techniques. A visit to a local art gallery provided inspiration for the activities. Qualitative interviews and group discussions were held with participants with dementia, care staff, and the artist team. Field notes were also made during the intervention and from videotapes of sessions and end-of-intervention celebration events.

Results are presented from the perspective of the participants, care staff, and artist team. Themes that emerged included the positive impact of the intervention on the participants, the change in staff attitudes towards the intervention, and the benefits of having an artist lead the sessions. Recommendations for future research are suggested.

Paper 3

Teri Howson
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Process versus outcome? Considering different approaches to the production of art made by people living with dementia in a visual arts intervention

Abstract: The Dementia and Imagination study involves the production of arts outputs that have been produced as part of visual arts interventions for people living with dementia.

The study has stressed the importance of art viewing and art making for people with memory difficulties. Our research methodology includes standardised research observation tools and sessional evaluations by artists and participants to capture this aspect of the research. Some of the art sessions have been structured as sensory installations using film, light and sound. Participants have also been invited to utilise art materials in unconventional ways. This process reflects the participant group who may have inhibited communication and movement.

At the same time, participants often produce physical outputs from the art making sessions and it is inevitable that outcomes are appreciated and/or judged for their aesthetic value and quality. As part of the study each site has incorporated private celebratory events with some work being shown through local exhibition. The study is also looking to share some of the artwork more widely through exhibitions and activities at the end of the intervention period of the study.

This paper provides a dialogue of the discussion within our own study and considers how we can balance considerations of process along with outcomes and how process can be communicated as a less tangible product of a visual art intervention.

Paper 4

Dave O'Brien
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Through artists' eyes: methods, research and representation in Dementia and Imagination

This paper considers the perspective of artists working as part of a research project that asks whether art can improve life for people with dementia and their carers. The paper suggests that whilst the focus of much research on arts and dementia, as with arts and health more generally, is on the impact for those considered to be recipients of interventions, there are important elements of interventions that have implications for practitioners. The paper draws on focus groups with artists working on the Dementia and Imagination project to explore the relationship between artistic practice and the research process; the impact of the research on the artists' practice; and the impact of the research on the artists' perceptions and understandings of dementia. The paper highlights the importance of understanding artists' approaches to research, thinking in particular of how these might contrast, compliment and conflict with standard social scientific approaches. The paper concludes with

preliminary conclusions on what the value of such perspectives may be.

Chair: Stuart Parker

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[Sarah Barnes, Anette Haywood, Andrew Booth, Mike Nolan, Hazel Marsh, Kaarin Piegaze-Lindquiste, Andy Dearden, Judith Torrington]

The Physical Environment in Acute Care Older People

In a project funded by the NIHR Physical Environment research panel we brought together a multi-disciplinary research team to perform a synthesis of the design and healthcare literature on the physical environment for older people in acute care. We combined the review with stakeholder views and an architectural evaluation of design quality and building performance with reference to the needs of older people with frailty and dementia

In this symposium we will present and discuss the findings from our research activities in this project which included

- a literature review to identify the evidence base for good healthcare design practice;

- an architectural evaluation of design quality in three different health care environments in which acute care was routinely provided (an acute hospital, an elderly rehabilitation inpatient facility and a care home)

- eliciting the perspectives of older people who experienced an acute care episode, through semi-structured interviews, after discharge from each of the acute care settings

- examining staff perceptions - primarily via focus groups, with one group being held in each of the three care environments.

Conclusions were developed between the members of the interdisciplinary research team.

In this project we took a broad view of the nature of evidence, and the types of environments in which older people experience an episode of acute care. We have been able to demonstrate that deconstruction (and to some extent re-construction) of these complex issues can lead to an enhanced understanding of real world problems which

may be described as described as 'difficult to solve' due to their contradictory nature and resilience to resolution.

Our overall conclusions are that the issues of designing acute care environments to meet the needs of frail older people and people with dementia are complex and "wicked" in nature. Solutions will require creative approaches to resolving multiple tensions between the needs and requirements of patients, carers and the health system. Future research should acknowledge the multidimensionality of the problems and use research designs which are capable of resolving complex interactions between variables.

To assist future designers, researchers and clinicians we have produced an evidence based design guide, based on the literature review findings, an architectural design guide based on the architectural review findings and evidence form the literature, and a set of key recommendations on basic design layout, new buildings, improvement to existing buildings and day to day management of space.

Paper 1
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[Annette Haywood, Mike Nolan, Hazel Marsh, Kaarin Piegaze-Lindquiste, Tim Gomersall, Anna Cantrell, Philippa Evans, Andy Dearden, Judith Torrington, Sarah Barnes]

Mind the gaps: omissions and tensions when designing a patient centred environment for older people with frailty and dementia in acute care. A systematic review of the healthcare literature.

In a pragmatic systematic review of the health care literature we examined features of the built environment considered important by older people with frailty or dementia and their carers. A per-protocol search (2000 to 2011) and a comprehensive follow up of citations across 7 health, architecture and general science databases was followed by a cross study narrative synthesis.

We found 2308 studies and reviewed 868 texts, 69 of which were relevant. We included data from 24 quantitative, qualitative and mixed methods papers in the review.

Four overarching themes emerged relating to tensions between research findings and patient and carers opinions;

- conflicting needs of people with dementia versus the needs associated with frailty

- aged population

- differences between staff and patient/residents' requirements

- and the tension of creating a safe and yet 'homelike environment'

Attitudes of patients with dementia to the built environment was identified as a research gap. Therefore we scrutinised 24 studies of the patient experience of healthcare for dementia more generally for relevant data relating to the built environment using an Evidence Based Design framework. Data not accommodated by the framework were interpreted inductively.

Despite almost universal acknowledgment that design considerations should be informed by research evidence, we found two significant challenges to consolidating the evidence base. First, studies tend to focus on single aspects of the built environment in isolation. Our perspective argues for a more holistic consideration of the evidence base. Second, data on patient experience of the built environment may be submerged within studies on their more general experience of healthcare providing considerable technical challenge to both identification and analysis.

Real world 'wicked problems' may appear unsuited to the tightly proscribed methods of the systematic review method. They therefore require innovative approaches to synthesis and a more holistic approach to the application and interpretation of research evidence.

Does the design of hospital environments meet the needs of frail older patients?

Paper 2

Sarah Barnes
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[Kaarin Piegaze-Lindquiste, Judith Torrington]

Does the design of hospitals meet the needs of frail older people?

Growing numbers of emergency admissions for older

people create an imperative for hospitals to develop facilities to meet the needs of older patients. Evidence-based design is increasingly recognised as a method for achieving a safe and effective hospital environment. The aim of this research was to identify design criteria and features that can improve the processes, quality and outcomes of acute services for older patients.

A design evaluation tool, specific to acute care settings in relation to the experience of older people, was developed. The tool was used to carry out a walk-through evaluation of the following 3 sites from an architectural perspective: acute hospital; in-patient rehabilitation unit; intermediate care setting.

Findings indicate that all sites achieved high scores in 'Safety & Hygiene'. The hospital achieved low scores in relation to 'Wayfinding', 'Dementia support' and 'Sensory support'. The in-patient rehabilitation unit achieved higher scores overall, largely in relation to the layout of the building, where straightforward circulation positively impacted on 'Wayfinding', and windows and courtyards had a positive impact on 'Awareness of Exterior'. The intermediate care setting achieved high scores in 'Physical Support' and 'Privacy'.

Despite ample guidance and evidence in support of better healthcare environments, there has been little systematic research to identify key features of the physical environment which contribute most effectively to the experience of frail older people in hospitals. This research, embedded in a multi-disciplinary project, represents a step towards identifying and evaluating existing knowledge, so that pragmatic design guidance can be offered to acute hospitals.

