

Generations Review

The Newsletter of the British Society of Gerontology



British Society of
Gerontology

Message from the President and Secretary

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GENERATIONS REVIEW

The Newsletter of the British Society of Gerontology is published by the Society four times a year, and sent free to members of the BSG.

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Well, goodness me – where have the last two years disappeared to? It seems like only yesterday that I was writing my first contribution to *Generations Review* as the Society's new President.... hard on the heels of the highly successful annual conference at Brunel University. As the current issue of GR goes to press, we at Keele are gearing up for the 41st annual conference and I very much hope you all enjoy – have enjoyed – the programme we put together by the time you come to read this.

One key task for the Executive Committee over the past year has been to review whether, in the current climate, the Society's five year (2009-2014) strategy is still 'fit for purpose'. The original strategy was developed in 2008, before the impact of the recession began to be felt. Consequently, alongside the day-to-day work of the Society, we have been discussing our aims and objectives, as well as the structures and activities which were put in place. Some of the changes we are proposing will be (have been) shared with members at the AGM; others will be implemented in the coming months once the precise membership of each Working/Strategy Group is clarified after this year's elections have been concluded. Our incoming President – Professor Robin Means – takes up the reins at the Keele conference and, in true Buzz Lightyear fashion, will be looking ahead 'to year 5 of the strategy and beyond'. I wish him and the new Executive Committee all the very best and will do whatever I can to support future developments.

Finally, I would like to say a big thankyou to everyone who has helped and supported our work during the two years it has been my privilege to lead the Society: it has been fun, challenging and hard work in equal measures. As I celebrate having been a BSG member for exactly 30 years (the 1982 Exeter conference was my very first), I can truly say that the Society has been a hugely important part of my professional, academic and indeed personal life: I hope it continues to go from strength to

strength and that our new members will be celebrating in another 30 years time!

Mim Bernard—
President



Mim Bernard
President

I am delighted to be writing this report at the end of my first year as Secretary (although cannot quite believe where the year has gone...) and am pleased to be able to reflect on all that we have achieved, but also to share with you our plans and ideas for the future.

Where other societies have reported reduced membership and lower attendance at annual conferences, it is especially pleasing to report that our membership numbers have remained buoyant, and at the time of writing this report, have even increased, which is no mean feat in these difficult times. Rachel has continued to work hard at identifying our membership,



Sue Venn
Secretary

British Society of
Gerontology

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Message from the President and Secretary

contacting lapsed members and encouraging renewal of membership. We have also worked alongside the Membership and Communications group to enhance the website, publicity materials and to engage in new social media forums which we believe will facilitate communications within and between members, as well as with wider audiences.

BSG Website and Social Media

We are continuing to monitor the website and seek ways to improve our communications to members, such as in making AGM and Executive Committee meeting papers available in the members' area, and uploading past copies of Generations Review. As you will see from the new front page of the website and from Debbie Price's report in the last edition of GR, we have launched BSG into the 21st century (and possibly beyond!) with our engagement with Facebook, Twitter, LinkedIn and Blogging as an additional, and optional, way of communicating. We believe strongly in the importance of engaging with the new and diverse forms of social media, not just as a means of communicating to current members but also in attracting new ones, and in raising our profile more generally.

We have also continued to enhance the publicity materials of the Society, creating leaflets, banners, and as you will see at Keele, a new conference counter, as well as other materials for BSG and for ERA, all of which reflect the new logo and website and create a coherent and professional presence for the Society. Thank you particularly to Rachel for her efforts at identifying and facilitating the production of these new materials.

Awards and Bursaries

Outstanding Achievement Award

In future, the panel for the Outstanding Achievement Award will comprise Alan Walker as Chair, Tony Maltby, Chair of Sheffield 50+, the current President, President-elect, and one representative each from AgeUK and ILC-UK as organisations with whom we have a Memorandum of Understanding.

Rachel Hazelwood will administer the award. So this year, we are delighted to welcome: Alan Walker, Tony Maltby, Mim Bernard, Robin Means, James Goodwin (AgeUK) and David Sinclair (ILC-UK). The 2012 recipient will be announced at the annual conference. The panel have also been asked to review the guidelines and conditions for making the award from 2013.

Bursaries

This year we received a total of 15 applications for bursaries to attend the Annual Conference, which together requested an amount that exceeded our budget. After carefully considering all the applications according to our criteria for selection, we were delighted to be able to offer 11 awards. I would like to thank the members of the Bursaries awards panel for joining me on the committee this year: Kate Bennett, Naomi Woodspring, and Mary Pat Sullivan. The bursary application process and criteria for funding will be assessed and updated by the panel over the coming months, in a continuing response to the changing needs of our membership, and any changes will be relayed through the website and in email bulletins.

We have also, this year, been delighted to collaborate with AgeUK Oxfordshire to offer two bursaries to BSG student members to attend an international conference in Oxford 'What do we know about loneliness, which takes place just prior to the BSG Annual Conference at Keele.

Averil Osborn Award

In my last report, I mentioned the Averil Osborn award fund, which was set up by the BSG to encourage and support research work that enhances the quality of life and citizenship of older people. Here is a reminder of the two projects we funded:

1. Ageing without children: understanding the implications in older age, Keele University and Brunel University.
2. AFRESH: A study on FosteRing Empathy between Students and older people - a practical approach, AgeUK West Sussex and the University of Surrey.

A further award may be made, subject to the acceptability of a revised proposal.

We are very much looking forward to hearing, in due course, from the first project once it has been completed. Some of you may have seen from my blog on the BSG website that I was invited to hear the play that was produced as part of the dissemination from the second project. The play brought together student nurses and older people to demonstrate how such a collaboration could challenge (mis)perceptions between generations, and foster positive attitudes, enabling the development of empathy and understanding in a care setting. This was a fine example of participatory research which included older people in all aspects of the research. We plan over the coming summer to publish this work, and others that have been funded by the Award, on the BSG website. I would like to re-iterate my thanks to the other

members of the Awards Panel, Clive Newton, Age UK, Chair, Robert Peacock, Susan Tester and Kate Davidson, who not only deliberate on the applications for funding, but also work throughout the year to monitor the Award, and evaluate the criteria for awards.

Election to Fellows of Gerontological Society of America

At the time of writing this, it has just been announced that three of our members have been made Fellows of the Gerontological Society of America, Sara Arber, Kate Bennett and Chris Phillipson. Fellow is the highest class of membership within the GSA and is an acknowledgement of outstanding and continuing work in the field of gerontology. Many congratulations from us all!

Looking to the future

Looking forward to the following year, my priorities for the Society are:

- to continue to find ways to communicate regularly and effectively with members
- to consider how to increase our membership and to develop a strategy to communicate with lapsed members and encourage renewal of membership
- to review the benefits of membership and consider ways as to how this can be enhanced.
- to continue to assess and review the criteria for awarding prizes and awards, taking into account the changing dynamics of membership and the gerontological community as a whole
- with the President and Administrator, to define the roles and responsibilities of Executive Committee members and officers, and
- to produce a welcome handbook for new committee members and officers

Finally, my sincere thanks to the whole Committee for their invaluable support during my first year as Honorary Secretary, and in particular I would like to thank Mim Bernard, Rachel Hazelwood and Debbie Price for their support and guidance. I am very much looking forward to working with current and newly-elected members of the Executive Committee in the year to come.



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I will conclude with a repeat of my request from last year's report to ask everyone to feel free to contact me with comments, suggestions and/or questions. I am very interested in hearing what you would like from your society.

With many thanks and best wishes

Susan Venn—Secretary

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June 2012



In the October issue of GR don't miss:

- All the news from BSG 2012 Conference (11-13 July, 2012) and ERA Conference (10 July, 2012), Keele University.
- All the news from AgeUK Oxfordshire's Loneliness Conference (9-10 July, 2012).
- Updates from Kate Davidson on AGE Platform.
- Book review: Holstein, M.B., Parks J.A. and Waymack M.H. (2011) *Ethics, Ageing and Society. The Critical Turn*. NY: Springer Publishers.