Paper 3

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[Anette Haywood, Hazel Marsh, Barnsley Hospital]

Exploring the components of a 'healing' environment: The perspectives of Older People, Family Carers and Staff.

This element of the project extended the focus of the study beyond the physical/built environment to explore how participants understood and experienced an environment that they perceived as being 'healing', and the contribution that the built environment made to this perception. Data

were collected in three care environments (an Acute Hospital, a Rehabilitation Unit and an Intermediate Care Unit) and comprised: semi-structured interviews with 24 older people and 17 family carers who had recently experienced an episode of care; three focus groups involving 18 members of the MDT; and periods 'shadowing' key personnel.

Analysis of the data revealed that a 'healing' environment is shaped by the complex interactions of four differing types of environments that we termed:

- The 'built environment' as defined by the project brief

- The 'relational environment' which comprised the nature and quality of the interactions between older people, family carers and staff

- The 'care environment' which was concerned with the perceived quality of the care older people received and

- The 'organisational environment' which was shaped by the extent to which organisational goals and the structure in place to achieve them either facilitated or inhibited the 'relational' and 'care' environments.

Overall the built environment was seen to play a relatively small part in creating a 'healing' environment which was shaped primarily by the dynamics between the relational and care environments. Conversely organisational imperatives often inhibited the creation of a healing environment. The implications of the results are considered in the light of on-going concerns about the delivery of high quality care to frail older people and suggestions made as to how care experiences can be enhanced.

Chair: Nick Payne
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[Suzanne Moffatt, Stefanie Buckner, Lynne Forrest, Melanie Rimmer]

Entitlement and Access to Resources for Older People in Relation to Health and Wellbeing

People in the UK are living longer than ever. An estimated one in three babies born this year will live to 100 (ONS 2013). But it is not enough to live longer, we also want to live well; in good health, with good quality of life, with good friendships and family relations, and feeling that we are of value to society. In the current climate of economic austerity in the UK, however, there is pressure on publically funded resources and services. Do older people have equitable entitlement and access to health and wellbeing resources?

This symposium will present four interlinking papers that investigate older people's entitlement and access to health and wellbeing resources. They present findings from recent research using a wide range of different methodologies. Dr Suzanne Moffatt of Newcastle University reports on a pragmatic RCT comparing older people who received advice about benefits entitlement with a wait list control, and examines the impact on health related quality of life and other outcomes. Melanie Rimmer of The University of Sheffield reports on a systematic review into whether older people have equitable access to healthcare and public health interventions. Dr Stefanie Buckner from The University of Cambridge reports a qualitative investigation of older people's experiences of welfare benefits and the implications of different entitlement regimes for older people's well-being. And Dr Lynne Forrest of Newcastle University reports on a text mining and thematic content analysis study of the way age is referenced in NICE guidance, and the implications for older people on their likelihood of receiving potentially beneficial health care and public health interventions.

These diverse studies explore a variety of cross-cutting themes. They describe patterns of inequitable access to healthcare and wellbeing resources by age, including information/guidance, services, material and social resources. They suggest that equality of entitlement does not automatically lead to equality of access, and explore the reasons why not. They investigate the role of entitlement and access with regards to health and important health-related concepts such as social connectedness and recognition. These studies also uncover some of the methodological and ethical difficulties of research in this area, and propose possible solutions.

The symposium seeks to bring together different approaches to investigating older people's entitlement to resources for health and wellbeing, and also their access and utilisation of those resources, and inform debate about the role of public provision in reducing health inequalities for older people.

Paper 1

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[Katie Haighton, Mel Steer, Sarah Lawson, Denise Howel, Martin White]

"I've worked all my life" Narratives on the impact of claiming welfare entitlements in later life

Many older people in the UK do not claim their full welfare entitlement, yet are likely to require additional income and support, including payments for care, domestic help and aids and adaptations to the home, especially those in poor health.

This paper presents qualitative research about the impact of a domiciliary welfare rights advice service on wellbeing and quality of life. The qualitative study is embedded within a pragmatic randomised controlled trial of 750 participants in North East England.

Fifty men and women aged over 60, living in urban, rural and semi-rural locations were purposively selected to take part in semi-structured interviews. Receiving welfare rights advice and additional benefits had a positive impact. Additional benefits were used for a wide range of items including: better quality food, utility bills, home services, travel. This translated into greater levels of mental wellbeing, independence, social connectedness and 'peace of mind'. The primary reason for not claiming was lack of knowledge particularly about non means tested benefits, alongside pride, stigma, digital exclusion and the complexity of making an application. Assistance from welfare rights services were regarded as necessary to facilitate accessing entitlements. Participants were concerned about the persistent negative stereotypes of benefit claimants from the media and government, but distanced themselves from 'others' perceived to be illegitimately claiming through narratives of hard work and lifetime contributions.

Welfare rights advice is a powerful intervention to assist older people to claim welfare entitlements, yet the current climate of austerity poses a severe threat to such services.

Paper 2

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[Nick Payne, Sarah Salway, Angie Rees, Lynne Forrest, Stephanie Buckner]

Inequitable Access to Public Health and Healthcare Interventions for Older People

Older people may be less likely to receive potentially beneficial interventions than those who are younger due to a range of factors operating at individual, family, community and health service levels. However, a clear understanding of how widespread, how serious or how avoidable such age-related inequities in access are, is hampered by a highly dispersed evidence base and limited rigour in many studies. Forming part of a larger programme of work funded by the NIHR School for Public health Research, this broad-ranging review aimed to identify, review and summarise the existing published evidence on age-related inequalities in the receipt of public health and health care interventions in older people.

Traditional database searching was used alongside a pearl-searching approach. Cinahl, Psychinfo, Medline and Embase were searched for papers published internationally between 1990 and 2013, and this was supplemented with key "pearl" papers identified by experts. These pearl papers were used to identify other relevant papers by citation chasing and reference searching. 11,370 potentially relevant papers were identified. A multi-stage sift process resulted in over 200 studies which met the inclusion criteria.

These studies included a wide range of health problems and interventions including primary care, rehabilitation, stroke, cancer, depression, renal replacement. Literature was from a broad range of countries and featured a wide range of data sources and methods including prospective and retrospective, routine, audit, special survey, amongst others.

The focus of the search was to find studies that

1. Measured the need for care,

2. Looked at the relationship between use(or access) and need

We were interested in reviewing this use:need relationship

The review found a sufficient number of papers with measurement of use/access and reasonable adjustment for

need. Of these studies, most identified that older people have less access/uptake, but some show no disparity, and a few showed older people have increased access/uptake. We present findings about which conditions and interventions are most (and least) likely to be associated with inequity, and explore the underlying causes and determinants.

welfare benefits for health and wellbeing in later life is not limited to material pathways.

The study clarifies the substantial role benefits play for wellbeing in older age. It provides evidence to inform the contemporary debate about universal entitlement, cautioning against basing decisions about benefits for older people on considerations of material need alone.

Paper 3

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[Judith Green, Sarah Milton, Sarah Salway, Katie Powell, Suzanne Moffatt]

Welfare benefits, nature of entitlement and health and wellbeing in older age: a focus on social isolation and connectedness

In a context of welfare cuts in England, calls to reconsider entitlement to benefits that are currently universal for older people (such as travel passes) have been gaining support. Greater conditionality, with entitlement determined by material need, is advocated as a way of ensuring fairness and sustainability. This debate coincides with an ongoing concern with improving health and reducing health inequalities in an ageing population.

The study sought a detailed understanding of ways in which benefits, and nature of entitlement, can shape health and wellbeing. It involved a particular focus on the relational dimensions of older people's lives.

In-depth qualitative interviews were conducted with a diverse sample (n=27) of older people in 3 sites.

Welfare benefits, and universal entitlement, influence health and wellbeing in older age in complex and sometimes unexpected ways. Universal benefits enable older people to negotiate challenges and realise priorities associated with the ageing process. Beyond preventing social isolation and fostering connectedness, they influence the extent to which older people feel valued by others and tied into society. They can support a sense of reciprocity, and facilitate experiences of social recognition as a basis for wellbeing. The findings illustrate that the significance of

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Paper 4

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[Sarah Sowden, Martin White, Jean Adams]

Text mining and thematic analysis of older-age references in NICE guidance

Older people are less likely to receive potentially-beneficial health care and public health interventions than those who are younger, due to factors operating at individual, family, community and health service levels.

National Institute of Health & Clinical Excellence (NICE) guidelines are an important source of information for those planning and delivering public health and health care interventions. The aim of this research was to examine how age is considered in NICE guidance.

We used NVivo software to systematically search for, extract and categorise age-related terms in NICE guidance documents accessed from the website, excluding those targeted at children. We conducted a thematic content analysis of the type and frequency of age-related statements in these documents.

In 33 public health, 114 clinical, and 212 technology appraisal guideline documents, we found 928, 1537 and 2311 age-related references respectively. Three over-arching themes were derived, examining whether:

- age was considered when setting the guideline scope and searching for evidence

- evidence of differential cost-effectiveness or effectiveness by age was reported

- age-related recommendations were made

Sub-themes, patterns and examples of older age statements will be described.

Age was often a key question in the scope and search for evidence in public health guidelines but was not explicitly examined in technology appraisal guidelines until after the introduction of the 2010 Equality Act.

Although there are examples of age being considered this was not done in a consistent way across time or guideline type. This may contribute to known age

Chairs: Bridget Penhale and Marie Beaulieu
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Working Together in Adult Safeguarding: inter-professional working – benefits and challenges

Context: Over the last ten years there has been increasing global recognition of the abuse and neglect of older adults as a social problem in need of attention. In the UK attention has been paid to the issue of adult safeguarding, although the majority of referrals of concern about abuse and/or neglect to social care and health organisations have concerned older people.

This symposium considers relevant findings and pertinent issues concerning different aspects of inter-professional working in relation to elder abuse and adult safeguarding. The session will build on the findings from previous studies in this area that have been undertaken in the UK and in Canada.

Methods: Three papers will be presented in the symposium and draw on recent research conducted in this area. The papers will be by Angie Ash, Martin Stevens and Jill Manthorpe and Marie Beaulieu from Canada. Whilst the paper by Angie Ash considers ethical issues concerning whistle-blowing in a multi-agency context relating to safeguarding and developing an ethical model, that by Martin Stevens and Jill Manthorpe concerns a recent study to identify the different models of safeguarding that have developed over time, including consideration of the relationships between the agencies involved. The paper by Marie Beaulieu relates to work on the role of police within inter-professional work on elder mistreatment and explores the benefits and challenges of involvement of the police within inter-professional approaches that have been

developing in Canada.

Following the presentations there will be time for comments from the discussant to the symposium, Bridget Penhale, together with an open discussion of the issues raised with members of the audience. There will be an exploration of a number of strategies relating to responses to abuse and neglect and of ways to improve inter-professional working. Possible future developments and the potential for international action to resolve this problem will be considered.

Conclusions: Interventions in elder abuse are under development. Several national and international organisations have been established to combat abuse. Various research initiatives are underway. Education and training for professionals is taking place concerning prevention, recognition and awareness of abuse and this is often arranged on a multi-agency basis. The essence of successful intervention is effective inter-professional working, but further work is needed in order to maximise working together in this complex area and to fully tackle this pervasive social problem.

Paper 1

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[Michelle Coté, Nathalie Lavoie : Montréal Police, Josephine Loock, Monia D'Amours, Luisa Diaz, Jacques Cloutier, Jessica Calvé]

The role of police in an inter-professional approach to counter older adult mistreatment

Problem: In 2010, The Quebec Government launched the Quebec Government Plan of Action to Counter Elder Abuse 2010-2015. One of its main principles is to reinforce a continuum of services for prevention, detection and direct intervention. In the scientific literature, inter-professional work or multi-agency approaches (public, private and NGOs) are highly recommended but only a few models have been evaluated. In fact, very little is known about their efficiency and efficacy.

Goal: To present the benefits and the challenges for police to be part of an inter-professional approach to counter older adult mistreatment

Method: Two research projects are underway with the Montréal police department: (1) an action-research project (2012-2015) involving 11 agencies. We did case studies

(one year follow-up) on intervention performed by three pairs of police officers and psychosocial practitioners (methods include: focus groups, individual interviews and observation of interventions) and; (2) the development of a model of police intervention to better counter older adult mistreatment (methods include a survey 661 police officers, in-depth interviews with 32 partner agencies, interviews with 23 inspectors and 7 other data collections).

Results: Police are developing new ways of partnership working in older adult mistreatment cases: partnerships often begin in regular multi-agency meetings about elder abuse prevention that lead to direct joint intervention. Critical issues include: understanding the role and mandate of each other; developing a police approach given few cases will be prosecuted; identifying police champions who are both models for other police officers and also linked to other agencies, and confidentiality.

Paper 2

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[Jill Manthorpe]

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Models of Safeguarding

Context: The Care Act 2014 places adult safeguarding on a statutory basis, creating duties which add extra impetus to and supports local systems that respond to allegations or concerns about elder abuse, and those related to other vulnerable adults. This paper reports on an ongoing study, Models of Safeguarding, which has identified distinct models in the organisation of local safeguarding systems in England.

Method: We interviewed 24 senior managers from different local authorities, supplemented by an extensive literature review. The interviews sought to understand how local authorities arrange their responses to adult safeguarding concerns and their relationships with other agencies.

Findings: Interviews identified five clearly distinct models of safeguarding, varying fundamentally around the extent and nature of specialism within safeguarding practice. Two centralised models were identified, where specialist, centralised teams undertook all or some safeguarding work. Three 'dispersed' specialist models were identified, in which specialist social workers managed or investigated different aspects of safeguarding. Finally, there were no specialists in a small number of sites, safeguarding was

thereby a part of all social workers' duties - a 'generic' approach.

Conclusion: We have developed better understanding of the models and their implications for practice and interagency working. Ideas for analysis and decision-making about the implications of different organisational models of adult safeguarding will be discussed, which may be relevant to option appraisals and decision making about future organisational planning by the local authority and their agency partners who have new specific responsibilities under the Care Act

Chair: Chris Phillipson
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Building Age-Friendly Environments: Social Contexts and Policy Interventions

Developing what the World Health Organisation (2007) term 'age-friendly environments' (AFEs) raises a number of public policy issues. Despite the benefits of this approach for securing community-based resources, obstacles to implemention can be identified at macro-, meso- and micro-levels. The Symposium will explore the range of influences involved, working through a number of conceptual and policy issues facing the AFE movement. Kieran Walsh will consider the impact of the economic recession on older people's relationship to place and the capacity of communities to develop as age-friendly settings. The paper also reports on qualitative research on older people's community experiences during the economic recession. Alan De La Torre and Margaret Neal address the issue of getting age-friendly issues on the policy-agenda, drawing upon their experience of working in Portland, Oregon. They also review efforts to develop age-friendly work through different levels of local and regional government. Stefan White examines age-friendly issues from the perspective of urban design, outlining a new conceptual approach to understanding the experience and parameters of inclusive urban environments. His approach builds upon research at a neighbourhood-level, subsequently linked to broader city-wide and age-friendly dimensions. The final two papers in the Symposium consider the role of AFE's in developing different kinds of support within urban and rural communities. Rachel Winterton and colleagues, drawing on ecological perspectives, consider the extent to which the characteristics of rural settings can influence the achievement of 'wellness' in older adults. Their research demonstrates the importance of rural environments for helping older people reach an optimal state of health. They also consider the capacity of different types of community environments for maintaining or facilitating age-friendly

characteristics. Caroline Holland and colleagues explore the issue of community support for older people who have a visual impairment. Loss of sight can be a significant problem in advanced old age, raising critical issues for maintaining quality of life within communities. The paper will present findings from the research examining how people with a visual impairment perceive an age-friendly environment. The various papers will provide a substantial overview of some of the key challenges associated with building age-friendly environments, linking economic and social contexts with community and individual well-being.