News and Reviews

Emerging Researchers in Ageing 'Ageing Research Across the Disciplines'

Sukey Parnell
University of West London

A group of 42 researchers from all over the country attended this daylong seminar at Brunel University in April. I am a doctoral student in the arts at University of West London and although Brunel is our near neighbor, this was my first visit to the impressively modern campus with its extensive grounds. This was also my first ERA event and I had received a warm welcome



Maria Zubair, University of Manchester and Debbie Cairns, Brunel University

from organiser, Debbie Cairns, along with my excellent programme notes – the day promised an interdisciplinary focus on a wide range of topics.

During the course of the day, the pace was intense and focused as researchers struggled to encapsulate the depth of their studies in the brief time

allocated. Recurrent themes were the maintenance of autonomy, dignity and social connectivity in older age, the importance of community contacts and the need to understand the particular personal challenges for individuals so that appropriate solutions could be designed to support and maintain independence in later life.

After the welcome, Dr Ian Kill launched the proceedings with a fascinating keynote paper on the biology of ageing and his research into premature ageing syndromes. He explained that genetic diseases are often driven by the alteration of a single code in one gene which triggers a complex chain of age-related effects. Examination of these diseases can reveal information that can aid understanding of the normal



Ian Kill, Brunel University

ageing process. Several design projects were presented including the development of an online window to connect older adults, dubbed the 'Teletalker', designs to combat the embarrassment of incontinence – solutions included an interactive toilet map mobile application and pants fitted with a discreet alert system, and the role of assistive technology for families caring for relatives with dementia. Papers on social care and community issues included a study on expectations of care in Pakistani families, a well-rounded and sometimes

surprising study of the causes of social exclusion in three Lancashire communities, the 'difficulty of the driving task' – increased expectations for mobility in old age and associated challenges, and the need to provide supportive information for older people who had suffered hip fractures following a fall to combat fears of lost autonomy and rebuild confidence through achievable goals.



Ian Sidney, Age Concern Lancashire

Lunch was a lively and chatty affair. I found myself reaching for my notepad as people offered useful steers and contacts for my own research. The pace was relaxed in the afternoon session which focused on the doctoral experience and the preparation for viva. Brunellians, Dr Akile Ahmet and Dr Miranda Davies, injected their discussions with personal experience, clear targets and strategies and a good deal of self-deprecating humour to round up a stimulating and rewarding introduction to ERA.

Report on the IFA Conference, Prague 2012

Christian Beech
Swansea University

The International Federation on Ageing's 11th global conference was held in the beautiful and historic city of Prague in the Czech Republic. Conveniently located near to the centre of the city, the convention centre played host to over 700 delegates from many countries around the world. Once again, our Australian friends and colleagues turned up in force and wherever you went at the conference or indeed elsewhere in the city you were never far away from an Australian accent.



Christian Beech
Swansea University

The conference was broadly based on four themes. First there was older persons and development (also covering workforce issues; labour and training; and income security and poverty prevention). Advancing health and well-being into older age covered what you would typically expect including the mental health needs of older persons in addition to physical health and access to health services. Enabling environments offered sub-themes concerning housing and the living environment; care and support for caregivers and neglect, abuse and violence. The final key theme was connected technologies which focussed upon not only telehealth and assistive technology but also engaging generations in the use of tweets, blogs and social networks –

otherwise termed 'the digital divide'.

There was a range of key speakers and dignitaries on the program although it must be said that the opening ceremony bore very little resemblance to the program which boasted the presence of the Prime Minister of the Czech Republic, His Excellency Pter Necas and tennis Deity Martina Navratilova. Neither turned up in person and the audience had to do make do with pre-recorded messages. No signed tennis balls or new Facebook profile pics for us!! The quality of conference presentations and posters varied dramatically with some posters being no more than sheets of printed A4 paper and some 'oral presentations' turning out to be nothing more than marketing videos and in one case, a very dated one with chintzy music – amusing yes, but not what we paid to see.

The overall organisation of the conference was somewhat 'relaxed'. Timings of presentations were unclear resulting in some speakers only preparing for 10 minutes and others taking 20 (and more). With regard to the catering, the first day did not bode well with delegates having to find and pay for their own refreshments and only those first in the queue were confronted with one type of sandwich at lunch – a chicken baguette. The vegetarians and vegans amongst us and those who came to lunch slightly later found empty plates and much shrugging of shoulders from the catering staff. There was evidence to suggest that the barrage of complaints that ensued did at least see some improvement over subsequent days but not by much.

In spite of the frustrations and disappointments, the IFA al-



King Charles IV

ways promises diversity in bringing together a broad range of people including academics, policy-makers and entrepreneurs and you are guaranteed to find fresh perspectives, new ideas and potential for collaborations in the field of ageing. As with any international conference, it is always enriching to meet up with old friends from around the world as well as make new, all made more special by experiencing the wonders of Prague – its history, friendly people; enthralling history and culture – and very fine Bohemian beer and wine.



Christina Victor and Mary Pat Sullivan, Brunel University



Dear BSG Founding Fellows and Members,

The Executive Committee is currently working with the National Archives and Centre for Policy on Ageing to establish a framework to appropriately record and archive the Society's work. We view the preservation of our 'collection' of core documents and publications as fundamental in enabling us to capture the Society's contribution to ageing and later life as we approach our 50th anniversary...and beyond.

To this end, we are approaching our Founding Fellows, previous Executive Committee members and the larger membership to see if anyone has any documents that might be a valuable addition to our archive. These documents may include conference programmes, meeting minutes, correspondence with key figures in ageing research, copies of early newsletters (i.e. Generations), policy or other governance records. We would welcome any of the above as we begin to formally establish our archive.

If you would like to contribute any of your documents, please forward by post to:

Dr. Mary Pat Sullivan
School of Health Sciences and Social Care
Brunel University
Uxbridge, Middlesex
UB8 3PH

For any queries before you post (e.g. reimbursement for postal charges or a large volume of material), please email mary.sullivan@brunel.ac.uk.

Many thanks for your ongoing support and interest in the Society. We look forward to hearing from you.

Mary Pat Sullivan
Chair, Publications Group
Executive Committee

Book review – Wally Harbert (2012) *Baby Boomers and the Big Society*. Grosvenor House Publishing

John Miles
Keele University

This is an important book, self-published and not widely distributed, which won't readily come the way of the readers of *Generations Review*. You should look it out. It's intensely researched, and, although it doesn't follow a conventional academic framework, widely referenced. It mixes the broad sweep of social history with the telling anecdote, some personal, and some – too few, perhaps – professional. It is intensely partisan about voluntary help – volunteering – without completely nailing its place in the social fabric. It convinces you that volunteering faces an uncertain future but is sufficiently ambiguous about the meaning of the 'Big Society', and the potential of baby boomers like me to engineer a change, as to leave an after-taste of both hope and despair. It isn't an easy book to review.

I know Wally: during his couple of years as a trustee of the Older People's Advocacy Alliance he offered me a good deal of frank and valuable advice. Latterly, we had conversations about the feasibility of volunteer advocacy schemes led by older volunteers. We have mutual friends. During the 1960s, when I was a teenager, and Wally a social worker in Liverpool, he worked alongside the late Quaker activist Rose Pyle, who, in the small country town I grew up in, was a mentor to three generations of my family. In 1970 Wally became Hackney's first director of social services, just before I went to work there, so there's a link to Denise Wilkinson, the former director of the Retired and Senior Volunteer Programme, with whom I collaborated over many years in the borough. To me Wally exemplifies the remarkable contribution to social policy of the cohorts who came of age during or just after the Second World War. They grew up in a world of deference and have aged into one of increasing disorientation. They took forward great hopes for public service which now seem mired in confusion and disintegration. Much of this is in the book.