Paper 1
Kieran Walsh
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Interrogating Age-Friendliness in Austerity: Myths, Realities and the Influence of Place Context

The potential for forces of socioeconomic change, such as the global recession, and macro-level policy, together with programmes of economic austerity, to intensify and redirect demographic and urbanization processes in local contexts is clear. Yet, how the economic recession and austerity-driven public policy can influence older people's relationship with place, and the capacity of cities and communities to be age-friendly settings has rarely, if ever, been considered. This reflects a wider paucity of research on the influence of global macro-societal issues on local settings, and how policy intersects with the diversity of people and place, and the dynamics of community change, to alter the meaning of ageing in place. To explore these questions, this paper first presents an overview of age-friendly research evidence and developments in Ireland. The paper then draws illustrative examples from a series of Irish qualitative studies on older people's community experiences during the economic recession. Data comes from semi-structured interviews with older people, in rural, suburban and urban communities. Findings demonstrate how the recession and austerity combine with macro-demographic and socioeconomic patterns, and broader policy trends, to exacerbate existing aging in place issues in Ireland. Such issues include demographic community change, fragmented health and social care provision, reduced service infrastructure, and personal vulnerability. Age-friendly programmes have helped focus policy and public discourse on the importance of older people's relationship with place. However, reflecting an intertwinement of local contexts with broader macroeconomic forces, more holistic and multilevel models of age-friendliness need to be considered.

Paper 2
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[Margaret B. Neal]

Age-friendly agenda setting: Scaling efforts from city to county and beyond

Communities around the world have embarked on age-friendly initiatives in an attempt to prepare for population aging through changes in public policy, economics, health care, technology, and community planning, among other areas. Various challenges are present in placing aging-related issues on a policy and/or political agenda, in addition to garnering the necessary support to ensure a program's success. John Kingdon's book Agendas, Alternatives, and Public Policies (1984) explained that in order for a policy issue to get on a political agenda at least two of three conditions must be realized: (1) defining the problem; (2) offering a viable solution; and (3) political support/will. This presentation will describe, through Kingdon's framework, how age-friendly efforts in Portland, Oregon, U.S., have been advanced. Beginning in 2006-2007, Portland was one of 33 cities in 22 countries to participate in the World Health Organization's (WHO) Global Age-Friendly Cities project. Building on the study's findings and relationships developed in the community, university researchers acted as policy entrepreneurs by disseminating evidence in collaboration with members of an advisory council composed of government and community partners, including older adults. Since the City of Portland was accepted into the WHO Global Network of Age-friendly Cities and Communities in 2010, the university-government-community partnership has expanded to include a new partnership with Multnomah County in 2014 (a larger municipal area than Portland) and, more recently, discussions have started with Metro (the regional government with a three-county geographic scope) to scale the age-friendly effort to the greater metropolitan region.

Paper 3

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From representation to active-ageing in a Manchester Neighbourhood: A Deleuzian approach to designing the age-friendly city

Using a Deleuzian conceptual framework, this paper reflects on interdisciplinary Age-friendly design-research undertaken in Manchester in order to explore key features of the objectives and success factors of neighbourhood projects promoting 'active-ageing'.

This paper focuses on one example from a number of interdisciplinary collaborative research projects contributing to the development of a World Health Organisation influenced Age-friendly City programme in Manchester. It describes research undertaken in the Old Moat ward in 2012 that was intended to act as a pilot for the construction of a methodological toolkit to both monitor its success and to enable its approaches to be applied elsewhere.

The study employed a mixed-methods approach utilising expertise from social science and urban design-research, following both the conceptual principles and practical design guidance of the World Health Organisation Age-friendly Cities programme. The research explored the applicability of the WHO approach to a specific city neighbourhood with particular regard to the relationship between processes of knowledge acquisition and dissemination ('research') and the development of concrete propositional activity ('design').

The Deleuzian analysis undertaken in this paper explores the development of three different kinds of understanding of the experience and parameters of inclusive urban environments. It does so in terms of three 'levels' or scales of conceptualisations – in terms of the 'City', the 'Neighbourhood' and 'Age-friendliness'. In nine sections, it examines how understandings in all three levels can operate as a function of 'representation'; how they might become 'embodied' in particular situations and how they can become actually productive in the construction of age-inclusive urban environments.

Paper 4

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[Jeni Warburton, Norah Keating, Maree Petersen , Jill Wilson , Turi Berg]

Rural community socio-spatial contexts, resource environments and age-friendliness: how do they facilitate wellness for ageing populations?

Within international health policy, the capacity of community environments to enable older adults to experience wellness – the optimal state of health of individuals and groups – is receiving increased attention. In rural contexts, this strength based approach is both more important due to increased levels of population ageing worldwide, and more problematic due to higher rates of complex health conditions and limited health and social infrastructure. However, the cumulative impact of varied components of rural communities has received little attention in the literature, in terms of how they impact on older adults in different ways. Through a systematic review of the academic literature, this paper explores how diverse rural community characteristics interact to influence the ability of older adults to achieve wellness. 44 articles were identified which addressed objective rural community characteristics impacting older adults. Findings indicated that rural older adults are impacted by community environments at two distinct levels of context- socio spatial (spatial and demographic characteristics) and resource (built, natural, service) environments. These environments, and the interactions between them, influence rural older adults' wellness in three ways- by fostering opportunities and capabilities, influencing their subjective perceptions of their environment, and facilitating objective and subjective measures of health and wellbeing. These findings are discussed in the context of implications for the capacity of diverse community environments to maintain or facilitate age-friendly characteristics.

Paper 5
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[Sheila Peace, Jeanne Katz, Rebecca Jones]

Everyday Living with Visual Impairment: Implications for an Age-Friendly Environment

Sight loss affects people of all ages but is more likely especially in advanced old age. Older women are particularly affected and people from minority ethnic groups may be at risk of certain conditions. Specific conditions such as glaucoma, age-related macular degeneration (AMD), diabetic retinopathy can be especially disabling and the focus of this research lies with conditions where there is currently little treatment.

Visual impairment may evolve gradually over the years and for many will have occurred in a place and an environment that is familiar. Everyday living with its routines and activities may change and people find new ways of coping (Wahl et al, 1999). Yet change may deny people from meeting their aspirations or doing what they really want to do.

This research will enable older people with sight loss who live in their own homes in both urban and rural communities to talk about their preferences for where and with what kinds of support they would like to live, and how they can maintain meaning in their lives (Hanson et al, 2002). Funded by the Thomas Pocklington Trust this is an in-depth qualitative study involving approximately 50 older people living primarily within England plus carers and supporters. The methodology develops earlier instruments used to enable people with high support needs to talk about activities of daily living, coping strategies and future choices about ways of living(JRF/Katz et al, 2011,2013). Initial findings will be presented from on-going fieldwork indicating how they may perceive an age-friendly environment.

Chair: Debora Price
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Discussant: Professor Chris Phillipson
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Assets, Housing Wealth & the Politics of Generations

In this multidisciplinary symposium spanning historical, gerontological, geographical and social policy perspectives, we consider the need for new critical insight into intergenerational relations and social justice across the life-course. Internationally we are witnessing renewed conflict over political settlements and attempts to forge a new moral economy of welfare in economically straightened times. In some (but not all) advanced economies, including the UK, these disputes are crystallising around the concept of intergenerational equity with a noticeable re-positioning of older people as the selfish welfare generation. The 'wealth' of older people is now at the centre of debates about the retrenchment of pensions and social care funding, as well as the potential withdrawal of means tested and non-means tested benefits. But are we currently witnessing an impending 'age war', or is the age war rhetoric masking the erosion of social citizenship with major consequences for all generations in the 21st Century?

To answer this, it is important to understand how the conditions that have enabled this age-stratified public and political positioning have come about, so that we can critically understand their implications. The current observed unequal distribution of wealth (especially housing and pensions) by geography, age and socio-economic difference is rooted in centuries of social stratification, as well as resulting from political philosophies privileging asset based welfare in more recent decades. The first paper, by Owens, examines how the state established conditions to ensure the intergenerational transmission of wealth and assets via inheritance over the nineteenth and twentieth centuries. In the second paper, Livsey & Price, pick up this historical trail including an account of how it has come about that housing and pension wealth have an increasingly central place in the politics of old age, and then examine how these issues of age disparities are deployed politically and to what ends. In contrast, in the third paper, Searle and McCollum argue that policy prescriptions that housing assets should now be used for the funding of later life are reasonable even in the face of inequities, although numerous practical and ethical concerns arise. In the final paper, by Price, Hayashi and Livsey, a comparative analysis of England and Japan reveals

very different political discourses of intergenerational conflict, and that increased marketisation of welfare seems to be associated with the way older people's wealth is publicly portrayed.

Paper 1

Alastair Owens
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The right of the dead man's hand: inheritance and family 'wealth-fare' in Britain, 1850-1930

While the concept of 'asset-based welfare' is frequently presented as a recent invention, the idea that individuals and families might use wealth and property to secure the well-being and livelihoods of dependants and future generations is a much older phenomenon. Over the course of the nineteenth and twentieth centuries the British state sought to establish the legal and fiscal conditions to enable and encourage the intergenerational transmission of resources through inheritance. This paper presents findings from a major study exploring middle-class inheritance practices in Britain between 1850 and 1930. Taking note of the wider regulation of property ownership and transfer provided by the state, it looks at how the transmission of wealth and assets at death served as a form of middle-class welfare provision. It examines how, over a period of significant legal, social and economic change, individuals used legal and fiscal frameworks to exploit assets in ways that satisfied expectations about how older men and women should provide for the next generation, satisfying welfare ambitions and securing the social and economic status of the family.

Paper 2

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[Debora Price]

Age wars – old rhetoric and a new challenge for critical gerontology

Population ageing is now taking place within a climate of global economic crisis and public welfare retrenchment. Failures of asset-based welfare are evident as Governments respond to global economic instability, falling oil revenues, and in the UK, growing public expenditure, collapsing public services and a national housing crisis. In this context, we are witnessing a resurgent discourse of intergenerational schism which last rose to prominence in the 1980s and 1990s. In the latest incarnation, in media and political discourse the young are pitted against the old in competition for their generational share of scarce public resources. Older adults are accused of hoarding their housing, and selfishly protecting their wealth, while young adults face a grim future raising their families in over-priced and under-sized accommodation with diminishing prospects of home ownership and decent pensions. They are seen as the undeserving rich, using their purported grey voting power to political advantage or paradoxically, as cheated saver citizens who risk losing their hard-earned housing wealth to make up pension deficits or pay for long-term care. Either way, the politics of age division are at play. In the 1980s and 1990s, gerontologists played a leading role in countering the rhetoric of an age-war with its political potential to underpin and justify diminishing resources in later life. Latterly, though, the discipline has been relatively silent. Consequently, growing social inequalities in access to health, wealth and opportunity within and between generations are hidden and multiple policy and market failures are largely unchallenged.

Paper 3

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[David McCollum]

Property based welfare and the search for generational equity

In many countries the demographic shift towards an ageing population is occurring against a backdrop of welfare state restructuring. The paradigm of asset-based welfare may become increasingly central to these developments as individualised welfare is touted as part of the response to the challenge of funding the care of an ageing population. This article focuses on the framing of housing wealth as a form of asset-based welfare in the UK context. We consider the strengths and weaknesses of housing as a form of asset-based welfare, both in terms of equity between generations and equality within them. We argue that housing market gains have presented many homeowners with significant, and arguably unearned, wealth and that policymakers could reasonably expect that some of these assets be utilised to meet welfare needs in later life. However the suitability of asset-based welfare as a panacea to the fiscal costs of an ageing population and welfare state retraction is limited by a number of potential practical and ethical concerns.

Paper 4
Debora Price
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[Mayumi Hayashi, Lynne Livsey]

The politics of intergenerational conflict: a comparative study of England and Japan

In this paper, we contrast how governments in England and Japan have framed issues of intergenerational conflict and intergenerational equity/inequity in policy discourse in recent years. The two countries are similar in terms of being wealthy, advanced democracies, both with old and ageing populations, and both facing prolonged austerity. Yet in many cultural, political and institutional respects they are quite different and they have historically combined different modes of governing in the interests of social welfare. We suggest that the discursive ways that governments respond to global, national and sub-national debates both reflect and frame cultural norms and contribute to cultural change. By examining policy discourses in two culturally different countries that are facing many similar challenges in gerontological policy, we can elucidate the powerful ways that political discourse influences and frames what is considered possible and not possible in policy change. We conclude the paper with some reflections on these differences. While they face very similar demographic and economic problems, in Japan we have seen the maintenance of a 'big state' in these giant welfare arenas of pensions, social care and health care, as a cultural collaboration between government, civil society and citizens themselves, and policy resistance to neo-liberal reforms; Japan has resisted the fragmentation and privatisation of the welfare State that is taking place in England, where we see politically manipulated high intensity discourses of generational conflict.

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Maximising the potential of Assistive Technology for older people; lessons learnt

Assistive Technologies (AT) and their potential to support independent living of older people with multiple chronic health conditions is receiving ever growing attention, leading to their 'mainstreaming' within both public policy discourses and health and social care provision. However research exploring the experiences of those involved in providing and receiving AT, as part of routine care and in everyday settings, is relatively limited. Bringing together findings from several UK research projects, this symposium explores some of the issues around the everyday use of AT among older people with a range of differing health needs.

In the first presentation, Joe Wherton from the ATHENE project describes the tensions between the provision of 'standardised' AT and the often highly individualised support needs of older people with assisted living needs and calls for greater attention towards the 'co-production' of personalised AT solutions across AT users, designers and services. Katie Brittain and Rob Wilson use the concept of brokerage to discuss how carers of older people with dementia interact with government policy and health/social care services in order to make decisions about appropriating and using AT for care. Grant Gibson, Claire Dickinson and colleagues draw on the concept of 'bricolage' to explain the various adaptations and negotiations necessary in order to make AT 'work' and how such use in practice differs from both policy vision and AT implementation by services. Finally Lisa Newton and Louise Robinson examine the role of the GP and their knowledge and experience of AT. Although GPs' are often the main gatekeeper for older people seeking access to AT, GP awareness of how to refer people to AT services and the process through which AT services could be commissioned was poor. This suggests that although attempts are being made to mainstream AT, GP's are not yet knowledgeable enough about AT to act as significant stakeholders within the AT care economy.