Effectively, it has fifteen chapters. The first two set out 'the challenge': the dire state of health and well-being in the UK, especially of children, relative to many comparable societies, and the culpability of televised media ('the elephant in the living room') and the consumerism it promotes in fomenting a lack of civility and social cohesion. The next seven chapters set out with enormous ambition to place 'two centuries of volunteering' into their historical and social context. On the one hand, philanthropy, a development driven with enormous determination by women like Elizabeth Fry. Some of the statistics here are striking. Wally quotes a source from the early 1960s:

"In 1861 the aggregate income for London charities was said to be nearly £2.5 million whereas the total poor rate was less than £1.5 million".

Then alongside it, the hugely diverse practices of 'mutual aid' and self-help. The range and diversity of these overlapping but distinct phenomena is seen as more or less without parallel in international terms. Wally represents these two strands as continuing to the present day (pp 215-219): the philanthropists are now the voluntary sector, the self-help organisations the community sector. He joins Danny Dorling, Owen Jones, and other recent commentators, in identifying the sheer range of community activity (pp 168-170) going on beneath the radar in the most beleaguered communities without official recognition or support.

There are then four chapters that look closely at the theory and practice of supporting volunteers, and the malaise into which it is sinking. During the Second World War, volunteering, in the shape of the Women's Voluntary Service and the Home Guard, was highly self-directed. Relative autonomy was crucial to both survival and success. But in the contemporary world it is now the opportunity for self-fulfilment that has come to be of over-riding importance in motivating volunteers. The great (and growing) threats to volunteering have gone from officiousness, through bureaucratisation, to the contemporary preoccupation with professional management, measurable targets, outcomes, risk management and regulation. The first appendix is a case-study of the high hopes for, and muddled future of, one highly regarded inner city project developed with older people. The second lists twenty benefits which distinguish the contribution of volunteers.

Wally's argument emphasises localism; the importance of volunteers setting their own objectives; the need for organisations to provide leadership rather than management, and the case for staff and volunteers working alongside each other interchangeably. It's an approach that encourages a bottom-up response to social conditions rather than the now mandatory, top-down, filling in the gaps, solving specified social problems discourse. Professional control, bureaucratic instruments, high level compacts (like that between Volunteering England and the TUC), agreed by unrepresentative, centralised, professional bodies are heavily criticised. Charities, (notably the Alzheimer's Society), which have reorganised against their former mutual support ethos in pursuit of contracted funding and political influence are seen as typifying practices which are driving away volunteers, or suppressing their talents. The baby-boomers (whose underlying stance he tend to sees as inherently libertarian) will demand something different.

It's a bold outline, almost a manifesto, for a curious alliance. On the whole, the more the Coalition government's intentions towards the public sector have become clear, the greater our mistrust has become of the devolutionary intentions behind the 'Big Society'. Can the baby boomers fight both to defend public services and for our right to exert greater influence in tackling social and environmental problems?

There seems no reason why not in principle. My concern is that Wally may have missed some of the materialism and the all-embracing lure of personal everyday life which has grown up amongst us since the sixties.

It's possible we're all sulking in our tents because we don't like volunteer managers. I'm more conscious of the number of informal initiatives struggling on a shoe-string and crying out for volunteers, including those in the streets where I live. That shortfall can't all be for want of a decent facilitator. We might have to learn better to blend our expressiveness and desire for empowerment with more of that gutsy war-time willingness simply to give assistance.

My other caveat is technical. Early on a distinction is made between formal and informal volunteering, without the boundaries between the latter, neighbourliness, and everyday community life, being sufficiently discussed. A crucial distinction might emerge here within the process of deciding to take action, as when non-professionals get themselves trained in the use of defibrillators (p 196-197): the kind of grass-roots team-work that Wally identifies within the organisation RSVP is actually quite formal. He has elsewhere written and spoken about the role of 'volunteer organiser'. It would have been good to see that better illustrated here. But if you want to get beyond the policy flannel and patronage this is a useful and enlightening book.

Wally sets out his account of volunteer management in this ten minute video by the National Trust <http://vimeo.com/41972477>

Book Review - Jeanne Katz, Sheila Peace and Sue Spurr (eds.) (2012) *Adult lives: A life course perspective*. Bristol: Policy Press.

Mary Pat Sullivan
Brunel University

The editors have compiled an impressive group of scholars (Vern Bengston, Mike Nolan, Peter Townsend, Ann Bowling and others!) to explore the diversity of adult lives from a life course perspective. Aimed at providing one of the latest readers for Open University's teaching, this very timely text is divided into three parts: (1) Contextualising adulthood; (2) Transforming adulthood; and (3) Understanding adulthood. Each section uses previously published papers and newly commissioned work to lead the reader through the story of adulthood – including the complex relationships between the individual story and the context of daily lives. The 'real voice' is heard on every page and creatively reinforced with the insertion of intimate personal stories at the conclusion of each of the book's parts –

"Imagine a life where everything from the past was stolen, destroyed, left behind. How would it feel? Liberating? Depleting? Would there be a need to rebuild or to let go? Could life be different from that moment on? Am I a product of the things I own, the experiences I have had, a present that relies exclusively on the past, or is it

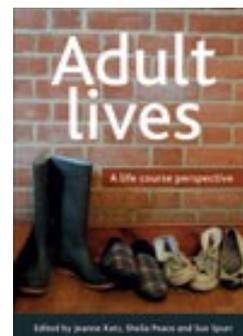
possible to let go and move forward? To shed the skin of a previously lived life, to emerge from the trappings and debris of old ideas and belief systems" (pg. 353).

Part I focuses the reader on the environment of everyday life. The contributors (too many to mention) draw the reader's attention to a host of themes, including agency versus structure, social inclusion/exclusion, active ageing (and the pressure to age well) and technological developments. For example, Rebecca Jones provides a creative paper entitled 'Imagining old age' in which she explores why it is that so many people cannot think about their own old age and argues that a failure to do so reinforces ageism among the young and ageist structures within health and social care. Tracie Harrison and Alexa Studifbergen present a depth consideration of newer ageing populations, that is, ageing women with a childhood onset disability. Detailed life course narratives provide the grounds for understanding decline later in life for women who had spent a life time of, for example, normalising their impairment and maximising choice and independence.

Part II focuses on transforming adulthood through a challenging presentation of the ideals and the realities of health and social care. For the practitioner reader, this section draws relevance from the human rights perspective, the new personalisation agenda and partnership working. Writers such as Gordon Grant, Geraldine Crewes and Ian Buchanan address the complex systems of care and decision-making where vulnerable service users receive (or not) support and care.

And finally, Part III turns to matters relevant to underpin the emerging themes from Parts I and II by focusing primarily on ethics and a critique of empirical methods. Although one might think this is an odd addition to the book, if you carefully read through you quickly realise that these chapters are the real foundation from which the aforementioned chapters emerge – from which we understand the complexity of real adult lives.

This is an outstanding text that presents a well organised presentation of daily lives through a life course lens. It is highly relevant for all students studying adulthood or gerontology and a welcome addition to any library. Congratulations to the editors and to those that shared their lives with us!



BSG Strategy

BSG Strategy Report: International Relations Group

Alisoun Milne, University of Kent (Chair) with Suzanne Moffatt, Mary Pat Sullivan, Sarah Hillcoat-Nalletamby and Cassie Phoenix

The 'International Relations Group' is one of six British Society of Gerontology strategy sub groups tasked with advancing the Society's overall goal of 'positioning the BSG as a visible world leader in the development of ageing research'. The current group was constituted in 2009; Cassie joined in 2011. Its particular objectives are to:

1. Have oversight of, and build on, the number and nature of links between BSG members and groups/associations from other countries with shared or similar aims/goals
2. Use international groups/meetings/opportunities to raise the profile of BSG and recruit new members
3. Encourage the development of capacity around research and other collaborations with international colleagues
4. Ensure that members who represent BSG in a formal capacity in an international fora or society have a clear remit and that feedback is coherently gathered and fed into the work of BSG.