By exploring the experiences of accessing and using AT among a range of key stakeholders in different care settings, this symposium highlights some of the possibilities and challenges facing the continued 'mainstreaming' of AT within the UK health and social care landscape.

By exploring the experiences of accessing and using AT among a range of stakeholders in different settings, this symposium highlights some of the possibilities and challenges facing the continued 'mainstreaming' of AT within the UK health and social care landscape.

Paper 1
Joe Wherton
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[Trisha Greenhalgh, Rob Procter, Paul Sugarhood, Sue Hinder, Mark Rouncefield]

The ARCHIE framework for effective telehealth and telecare services

The ATHENE (Assistive Technologies for Healthy Living

in Elders: Needs Assessment by Ethnography) study, sought to produce a rich understanding of the lived experiences of older people with multi-morbidity and explore how technology suppliers and care providers can work with them to 'co-produce' technologies and service solutions. The study included three phases: [a] interviews with seven technology suppliers and 14 service providers to explore barriers to uptake of telehealth and telecare, [b] ethnographic case studies of 40 people aged 60-98 with assisted living needs, [c] 10 co-design workshops with users and their carers together with technology suppliers and care providers to derive quality principles for assistive technology products and services. The analysis identified numerous practical, material and organisational barriers to smooth introduction and continued support of assistive technologies. The experience of multi-morbidity was characterised by multiple, mutually reinforcing and worsening impairments, producing diverse and unique care challenges. Participants and their carers managed these pragmatically, often adapting technologies and the home to achieve what mattered to them. Six quality principles emerged from the co-design workshops: provision of telehealth and telecare should be 1) Anchored in a shared understanding of what matters to the user; 2) Realistic about the natural history of illness; 3) Co-creative, evolving and adapting solutions with users; 4) Human, supported through interpersonal relationships and social networks; 5) Integrated, through attention to mutual awareness and knowledge sharing; 6) Evaluated to drive system learning. Technological advances are important, but must be underpinned by industry and service providers following a user-centred approach to design and delivery.

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Paper 2

Katie Brittain

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[Rob Wilson]

Relationships and networks of care in the appropriation of Assistive Technologies – what is the role of brokers and brokerage?

People with dementia and their informal carers often find themselves in and out of services across the health and social care divide. These networks of formal care often collide and intersect with networks of informal care. Arguable these networks span both highly qualified and unqualified domains of care and yet how these networks interact and connect is often neglected. One area in which formal and informal networks collide is in the decisions surrounding assistive technology to help people with

dementia to 'age in place'. And yet the role of informal carers in the appropriation, acceptability and purchase of assistive technology is often invisible, justified by claims that the technologies support carers. Government policies on personal budgets and the increasing shortage of resources have moved tasks such as making assessments of need, sourcing information about the usefulness of assistive technology and purchasing decisions and evaluation from the domain of OTs and Social Workers and made them increasingly part of the work of informal care. Carers find themselves making judgements based on the information that they access with limited knowledge as to the provenance and credibility of their sources or guidance on how they match the claims to the needs of those for whom they care. This paper explores how decisions surrounding the use of assistive technology for older people with dementia are made and discusses the potential role of brokers and brokerage in the interaction of networks of care.

Paper 3

Grant Gibson

Institute for Health and Society, Newcastle University

[Claire Dickinson, Louise Robinson]

How do People with Dementia and Their Carers Make Assistive Technology Work for Them; innovation and personalisation

In the United Kingdom Assistive technologies (AT) are being 'mainstreamed' within dementia care services. However little is known about the use of these products in practice. This presentation explores the everyday use of AT among people with dementia and their carers. Qualitative, in-depth semi-structured interviews with 29 people with dementia and carers explored their experiences of using AT within their everyday lives and facilitators and barriers to its use. Interviews were transcribed and subjected to thematic analysis. In practice AT use among people with dementia and their carers was characterised by 'bricolage' (Greenhalgh et al 2013); the non-conventional combination of devices in diverse ways often differing from their original design. From using sticky notes as signage to networking smartphones and tablets within bespoke telecare systems, AT were used in combination with non AT products to provide care in often individual and novel ways. Factors driving a bricolage based use of technology included the ability of carers to act as bricoleurs, a lack of awareness of AT and AT sources, , difficulties in sourcing AT products, a lack of flexibility in AT systems and a failure of AT's to address carer's perceived needs. While

everyday use of AT among people with dementia can be characterised by bricolage, current design and delivery of products and services do not enable their use in this way. How people with dementia and carers engage in bricolage when using AT therefore requires greater attention.

Paper 4

Lisa Newton
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Are General Practitioners equipped to help their dementia patients' access assistive technology?

Government Policy has identified Assistive technology (AT) as one way to help improve people with dementia's (PwD) independence, while potentially reducing care costs. General Practitioners (GPs) are a first point of contact for patients. Unfortunately there is no research exploring GPs knowledge of the use of AT in dementia care. This presentation will discuss finding from a qualitative study exploring GPs levels of knowledge around the range of, and role of, AT in dementia care. Semi-structured interviews were conducted with a range of GPs, GP trainees and GPs with a commissioning role in the North East of England. Data was analysed using the constant comparative method. Overall, GPs had a general lack of awareness of AT. Many had only heard of a few dementia specific devices; the majority had mainly seen pendant alarms in their clinical practice. They were not clear on where to get information, who to refer to, or who should commission AT (health care, social care or both). In order to effectively integrate AT into routine dementia care awareness among GPs of its role in supporting PwD needs to be promoted and information, referral and commissioning pathways need to be clarified.

Chair: Professor Thomas Scharf

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[Thibauld Moulaert, Tine Buffel, Chris Phillipson, John Richards; Suzanne Hodgkin, Rachel Winterton, Maree Petersen]

Critical perspectives on age-friendly communities: an emerging evidence base

Within a relatively short period of time, the World Health Organization's Age-Friendly Cities and Communities programme established itself as an initiative with a global reach. Numerous cities and communities are now tied together in a global network whose focus is on enhancing the social and physical environments in which people age. The trend towards age-friendly policies and practices has been accompanied by an emerging evidence base relating to associated opportunities and challenges. This symposium reflects the increasingly global nature of the age-friendly movement, drawing on evidence from four countries and three continents to develop a more critical approach to considering age-friendliness in situ. Thibauld Moulaert and Suzanne Garon explore age-friendly issues in comparative perspective, drawing on experiences from Canada (Province of Quebec) and Belgium (Walloon Region). They highlight the multiple roles played by older people in the governance of age-friendly cities and communities, linking this to a critical consideration of prevailing 'active ageing' discourses. A slightly different approach is adopted by Tine Buffel and Chris Phillipson in their empirical project conducted in three neighbourhoods in Manchester, UK. Reflecting a commitment to developing age-friendly communities on the basis of older people's own perceptions of the key issues that arise in their residential neighbourhoods, they present a critically reflexive account of experiences of involving older people as co-researchers in the research project. Jeni Warburton and colleagues consider age-friendliness in terms of the contributions made by services to supporting people who are ageing in rural communities in the Australian states of Victoria and Queensland. With a conceptual focus on 'wellness', and the challenges of achieving wellness in diverse rural settings, they report findings from an empirical study showing that appropriate and accessible services represent core features of age-friendliness in rural communities. In a final paper, Thomas Scharf addresses the challenges associated with the development of a national age-friendly cities and communities programme in Ireland. The programme, now being implemented in every local authority area, has emerged as a top-down, 'leadership' model involving a wide range of community stakeholders, including representation by older people. This contrasts with age-friendly models, which are more explicitly grounded in older people's perspectives. Taken together, the four papers point not only to cross-national comparability of key challenges that confront the emerging global age-friendly movement, but also to the central role that social gerontologists can play in assuming the status of 'critical friends' to support the aspirations of this movement.