Most of the attentions of the Group have been on mainland Europe and Ireland whilst ensuring that it has sight of existing links between BSG members and North America and Australasia.

During the last year the Group has focused on: enhancing its website presence and profile; confirming its links with European organisations; and enhancing the international profile of BSG, particularly contributing to the *European Year of Active Ageing and Intergenerational Solidarity*. In relationship to its website presence and profile the Group has finalised guidelines about who can formally represent the BSG abroad, developed a 'feedback template' for use by representatives who attend European or International events, and populated a Table of key 'European and International organisations' that BSG has links with. The forms and Table are on the BSG website.

In terms of confirming links with Europe: the Group's Chair has met with Nichola Robinson (Age UK, European Policy Advisor) to discuss Age Europe, BSG links with ageing related EU organisations and how we can strengthen our EU profile; established regular communication with Age Platform Europe Council (via one of the substitute members who is a BSG member); confirmed the system for nominating full and substitute members to Age Platform Council and clarified the relationship between Age Platform and its 'Expert Groups'. The Expert Groups are: Anti Discrimination, Social Protection/Pensions, Social Inclusion, Employability and

Active Ageing, Health, Long Term Care and Social Services, and Universal Accessibility and Independent Living.

The fact that BSG was invited to become a member of the Steering Group for the *European Year of Active Ageing and Intergenerational Solidarity* (EY2012) has offered it a golden opportunity to enhance its European profile. Not only has this facilitated links with UK organisations who have an interest in European activities but has also resulted in the EY2012 invitation for UK activities (research, services, good practice) to be showcased by it (in late 2012/early 2013) being embedded in BSG's website. Invitations for members to take advantage of this have been regularly circulated by the BSG administrator, Rachel Hazelwood on behalf of the 'International Relations Group'. Additionally three BSG members with key European profiles have agreed to contribute to *Generations Review* in the near future.

Over the next year the 'International Relations Group' aims to: ensure that BSG maximises the opportunity to showcase its work via EY2012; encourage non UK membership of BSG; pursue the possibility of a member of the Group becoming a member of the Age Platform Expert Group on 'Health, Long Term Care and Social Services'; and enhance the visibility of BSG's international activities. This may include using the website to showcase international conferences, activities and research partnerships.



The European Year 2012 seeks to promote active ageing in three areas:

Employment – as life expectancy increases across Europe, pension ages are rising, but many fear that they will not be able to stay in their current jobs or to find another job until they can retire on a decent pension. We must give older workers better chances in the labour market.

Participation in society – retiring from one's job does not mean becoming idle. The contribution of older people to society as carers for others, typically their own parents or spouses and their grandchildren is often overlooked and so is their role as volunteers. The European Year seeks to ensure greater recognition of what older people bring to society and create more supportive conditions for them.

Independent living – our health declines as we grow old, but a lot can be done to cope with this decline. And quite small changes in our environment can make a big difference to people suffering from various health impairments and disabilities. Active ageing also means empowering us as we age so that we can remain in charge of our own lives as long as possible.

For more information: <http://europa.eu/ey2012/ey2012.jsp?langId=en>

Who's Who

Murna Downs

Chair in Dementia Studies and Head, Bradford Dementia Group
Bradford Dementia Group, School of Health Studies,
University of Bradford



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

It was a somewhat circuitous route with key roles played by inspiring and supportive senior colleagues. Having completed a BSc Honours degree in Psychology from University College Dublin I strayed across Europe for a while. With the support of Prof Michael Nolan and Dr Moira Quinlan, I came back to University College Dublin and completed a 1 year Diploma in Applied Psychology. I decided to keep busy by joining a peace and feminism work camp in Burlington, Vermont. This led to my meeting the late Professor George Albee (pioneer in primary prevention of mental health problems) who encouraged me to pursue doctoral study at the University of Vermont. For my PhD I conducted an observational study on the effect of restraint removal on residents and staff in a nursing home. It was perhaps here that I first was awoken to the social injustice of care for frail older people and the potential of research to make a difference. I pursued this interest by working as a postdoctoral fellow in mental health and ageing at Pennsylvania State University with both Professor Michael Smyer (psychological interventions in care homes) on a study testing the effectiveness of a training programme for care home staff and with Professor Steve Zarit (support for family carers of people with dementia) on a study testing the effectiveness of day care for people with dementia and their family carers. Towards the end of my post doc Professor Faith Gibson (University of Ulster) had a timely telephone call and shortly after I was invited to apply for the post of Research Manager at the Dementia Services Development Centre at the University of Stirling. I had the privilege of working with Professor Marshall OBE for 7 years and together we founded the Centre for Social Research on Dementia, devoted to developing the

evidence base to improve quality of life and quality of care. Coaxed by close friends I applied and was appointed to the Chair in Dementia Studies at the Bradford Dementia Group. This had afforded me the opportunity to work alongside inspirational colleagues to harness the synergies between research, education, training and consultancy in practice development to improve quality of life and quality of care for people with dementia and their families. Much of my tenure at the University of Bradford has coincided with my Mum living and dying with dementia where I saw at first hand the her efforts to continue to be part of life and the need to change society's response, public understanding and attitudes and care and services.

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

From my Dad, 'Always do your best and it will be good enough'.

3. Who's the most influential person in your work life and why?

My Mum – her experience of living with dementia informs everything I do.

4. What's the best book you ever read?

Rex by Joyce Stranger because it introduced me to the worlds you can access through reading.

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

I like walking, listening to music, reading the Irish Times and enjoying our cats.

6. What's the future for ageing research?

Now.



Updated BSG Guidelines on Ethical Research with Human Participants now available on the BSG website: <http://www.britishgerontology.org/ageing-studies/bsg-ethical-guidelines.html>.

Cutting Edge

Promoting Healthy Ageing Through Physical Activity and Healthful Eating: The Latest Evidence and Current Challenges

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It seems that almost daily we are exposed to the public health messages telling us to be more active, eat a healthy diet, and maintain a healthy body weight. Although these messages are intended to promote enhanced health and longevity and are easy for many public health professionals to espouse, incorporating these behaviours into one's daily life is much more challenging. This may particularly be the case for older adults.

The purpose of this article is to present evidence supporting the benefits of regular physical activity and healthful eating for older adults, and to provide a brief overview of public health recommendations for physical activity and healthful eating. What is currently known about these factors among community-dwelling older adults in the UK, along with a discussion of some of the challenges faced in meeting these recommendations and potential solutions are also presented.

Although being regularly active and eating healthfully are viewed as distinct behaviours, they work both in combination and independently to reduce one's risk for developing risks for cardiovascular diseases, type 2 diabetes, obesity, osteoporosis, some cancers, dementia, and depression and to mitigate their impact in older adults with disease (WHO 2002; Department of Health 2011a; Liu *et al.*, 2012). There is strong evidence indicating that an older person who consumes a healthy diet and remains fit, active and engaged in community life is more likely to enjoy independence, enhanced cognition, physical, and mental function, and a higher quality of life (Bruèyre *et al.*, 2005; Kesse-Guyot *et al.*, 2012; Liu *et al.*, 2012; Sieverdes *et al.*, 2012).

UK guidelines for physical activity have recently been updated and include a section specifically focused on older adults 65+ years (Department of Health 2011a). The diversity of older adults with regards to health, physical and mental function, and disease status is emphasised, and the recommendations take into account the range of functional status and activity needs amongst older adults who are already active, those with declining function, and those who are frail or who have low function. These guidelines state:

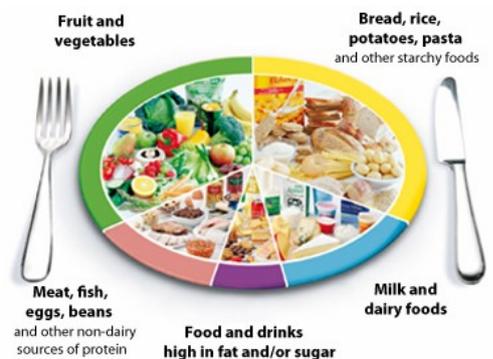
- Participating in any amount of physical activity will provide some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.

- Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2 ½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days per week.
- For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity. Small, gradual increases in volume or intensity are advised to reduce risk of injury.
- Physical activity to improve muscle strength should also be undertaken on at least two days a week.
- Those at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
- All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

There are also a number of additional social benefits that can result from regular physical activity, including increased social engagement, sharing of activities within families and across the wider community, and improved self-confidence and self-efficacy that one can be more active.

The Eatwell Plate is the cornerstone of UK healthy eating guidelines (see figure) (NHS 2011). The goal is to eat

the right amount of food for one's energy needs to avoid over- or underweight, and to eat a balance of various foods groups that contribute to optimal health. It is suggested to try to get the balance of foods right each day or over the week; achieving this balance with each meal is unrealistic and unnecessary. Recommendations include eating at least 5 portions of fruit and vegetables each day (comprising one-third of foods consumed), mostly whole-meal grains, breads, pasta, rice and potatoes, some dairy and milk foods, meat, fish (at least one portion of oily fish per week), eggs, and other non-dairy protein sources, and only small amounts of foods high in fat, saturated fat, salt and sugar. These guidelines are flexible and apply to meat eaters, vegetarians, and people of various ethnic origins. The dietary needs of some older adults may be altered due to health conditions and or medication use; these individuals should meet with a dietician to determine the optimal diet to promote health within their particular situation.



The current statistics on physical activity and food intake amongst UK older adults indicate a clear need for intervention. Overweight and obesity are of primary concern in community-dwelling older adults; prevalence is 77.5% and 69.6% of adults aged 65-74 years and 75 years or older, respectively. Concurrently, 0.3% of those aged 65-74 years and 1% of those aged 75 years or older are underweight (defined as a body mass index $<18.5 \text{ kg/m}^2$) (The Information Centre for Health and Social Care, NHS, 2011). National data also indicate that only 37% of older adults (≥ 65 yrs) meet the recommendation for five portions of fruit and vegetables per day, and consume well below the recommended one portion per week of oily fish and exceeded recommendations for total and saturated fat (Department of Health 2011b). Although there is widespread recognition that physical activity is critical in older age for the maintenance of physical function, mobility and metabolic health, less than 30% of adults 65-74 yrs and 15% of adults ≥ 75 yrs report **any** moderate intensity physical activity lasting at least ten minutes in the previous four weeks (The Information Centre for Health and Social Care, NHS, 2009).

OPAL (Older People and Active Living) is a research project conducted by our team at the Universities of Bristol and Bath exploring the physical activity and eating patterns of an economically diverse sample of 240 community-dwelling older adults (≥ 70 yrs) in the UK. The findings are consistent with national data indicating a high prevalence of overweight and obesity, unhealthy dietary intakes, and low levels of PA among community-dwelling older adults. Almost 67% of this sample was overweight or obese, with 16% consuming diets high in total fat and almost 20% consuming diets low in fibre (Thompson *et al.*, 2011). Less than half of the participants accumulated the recommended weekly equivalent of 150 minutes or more per week of moderate-to-vigorous activity, with only 1.3% meeting current recommendations that this level of activity be done in bouts ≥ 10 minutes in duration (Davis *et al.*, 2011a). Participants spent an average of 11.5 hours each day being sedentary. Those with higher levels of physical activity were younger in age, male, with higher educational attainment and greater physical function, lower body mass index, and took more journeys from the home (Fox *et al.*, 2011).

Many older adults find it difficult to incorporate regular physical activity and healthful eating into their daily routines. Some lack the confidence to be physically active or to purchase and prepare healthful foods. Others may have physical, cognitive, and or financial challenges that limit their potential to be active, to access, prepare and consume healthy foods, and to maintain control over their daily food intake. Specific to physical activity, results from OPAL indicate functional limitations, lack of intrinsic motivation, and not having an activity companion were the highest impact barriers to physical activity (Stathi *et al.*, 2011). Also, some people are resistant to having the government dictate their activity and eating behaviours and do not feel they want to comply with existing public health recommendations. There are also many individuals who do not know just how much activity is enough to be beneficial or what constitutes a healthy diet.

How might current research inform practice to assist older adults in meeting healthy lifestyle recommendations? Data from OPAL indicates that 'getting out and about' via shopping and other errands is associated with increased levels of physical activity and higher physical function, even if one uses a car for transport (Davis *et al.*, 2011b), and results from in-depth interviews suggest that the maintenance of good health and functional ability and supportive social networks support higher levels of regular physical activity (Stathi *et al.*, 2011). Reducing the time one sits each day, finding an activity 'buddy,' gaining access to activities that are age- and function-appropriate, and encouragement by family members to promote an active lifestyle are just a few of the ways to provide critical support older adults in increasing their activity levels. Eating a healthful diet does not have to be expensive, and providing age- and health-appropriate nutrition education for older adults (such as through grocery store tours) (Baic and Thompson, 2007) can help support the selection of affordable, healthy foods. Additionally, participation in lunch clubs, sharing shopping duties and cooking and eating meals with family and or friends, and taking advantage of home meal deliveries are just some examples of ways to promote healthy eating amongst older adults. Thus it is important to find ways to inform older adults about the current physical and dietary guidelines, to develop and sustain supportive physical and social environments, and to share examples of how healthy lifestyles can be achieved within the reality of each older person's situational context.



References:

- World Health Organization. (2002) *Active Ageing: A Policy Framework*. Geneva: WHO. Available at: http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf (Accessed: 14 June 2012).
- Department of Health. (2011a) *UK Physical Activity Guidelines*. London: Crown. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931 (Accessed: 15 June 2012).
- Liu, R., Sui, X., Laditka, J.N., Church, T.S., Colabianchi, N., Hussey, J., and Blair, S.N. (2012) 'Cardiorespiratory fitness as a predictor of dementia mortality in men and women.' *Medicine and Science in Sports and Exercise*, 44, pp. 253-259.
- Bruyère, S., VanLooy, S., and Peterson, D. (2005) 'The International Classification of Functioning, Disability and Health (ICF): Contemporary literature overview.' *Rehab Psych*, 50,

- Kesse-Guyot, E., Andreeva, V.A., Jeandel, C., Ferry, M., Hercberg, S., and Galan, P. (2012) 'A healthy dietary pattern at midlife is associated with subsequent cognitive performance.' *Journal of Nutrition*, 142, pp. 909-915.
- Sieverdes J.C., Ray B.M., Sui X., Lee D.-C., Hand G.A., Baruth M., and Blair S.N. (2012) 'Association between leisure time physical activity and depressive symptoms in men.' *Medicine and Science in Sports and Exercise*, 44, pp. 260-265.
- NHS. (2011) *The eatwell plate*. Available at: <http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx> (Accessed: 15 June 2012).
- The Information Centre for Health and Social Care, NHS (2011) *Health Survey for England – 2010: Trend Tables*. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2010-trend-tables> (Accessed: 14 June 2012).
- Department of Health. (2011b) *National Diet and Nutrition Survey: Headline results from Years 1 and 2 (combined) of the rolling programme 2008/9 - 2009/10*. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_128166 (Accessed: 14 June 2012).
- The Information Centre for Health and Social Care, NHS. (2009) *Health Survey for England 2008: Physical activity and fitness*. Available at: <http://www.ic.nhs.uk/pubs/hse08physicalactivity> (Accessed: 14 June 2012).
- Thompson J.L., Bentley G., Davis M., Coulson J., Stathi A., and Fox K.R. (2011) 'Food shopping habits, physical activity and health-related indicators among adults aged ≥ 70 years.' *Public Health Nutrition*, 14, pp. 1640-1649.
- Davis M.G., Fox K.R., Hillsdon M., Sharp D.J., Coulson J.C., and Thompson J.L. (2011a) 'Objectively measured physical activity in a diverse sample of older urban UK adults.' *Medicine and Science in Sports and Exercise*, 43, pp. 647-654.
- Fox K.R., Hillsdon M., Sharp D., Cooper A.C., Coulson J.C., Davis M., Harris R., McKenna J., Narici M., Stathi A., and Thompson J.L. (2011) 'Neighbourhood deprivation and physical activity in UK older adults.' *Health and Place*, 17, pp. 633-640.
- Stathi A., Gilbert H., Coulson J.C., Davis M.G., Thompson J.L., and Fox K.R. (2012) 'Determinants of neighborhood activity of adults aged 70 and over: A mixed methods study.' *Journal of Aging and Physical Activity*, 20, pp. 148-170.
- Davis M.G., Fox K.R., Hillsdon M., Coulson J.C., Sharp D.J., Stathi A., and Thompson J.L. (2011b) 'Getting out and about in older adults: the nature of daily trips and their association with objectively assessed physical activity.' *International Journal of Behavioral Nutrition and Physical Activity*, 8, 116. www.ijbnpa.org/content/8/1/116
- Baic, S. and Thompson, J.L. (2007) 'Prevent It: Using grocery store tours as an educational tool to promote heart health.' *ACSM's Health and Fitness Journal*, 11, pp:15-20.