Paper 1

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[Suzanne Garon]

International Challenges, local Dilemmas: 'Age-Friendly Cities' Models in Quebec and Wallonia and the practices of social participation of seniors

Age-Friendly Cities and Communities (AFCC) have become an empirical application of the notion of "active ageing" and an applied field for "environmental gerontology" (Phillipson 2004) or, more broadly, for a community-building approach. At the core of its process, social participation of seniors appears as a challenge for most concerned stakeholders (researchers, local actors, older people representatives, elected politicians). Adopting a comparative perspective, this communication explores how actors from two contrasting areas facing AFCC (Province of Québec, Canada and Walloon Region, Belgium) locally organize such social participation. Supported by a comprehensive research methodology, the local Quebec "voices of the seniors" are integrated in local steering committees with different actors. In Wallonia, the presence of "local advisory councils of seniors" has been a positive factor. While local players produce different types of collaborative partnership in Quebec (Garon et al. 2014) and Wallonia, such partnerships might be influenced by common practices and the recurrence of actors playing the role of "intermediaries of active ageing" (Moulaert 2012). Similarly, the role of communication and social marketing appears as a common

Paper 2

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[Chris Phillipson]

Involving older people as co-researchers in the development of age-friendly neighbourhoods

Developing environments responsive to the aspirations of older people has become a major concern for social policy. This paper presents the framework and methodology of an ongoing study in three neighbourhoods in Manchester, UK, which sought to identify the issues older residents themselves view as important in developing the age-friendliness of their neighbourhood. Through a participatory method, older people were involved in the study, not only as the research target group, but also as experts and actors in all stages of the study, including the planning, the design and realization of the research project. Seventeen older volunteers were trained as co-researchers who facilitated and monitored the research process, for instance through conducting interviews with 'difficult-to-reach' older people in the community. To evaluate the participatory approach of the project, the co-researchers took part in four reflection meetings. The paper reflects on both challenges and opportunities associated with the involvement of older people as co-researchers in developing age-friendly communities. The paper concludes by discussing the research approach as a tool for creating community networks on the one hand and empowerment of older people on the other.

Paper 3

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[Suzanne Hodgkin, Rachel Winterton Maree Petersen]

Rural age friendly environments: The importance of services to wellness for rural older Australians

This paper explores how services contribute to age friendly rural environments, with a particular focus on the role, type and accessibility of local services that best support those who age in rural communities. The paper draws on findings from a large comparative study aimed at exploring the services and supports that facilitate wellness for rural older people. Wellness is central to the Australian Government's approach to prevention and intervention in health and aged care, and is defined by the World Health Organisation as a multidimensional and dynamic concept reflecting the optimal state of health of individuals and groups. Due to the challenges of rural service provision, wellness assumes particular significance in rural environments, which are highly diverse and experiencing high rates of population ageing. A cluster analysis of available community indicators of wellness (obtained primarily through census data) was undertaken to identify three case study locations with varied levels of wellness (high, middle, low) within two states, Victoria and Queensland. A survey was administered via phone interviews with 100 participants in each site (n=600) to explore perceived wellness (Adams et al., 1997), health, and access to services and supports. Here, findings are presented to demonstrate how individual wellness is

impacted by accessibility to services, conceptualised as everyday services, community services, and health / aged care services. The paper will conclude with a discussion of how appropriate and accessible services are integral to maintaining age-friendliness across rural communities with varied capacity to support wellness.

1 Prof Jeni Warburton, John Richards Initiative, La Trobe University, Wodonga, Victoria 3749, Australia. Email: j.warburton@latrobe.edu.au

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Paper 4

Thomas Scharf
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Age-friendly cities and communities in Ireland: key challenges for a national programme

As in other countries, there is a growing focus in Ireland on developing age-friendly cities and communities. In many respects, the pace of development of age-friendly initiatives in Ireland has been remarkable. In 2006-7, Louth – Ireland's smallest county in terms of geographic size – was involved along with 32 other 'cities' in providing the empirical evidence to shape the World Health Organization's initial Global Age-friendly Cities guide (WHO, 2007). Within a decade, Ireland has succeeded in developing a national Age-friendly Cities and Counties programme which is currently being rolled out across every local authority. Drawing on insights arising from empirical research and engagement with age-friendly programmes, this paper seeks to take stock of progress in pursuing an age-friendly agenda in Ireland. A particular focus in placed on critiquing a top-down 'leadership' approach to age-friendliness that has been widely adopted in Ireland. While this approach has achieved a number of notable successes in terms of engaging a variety of stakeholders in age-friendly initiatives, notable drawbacks include the increasingly ambiguous role of older people and their representatives in shaping and governing such initiatives. The paper concludes with some considerations for research, policy and practice that are likely to be relevant to countries and contexts beyond Ireland.

Chairs: Julia Twigg and Wendy Martin
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Cultural Gerontology I: Key Directions, Critical Perspectives

This is the first of two interlinked symposiums celebrating the publication of the Routledge Handbook of Cultural Gerontology, and featuring authors from the handbook. Over the last decade, Cultural Gerontology has emerged as one of the most significant and vibrant parts of writing about age. Reflecting the wider Cultural Turn, it has expanded the field of gerontology beyond all recognition. No longer confined to frailty, or by the dominance of medical and social welfare perspectives, gerontology now addresses the nature and experience of later years in the widest sense. Drawing on diverse areas of study that encompass the arts and humanities – novels, painting, music – that extend into new areas of life – clothing, hair, travel, consumption, gardening – and that draw on new methodologies – visual, narrative, material – these developments have located the study of later years within a larger and richer context. In this first symposium we will explore some of the territory that has been opening up by Cultural Gerontology, showing how the cultural lens brings new perspectives on ageing into view. Theatre is one of the areas where questions of age are increasingly addressed; and Mim Bernard and colleagues discuss the representation of older people on the stage, as well as their current engagement with the medium. Work by Debora Price and Lynne Livesey will show how cultural approaches open new perspectives on familiar topics like money and finance – an argument that is also advanced by Liz Lloyd in her cultural analysis of the Fourth Age. Gardens and gardening are central to the lives of many older people; and Christine Milligan and Amanda Bingley explore their significance as sites of meaning and identity. The session will open with an overview of developments in the area by Julia Twigg and Wendy Martin.

Paper 1

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[Lucy Munro, Michelle Rickett]

The Drama of Ageing: a review of the literature on theatre, ageing and later life

The growing body of research and scholarship looking at

the engagement of older people in the arts emphasises the many and varied benefits of participation, and confirms that continued creativity is essential for a healthy and meaningful old age. Whilst the existing evidence enables us to draw certain conclusions about the value of creative activities in general, our specific understanding of the role that older people play in making theatre – in both professional and non-professional contexts – and what participation in theatre and drama means, is rather more limited. To address these limitations, this paper draws on work we have been engaged in since 2009 on an interrelated series of 'Ages and Stages' projects funded through grants under the New Dynamics of Ageing programme; AHRC's follow-on funding scheme; and the AHRC's 'Cultural Value Project'. We consider the representations of older people on stage, the evolution of senior theatre, and what the research evidence tells us about older people's experiences of theatre-making. We conclude our review by suggesting a number of areas that cultural and critical gerontologists might like to explore further.