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London and its legacy: Sport for All older people?

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I assume we all know by now that London is hosting the 2012 version of the Olympic Games. It would be difficult to ignore, even without access to the visual or print media as the reminders are pretty ubiquitous. The Olympic Games are a sporting occasion. They are an opportunity for athletes in their chosen sport to compete at the highest level of physical competence and psychological preparedness. Modern athletes receive funding to dedicate themselves full-time to attaining such exceptionally high levels of physical and psychological capital. Those who do not have access to such resources are unlikely to qualify for the competition. So the deployment of the athleticism we will see at the venues or on our screens will be literally awesome. Will it be awe-inspiring or inspiring? The question is worth asking because, whilst it is clearly not in everybody's gift to compete, an integral part of the bid for hosting an Olympic Games is the presence and quality of the legacy agenda.

London 2012's website states: "Right from the beginning of our bid in 2003, London 2012 has been about what can be achieved through the inspiration and power of sport, using it as a catalyst for positive change and inspiration." Greater sport participation and physical activity amongst people "of all ages" is part of this legacy agenda and a range of projects have been initiated across the UK (see www.london2012.com/about-us/legacy/sport). Older people have been included in the Olympic legacy. This is consistent with the increasing interest given to ageing issues worldwide, prompted by population ageing. The WHO has issued guidelines for physical activity for three age-groups, one of which is the 65+. 2012 is the EU Year of Active Ageing and physical activity participation forms part of policy-making and research to maintain social and, importantly, economic relevance amongst the old. So there is a convergence of interests and claims which is quite uncanny.

What's in it for older people? There is substantial evidence to show that being physically active has benefits for health among the young old and the very old. Retrospective studies of physical activity show that older people who exercise regularly, and this includes athletes, appear to have physiological and musculo-skeletal advantages which are beneficial for continued mobility, good health, longevity and thus independence. Physically active people also tend to score highly on quality of life and well-being scales. From this it can be inferred that sedentary older people – who also are more likely to suffer from the decrements normally associated with increasing age - should be encouraged to be physically active. Prospective studies suggest that specially adapted strength, balance and aerobic training programmes might slow secondary ageing. The Masters Movement has a long history of

organizing games at local, national and supra-national levels, for athletes aged 35+. At Masters games people represent themselves, rather than their country, and they self-register for them. There are no qualifying events leading to the constitution of a team. Heats and results are organized in 5-year age groups. Athletes can sign for the 110m hurdles in the 45+ age category but the 80m hurdles in the 100+ age category, provided they meet the age criteria on a specific date close to the start of the competition. Clearly age is not a barrier to athleticism. The International World Masters Games align themselves to the Olympic Games and their Sport for All mission.

However exercise participation among the 55+ remains resolutely low in the UK and most of Western Europe, except in Nordic countries and Switzerland. The situation in North America is broadly similar to that found in the UK. So the Sport for All ideal remains to be achieved. Can London 2012 help in this laudable endeavour? Can a competition designed to showcase elite performance be used to entice people of all ages, including those who by the mere fact of their chronological or physiological age would be barred from aspiring to the feats of physical excellence on display? What



for exactly? What would this mean for ageing discourses and experiences?

I had a closer look at some of London 2012's 'inspire' projects (initiatives and events inspired by the Sport for All ideal). The majority of these projects are addressed mostly at children and young people and are often oriented towards finding and nurturing future athletes and leaders. A few stand out for not being exclusively youth-oriented. Examples include free swimming, the creation of path networks, weight reduction and illness prevention initiatives (allied to healthy eating) and PA projects for NHS staff. Another group targets older people specifically, such as Active Seniors Games, a People's Festival during which people are offered sport, art and science activities and Sheffield's Care Home Games with disciplines such as dominoes, bar skittles, mini golf and bowls.

A closer analysis of these projects reveals that the most common driver is the health and fitness imperative, with sport constructed as a lifestyle behaviour; some projects are designed to nurture social networks (although that is not necessarily the same as creating social capital) and the Games projects build on competitiveness, recognizing its continued salience in the very late years. Only one project recognized the aesthetic potential of old age, although its principal aim was to help people with dementia recover self-expression and self-recognition in movement.

There is a rich scholarship in ageing embodiment, sport and physical activity in the social sciences. The best work takes a critical stance regarding the role that physical activity can

play in rehabilitating ageing experiences. The new wave of ageing scholarship has navigated the choppy tension between discourse and phenomenology. Indeed what is at stake here is the body. We may not always feel old but the association of age with bodily deterioration continues to hold sway as the key discursive driver of older age.

Scholars such as Cassie Phoenix, Rylee Dionigi or Josefin Emin see the potential of Masters sports for unsettling traditional old age narratives, by showing what old bodies can accomplish, transforming intergenerational understanding and resisting norms of gender-appropriate expectations. They also keep alive critiques of agelessness as the answer to ageism. I showed in my own research that Master runners, without exception, placed their athletic capital above any other consideration. But these experiences are atypical. It might even be argued that they are out of reach because they are discursively unthinkable.

The question of category or definition is worth raising. A strict, age-based, boundary between sport and physical activity appears to have been set and we might be forgiven for accepting that the two are quite different. Physical activity is the tool with which Healthy Health Years (HLYs) can be accrued for an active (ie productive) old age. In my own research Active Seniors, who had no experience of sustained, lifelong physical activity, were quite clear that they were not sporty – despite attending a gym regularly. The instructors who worked with them felt that, after 10 years of gym attendance, they should adopt an approach to physical activity more akin to sport, based on the adoption of an orientation to the body as capital, capable of being nurtured, improved, maximized, in the search for heightened performance. A Foucauldian analysis would show that sport in its guise as physical activity and exercise, undertaken not for the sense of physical competence that athleticism brings, is favoured, as a response to population ageing and the global economic crisis and is consistent with the dominant discourse of age. Because the boundary between physical activity and sport is slippery, we can see that the disagreement between Active Seniors and their instructors is in fact a discursive conflict.

Another way of looking at it is to see that the disposition to exercise, to be physically active, to be sporty is not a question of nosological precision but a question of social location, of capital, of time/duration. The concept of habitus is useful here because it makes sense of social location as a process of internalization of aspirations and dispositions – as an embodied process. Each habitus has corresponding sets of aspirations and dispositions, is accorded value which carries greater or lesser weight in wider society. Our dispositions are arranged more or less favourably relative to dominant values. Upward social mobility might be the successful adoption of dominant values by an aspiring class. Through our habitus we acquire, deploy, develop types of capital which give us greater or lesser purchase on power. One such type is physical capital. Being sporty or not is a manifestation of our class, gender and ethnic location as well as of our age. Age plays a crucial role as it determines how we relate to our physical capital – whether we recognize that we have some, whether and how we should do something about it, and to what end. The health and fitness imperative has grown in salience.

Allied to the narrative of agelessness and the belief that we can control our bodies, age is no longer a barrier to physical capital but it still shapes what capital we can aspire to.

Disrupting the relationship between habitus and physical capital, e.g. encouraging people who have never really exercised to take it up in their later years, requires a fundamental reframing of dispositions but also of external conditions. Whether the Olympics can achieve that is debatable. And whether Sport for All will address the social, cultural and economic marginalization of the old is also worth some reflection.

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A dystopia of foot care?

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The aim of this article is to identify the scope of the current National Health Service (NHS) provision for podiatry and for nail cutting in particular; it will also highlight the importance of nail cutting services for the ageing population. Podiatry is a field of medicine which is often overlooked. Many people are unaware of the consequences that foot complications can have both on the individual themselves and also on health and social care services which may be involved with other aspects of a patients care.

NHS Podiatry

Over the past few years the NHS has experienced a sharp increase in the demand for podiatry services. This is due in a large part to the growth in population size, especially in the over 65 age group. According to current figures from the Office for National Statistics (2008), approximately 19% of the UK population are aged 65 or over.

The increase in demand has meant that many NHS podiatry services have re-prioritised the services which they deliver, in order to concentrate more on patients who have been identified as being at higher risk of foot health problems.

Access to podiatry services

Over the years, there have been various models for the delivery of podiatry services within the NHS. Previously many trusts had an open access policy so that patients could self refer for treatment when they felt necessary and were then assessed by the podiatry service, people aged 65 or over were given priority under the old system and were entitled to receive simple nail care as part of that service. There are many conflicting theories regarding access to podiatry services, Waxman et al (2003) stated that the effect of an age related, priority based system only served to promote dependence upon the service while at the same time blocking access for more urgent cases.

This system has gradually been replaced by referral, in order to receive podiatry care from the NHS a referral from a General Practitioner (GP) or other health professional such as a nurse, health visitor or physiotherapist is usually required. However, this means that increasingly the treatment has to be deemed necessary by the referring health professional before the patient can even have an appointment for assessment by a podiatry service.

This method of referral only access aims to provide a needs based service where patients referred to the podiatry services are only eligible to receive treatment if they meet specific assessment criteria, this usually involves the individual being placed into risk categories according to their health status. However these risk categories appear to have little evidence base apart from the local clinical consensus and they are often determined as a result of financial and waiting list pressures (Milns 2002, Salvage 1999).

Below is listed an example of the risk definitions used to determine access to podiatry services:

- **High Risk** – Neuropathy, ischaemia, Rheumatoid Arthritis, ulceration.
- **Medium Risk** – Biomechanical conditions, corns, callous, nail pathologies and conditions requiring intensive treatment and discharge.
- **Low Risk** – Cutting of simple nails, minimal callous reduction.

Milns (2002) found that there was a wide range of access criteria in use with many variations in risk definitions. Podiatry services across the country have different access criteria for treatment and increasing pressure on resources has led to increasing moves to 'treat and discharge' rather than retaining patients for regular monitoring.

The demand for podiatry services has increased - due to the increase in obesity, type 2 diabetes and an aging population - and fewer resources are available to treat patients who have been classified as having lower risk foot health problems. This has meant that patients deemed as being at a low risk of foot health problems are being discharged from the NHS.

The effective delivery of podiatric care for older people is becoming an issue of particular relevance now more so than ever as the percentage of older people in the UK continues to increase (Campbell 2006a).

NHS expenditure

NHS expenditure on services specifically for older people has risen in the past decade in line with the demographic shifts in population age range and mobility. Help the Aged (2005) reported that the cost to the NHS of treating a low risk patient 3 - 4 times per year is approximately £35 - £60, whereas the cost of treating a higher risk patient is approximately £70 - £120 per year. Sandifer and Davies (1998) have described how the restructuring of podiatry services such as restricting referrals and patient and professional education and training could address the problems associated with scarce resources within NHS podiatry services.

Statistical evidence

Until April 2005, the Department of Health collected KT23 statistics annually from NHS podiatry services across the UK. The statistics measured the new episodes of care and the number of new contacts made in that year. These statistics were the only way of measuring NHS podiatry services.

As the NHS podiatry services across the UK shifted towards treating more high risk patients, using the figures from the KT23 statistics to provide a year on year comparison did not necessarily compare like with like. In light of this, the Department of Health stopped collecting the KT23 statistics from April 2005.

Without statistics, any further increase or decline in podiatry service provision is difficult to establish, it becomes impossible to measure what is happening in podiatry, and this therefore limits the effective management of the overall NHS podiatry service which ultimately has a detrimental effect on service users.

Effect of withholding podiatry services

It has been acknowledged by the Society of Chiropractors and Podiatrists (2005) that with the current funding available for podiatry, it is appropriate and sensible to prioritise those people at high risk of foot health problems. However it is not clear what the long term impact of not treating patients who are currently deemed as being at low risk of foot health problems (Help the Aged 2005).

Older people who are categorised as low risk patients as a result of their health status may actually be at risk if they have diminished mobility or independence. Several studies (Koski et al 1998, Graafmans et al 1996, Tinetti et al 1995) have identified that problems with gait and / or mobility are a major risk factor for falls amongst the elderly.

When feet are neglected it can affect balance and gait as the patient finds it harder to wear suitable footwear and may also over compensate during gait in order to put the least amount of pressure onto the toes. All of this can put them at an increased risk of falling.

Effect on quality of life

Older people may need help with simple foot care such as managing deformed or misshapen toe nails which can cause considerable pain and discomfort if left untreated. These conditions can be chronic and can have significant effects on quality of life as well as leading to further complications such as tissue breakdown, infection or ulceration (Ellis 2006).

Good foot care can make a huge contribution to health and well being; it enables physical activity and mobility, contact with social networks and community participation. It can be an opportunity to interact with others.

Discharge from podiatry services

Campbell (2006a) conducted a study aimed at identifying the probability of the development of a medium or high risk foot pathology following discharge from NHS podiatry services. The study found that a relatively high proportion of elderly people experienced a rapid deterioration in foot health without professional help.

Age Concern (2007) suggests that many older people are becoming victims of the health – social care divide. As the NHS has withdrawn foot care services, the social care system has not picked up the slack. This is partly due to the belief that social care staff are not ‘allowed’ to undertake any foot care such as nail cutting. However, there are many social care workers such as carers who with the right training should be perfectly capable of carrying out simple tasks such as nail cutting and applying emollients (Waxman et al 2003).

In order to try and correct this imbalance many trusts are now carrying out talks and training programmes aimed at care workers and support staff to encourage them to play a more active role in the foot health of their patients

Many patients who are discharged from the NHS podiatry services are unable to afford to see a private podiatrist and so are left to care for their foot condition alone or with the help of family or other carers. This can have a profound effect, not only on the individual but also upon the individual’s family and friends who may be uncomfortable with carrying out these tasks but feel obliged to do so, this can further increase social isolation (Age Concern 2007).

There is clinical evidence suggesting that, in the long term, untreated low risk patients who are discharged may return to the NHS at a later date as high risk patients (Campbell 2006b).

References

- Campbell, J. (2006a). ‘Modelling deterioration of foot health in older people following discharge from NHS podiatry services’. *The Foot*. 17(2): 76-83.
- Campbell, JA. (2006b). Characteristics of the foot health of ‘lower risk’ older people: A principal components analysis of foot health measures’. *The Foot*. 16: 44-50.
- Cartwright, A. Henderson, G. (1986). ‘More trouble with feet: a survey of foot problems and chiropody needs of the elderly’. Department of health and Social Security. London. HMSO. Pp. 91-92.