Paper 2

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[Lynne Livesey]

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Money and Later Life

This paper examines how cultural gerontology informs our understanding of money and later life. We first consider earlier gerontological understandings of the poverty of older people, before analysing important social, political and institutional changes that have led to changing conceptualisations of finance in later life. We then discuss how the cultural turn in gerontology affects our approaches to and understanding of these issues. Theorists now emphasize the role of consumption and identity in daily practices and present new conceptualisations of later life as situated within cultural generational fields. Meanwhile, new modes of governing ageing populations rely on cultural change, expecting individuals to 'act on the self' to fulfil government's greater vision of fiscal self-sufficiency in an individualised, complex and risky financial world. We argue that we need to connect our understandings of ageing with the financialisation of later life and the cultural sphere in order to understand what neo-liberalism and the increasing marketisation of late life welfare actually mean for the day to day lives of older people. We close by suggesting that the intersection of the political economy with developing interest in consumption and behavioural finance poses new questions for gerontology in coming decades.

Paper 3

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[Amanda Bingley]

Growing older: the meaning of gardens and gardening in later life

As an extension of the home, the garden is often viewed as a place where people can grow old gracefully - relaxing after a lifetime of hard work. But the meaning attached to the domestic garden and how gardening activity is performed within that space can also play an important social and cultural role in the lives of older people – one that can change over time. In this chapter we draw on Stenner's (2012) modes of engagement with gardens – the naturalistic, the nostalgic, the pragmatic and the mimetic – as a lens through which to examine the role of gardens as sites of meaning and identity and people's (sometimes gendered) relationship between gardens and gardening activity in later life. In doing so, we also draw out some of the paradoxes of the domestic garden as a site of affect and creativity; leisure and work; pleasure and heartache for older people. Whilst we primarily locate our discussion around older people's engagement with gardens in the UK, we draw on examples from countries such as Australia, Germany, New Zealand and the US to illustrate the wider international relevance of this chapter.

Paper 4

Liz Lloyd
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Understanding identity in the fourth age

A combination of advanced chronological age, bodily decline, loss of functional health and mobility as well as increasing dependency on others for help with everyday activities is widely recognised as characterising the fourth age. Identity in the fourth age is of increasing interest in gerontology and the aim of this paper is to contribute to current debates. Identity in the fourth age involves a complex range of factors, including but extending far beyond older people's position within the care system. Key points to consider include the ability of older people to exercise autonomy and exert agency over their everyday lives and how this is compromised by bodily decline and loss of self-reliance. The paper examines the concept of reflexivity, conceptualised as an individual's awareness of their relations with the world around them and of how this

world might be preserved or changed, and considers its potential to enhance understanding of the fourth age.

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Cultural Gerontology II: Theories and Methodologies

This is the second of two interlinked symposiums celebrating the publication of the Routledge Handbook of Cultural Gerontology, and featuring authors from the handbook. In this session we will explore the key theoretical and methodological debates that have shaped the development of cultural gerontology in the last two decades. The session will open with a theoretical overview by Chris Gilleard and Paul Higgs examining the impact and significance of the cultural turn in gerontology. One of the key debates within gerontology concerns how we should conceptualise age and how it should be related to other social divisions or categorisations, a topic that will be addressed by Toni Calasanti and Neal King in their exploration of the debate on intersectionality. The significance of the changing spatial relations of global and local for gerontological theory will be explored by Chris Phillipson. Finally Catherine Degnen will discuss some of the methodological riches that have been revealed through the use of ethnographic methodologies.

Paper 1

Chris Gilleard

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[Paul Higgs]

The Cultural Turn in Gerontology

This paper sets cultural gerontology within the context of the 'cultural turn' in the social sciences. The concept of a 'cultural turn' within the social sciences is explored in relation to three themes – the attention to 'identity' and 'difference' within society; the emphasis upon individualised agency over social structure and the turn towards the body within consumer culture. These three themes provide a framework for examining the cultural turn within social gerontology.

From numerous sources has come the idea of a 'new' ageing – distinct from the old age that had emerged within

modern industrial society as a collectively secured yet social marginalised status. With this 'newness' has come an awareness of the diversity of age, of later lifestyles and of age groups. The opportunity for developing and directing one's own journey through later life – its individualisation – has been expressed in concepts like 'the third age', 'active ageing' and 'successful ageing'. Meantime an anti-ageing consumerist culture is expanding the potential for bodies to resist refine or reject the corporeality of 'old age' replacing it with narratives and practices reflecting the diverse embodiment of these new forms of later life.

This turn toward identity and difference, agency and individualisation and the narratives and practices of embodiment offers greater scope for expanding the possibilities of later life, arguably one of the last of the post-war liberation fronts to be opened.

Paper 2

Toni Calasanti

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[Neal King]

An Intersectional Approach to Cultural Gerontology

Cultural gerontology is concerned with the ways in which groups distinguish themselves from one another; and a critical approach views these distinctions in relation to inequalities. Although an intersectional approach has become common in social science over the past decades, few scholars include age among inequities studied. We outline intersectionality, briefly describing how inequities relate to one another to distinguish among groups and shape old age. We pay special attention to age relations, the inequality often ignored by gerontologists despite their interest in old age; and relations of sexuality, which scholars have often reduced to identity and not a power relation. An intersectional lens allows us to see how the common ways of marking people as distinctly "old" vary with gender, race, class, and sexuality. Patterns in the assessments of bodies suggest that both the focus on function and work in evaluations of men's bodies, and the focus on beauty in the assessments of women's, vary by race, sexuality, and class. We argue that these variations result from differences in groups' bonds with elite men. Old age disqualifies nearly all groups from high status, such that anti-aging merchants urge men to fight losses of function and promise to preserve women's visages of youth. An intersectional approach thus reveals relations of inequity that both distinguish among and link the experiences of diverse elders.

Paper 3

Chris Phillipson

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Global and local ties and the reconstruction of later life

This paper explores the importance of inter-connections between the 'global' and the 'local' in re-shaping later life. Older people experience a range of global, national, regional and local forces which influence the construction of later life, these introducing continuities and discontinuities across the life course. To examine the influence of globalisation the paper will provide: first, a definition along with a summary of its implications for everyday life; second, links between the 'global' and 'local' dimensions of ageing will be examined through the perspective of understanding the role of place and urban development; third, examples will be provided to illustrate changing constructions of age arising from the interaction between global and local networks. The paper will suggest that the interplay between global and local forces will be significant in shaping the fortunes of older people in the 21st Century, leading to new forms of mobility and more varied lifestyles in middle and later life.

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The paper will conclude that cultural gerontology will itself be transformed by the political and economic processes associated with global change. A new research agenda will emerge focusing on the role globalisation plays in shaping local social networks and the contribution of older people in transforming the world which global change makes possible.

Paper 4

Cathrine Degnen

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Ethnography and Older Age

This paper explores ethnographic approaches to the study of ageing through time, across a variety of cultural settings and across disciplines. It will explain ethnographic principles both as a method but also as a particular perspective. It will consider what strengths and challenges are brought via ethnography towards a fuller understanding of socio-cultural ageing processes and the experiences of older people themselves.

The paper begins with a short explanation of the foundations of ethnography, a methodology that has its roots in exploring and accounting for profound cultural difference. Such a grounding, I will argue, is not incidental but rather formative in regards to ethnography and ageing as we now know it. Whilst anthropology has led the way in regards to establishing ethnographic approaches to ageing, the paper also highlights the ways in which this is a method and a perspective on the move, embraced by researchers in other disciplines. It is also a method that can be understood as promoting a certain way of understanding alterity, namely, from within via long-term immersion. Finally, the paper considers the particular dynamics that conducting ethnography on ageing challenges us with, including intertwining the biography and identity of the ethnographer with that of the people and places she has worked; presenting the researcher with potentially deep differences in temporality and narrativity; and finally, the question of what the ethnographic canon might look like if it was not based so heavily as it is on accounts of relatively young people.