- Department of Health. (2001). National Service Framework for Older People. Available at: http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_4003066 (Accessed 18/02/09).
- Ellis, J. (2006). 'Supporting older people: Unmet foot-care needs'. *British Journal of Community Nursing*. 11(4): 153-155.
- Graafmans, W. Ooms, M. Hofstee, H. Bezemer, H. Bouter, L. Lips, P. (1996). 'Falls in the elderly: a prospective study of risk factors and risk profiles'. *American Journal of Epidemiology*. 143(11): 1129-1136.
- Help the Aged (2005). 'Best Foot Forward: Older people and foot care'. Help the Aged. London.
- HM Government. (2006). 'Our health, our care, our say: a new direction for community services – White Paper. Crown Copyright.
- Koski, K. Luukinen, H. Laippala, P. Kivela, S. (1998). 'Risk factors for major injurious falls among the home dwelling elderly by functional abilities. A prospective population based study'. *Gerontology*. 44(4): 232-238.
- Livingston, S. (2003). 'Falls prevention and management'. *The Pharmaceutical Journal*. 271: 49-50.
- Mandy, P. (2008). 'The status of podiatry in the United Kingdom'. *The Foot*. 18: 202-205.
- Milns, D. (2002). Initial results of a survey of current NHS access criteria. In: Annual meeting of the Society of Chiropodists and Podiatrists 2002.
- Office for National Statistics. (2008). Mid-year population estimates, Office for National Statistics; General Register Office for Scotland; Northern Ireland Statistics and Research Agency; Death registrations, Office for National Statistics. Sandifer,
- Q. Davies, J. (1998). 'Foot morbidity and exposure to chiropody. Purchasers still need to decide about investing in foot health care. [Letter]. *British Medical Journal*. 316: 1608-1609.
- Salvage, A. (1999). 'Feet last? Older people and NHS chiropody services'. *Podiatry Now*. January 1999: 7-11.
- Society of Chiropodists and Podiatrists. (2005). 'NHS podiatry services, current issues'. Footnotes, 4th April 2005. Available at: <http://www.feetforlife.org/cgi-bin/item.cgi?ap=1&id=830&d=pnd&dateformat=%25o-%25B> (Accessed 27/02/09).
- Tinetti, M. Doucette, J. Claus, E. Marottoli, R. (1995). 'Risk factors for serious injury during falls by older persons in the community'. *Journal of American Geriatrics Society*. 43(11): 1214-1221.
- Waxman, R. Woodburn, H. Powell, M. Woodburn, J. Blackburn, S. Helliwell, P. (2003). 'FOOTSTEP: A randomized controlled trial investigating the clinical and cost effectiveness of a patient self management program for basic foot care in the elderly'. *Journal of Clinical Epidemiology*. 56: 1092-1099.
- Webb, F. Farndon, L. Borthwick, A. Nancarrow, S. Vernon, W. (2004). 'The development of support workers in allied healthcare: a case study of podiatry assistants'. *British Journal of Podiatry*. 7(3): 83-87.

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Idiom-Magic®

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JET FATIGUE / JET LAG

People who spend many hours in the air flying long distances often find it difficult to adjust to the differences in time from one place to another. They might find that they have a mental and physical feeling of exhaustion after a long trip. That feeling has been termed **jet fatigue** or **jet lag**. Fatigue, of course, refers to exhaustion; and lag refers to feeling sluggish. "I enjoyed my trip to Italy," Amelia yawned, "but I've returned with **jet lag**. I feel really tired all the time."

www.idiom-magic.com

Learning Zone

Younger 4 Longer

Our mission is to enrich people's lives by providing community based exercise classes and social activities and to train others to do the same.

Diane Priest

It is well known that regular physical activity decreases the risk of coronary heart disease, stroke, diabetes, high blood pressure and obesity, helps to prevent post-menopausal osteoporosis and reduces the risk of falls, loneliness, social isolation and depression among older people.

However, in spite of knowing of the benefits, many older people face barriers which prevent them from making use of leisure facilities, and only about 17% of men and 13% of women over the age of 65 years achieve the recommended amount of regular physical activity (DoH, 2005).

The Younger 4 Longer Diploma in Teaching Evidence Based Exercise to Older People / Life Enrichment Facilitator Diploma has been developed to address inequalities in health and to facilitate the wider provision of easily accessed, community based, exercise advice and guidance. The short professional course is accredited by the Royal College of Nursing Accreditation Unit and is closely linked to the NHS Knowledge and Skills Framework.

Much of the course is devoted to providing up-to-date knowledge and skills concerning the safe provision of exercise sessions for older people with varying health and fitness needs. The role of exercise in the management of conditions and diseases commonly associated with ageing is examined, along with an overview of relevant research and Government recommendations regarding exercise prescription. Particular attention is paid to frequent falls, osteoporosis, cardiovascular disease, obesity, diabetes and stroke.

Following successful completion of the course candidates are able to confidently and competently teach evidence based exercise in their current workplace or set up and run new community based groups where health and fitness is assessed, needs and goals are identified, safe and effective evidence based exercise is taught in a fun way and healthy lifestyles are promoted.

Two short optional units may also be studied which explore ways to assist with the meeting of psychological, cognitive, social and spiritual needs of older people; this facilitates the provision of exciting fun packed social events, the sharing of nutritious meals, which are well prepared and presented, the opportunity of learning new things and much more.

For further information please contact Diane Priest at younger4longer@btinternet.com or view the website at www.younger4longer.com.



Last year's students receiving their Diplomas from the Mayor of Wimborne



8th World Conference on Active Ageing
Glasgow, 13-17 August
Scottish Exhibition and Conference Centre

Key themes include:

- Well-being, quality of life, cognitive functioning and dementias.
- Falls and fractures, balance and bone health.
- Neurological and musculoskeletal conditions.
- Cardiovascular and respiratory conditions

Featuring a number of esteemed scientists from around the globe including Professor Tom Kirkwood, Newcastle University, and Professor Dawn Skelton, Glasgow Caledonian University.

For more information: <http://www.wcaa2012.com/>



Voices of Experience

Have Some Fun

Pam Seaman

Someone once said to me "I've met the new neighbours and I've told them there is an elderly lady next door"; strangely enough I've never thought of myself as an elderly lady. Perhaps "getting on a bit" springs to mind, but definitely not "elderly".

I have been active ever since the day I first became a mum and I grew to love being so busy. Unfortunately children have a habit of growing up and leaving home. As so often happens, our parents start having health problems and I ended up at retirement age, looking after my Mum. Every waking moment was tiring, but even when I was feeling the pressure, she was worth every minute.



The day came when suddenly I had nothing to do but enjoy my two cats, run the home and tend the garden - clearly I needed some other interests in my life.

A friend of mine, who was having some therapy sessions, told me she had been recommended to join U3A, a charity group formed to accommodate anyone with time on their hands, mainly retired or semi-retired people, so I joined. There are over 100 activities to choose from, and not only are you able to join in an activity of your choice, but you are meeting many people who have the same interest(s). I chose the tap dancing group (because I loved tap dancing as a child and can still shuffle ball change!), short tennis and badminton.

Unfortunately the tap dancing group didn't continue for one reason or another (there seems to be a shortage of tap dancing teachers), but I still had the short tennis and badminton to attend, even though I had never played either of them before. Gradually, in time, like everything else it became more enjoyable as I progressed. I grew to absolutely love badminton which was only available once a fortnight and I wanted to play more so I started up my own group which is available to anyone within the U3A badminton group to play if they so wish. This has taken off really well. Our players' ages start from early 60s, we have a number in their 70s and 80s and one of our players has recently celebrated his 90th birthday - he is an inspiration to us all!

Keeping active is very important, it's also enjoyable meeting up with others who have similar interests and we do have fun. So housework, shopping and gardening are now "fitted in" between badminton, short tennis, jigsaws, crosswords.....then there's Wimbledon.....

Madrid Invests in her Older Citizens

Graciela Gonzalez



The newly opened 'Two Friends' Day Centre



'The Star is You' – Older people go to the cinema for €1 every Tuesday