



Swansea University  
Prifysgol Abertawe



British Society of  
Gerontology

British Society of Gerontology  
Annual Conference 2017

# *“Do Not Go Gentle”* - Gerontology and a Good Old Age

Hosted by: The Centre for Innovative Ageing @ Swansea University  
Wednesday 5 July – Friday 7 July 2017

#BSG17



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Remus House, Coltsfoot Drive,  
Peterborough, PE2 9BF

## BSG President, Prof Debora Price's Welcome



Dear Delegates, Speakers and Colleagues,

We are delighted to welcome you to the 46th Annual British Society of Gerontology conference, hosted by the Centre for Innovative Ageing in the beautiful Swansea University Bay Campus. I would like especially to thank Conference Director, Paul Nash, and the local organising committee who have worked tirelessly to organise a wonderful conference programme.

The conference theme "Do Not Go Gentle" - Gerontology and a Good Old Age speaks to the many challenges we face in the multiple sciences of ageing, from challenging cultural stereotypes to understanding diversity, designing optimal policy, and securing the welfare of people in complex settings and circumstances throughout their lives. These issues have become especially pertinent and urgent in the shadow of austerity policies and cuts to public services, and the academic and research sectors are facing additional challenges from the decision of the United Kingdom to cede from the European Union.

In this climate of constrained resources, the need for research of outstanding merit, that is robust and persuasive, is more important than ever. Resources need to be directed as optimally as possible to improve the lives of those who need them the most, and to foster solidarity in society rather than division. Support for research and researchers, and for dissemination and translation, is crucial to this project.

As research, policy and practice communities, we therefore need to come together to share our understandings of the world and to inform each other of our research. We need to stimulate and test new ideas, and to think together about where we go next, what we do next. We need collaborative networks to make this a reality, to have the best chance of securing research funding, and to move the knowledge and evidence base in optimal directions. We need fora to amplify our voices, in a crowded space where many are now shouting.

To this end, the British Society of Gerontology brings together academics, researchers, practitioners, educators, policy-makers, the third sector, students, and all those interested in researching ageing and later life, in a unique multi-disciplinary learned society. Whether you are a long-established member, an emerging researcher in ageing, or new to our conference and our organisation, we welcome you warmly to Swansea, and to our 46th Annual Conference.

With best wishes

**Prof. Debora Price**  
President, British Society of Gerontology

## CIA Director, Prof Vanessa Burholt's Welcome



### **Croeso i'r Ganolfan Heneiddio Arloesol**

Welcome to the Centre for Innovative Ageing

The Centre for Innovative Ageing (CIA) was established in 2008 and has grown to become a powerhouse of UK gerontology with an international reputation. I am immensely proud of the team we have built here and of the ethos the Centre has grown to embody. Dr Paul Nash has led the local organising committee who have put an immense amount of effort into organising a wonderful conference programme.

The CIA is proud to be involved in the BSG, with members represented on the National Executive and ERA. Hosting the annual conference is a huge honour for us and gives us the opportunity to showcase the work we do in the CIA but more importantly the way in which we work. Community participation is central to our work and as such is reflected in all areas of the conference: from research and workshops to entertainment and cultural exploration. We have drawn on our networks of partners and collaborators across Wales (including 3rd sector organisations, business, policy makers and of course older people) to contribute to this event.

Wales is a fantastic place to live and work. We have unique opportunities that are not afforded to other parts of the UK and we want to share some of this with you. From our very own beach at the university, to the culture of poetry (Dylan Thomas in the conference title) and song; we aim to immerse you in the delights that Wales has to offer. We want you to take home some really great memories (along with the odd business card). We can guarantee a fantastic programme; jam-packed with academic and not so academic delights. The one thing we can't guarantee, however, is the weather. So I hope you brought your brollies!

Those of you who know us, know that the team in the CIA will go out of their way to help you. Those who have not met us before will soon experience a little Welsh hospitality. We have staff and students amongst our merry band of 'CIA Agents' dotted around to help with any questions you may have so please say 'hello,' even if you don't have a question, we are happy to talk.

There isn't much more to say other than have a great time and we hope you enjoy your stay with us.

All the best

**Prof. Vanessa Burholt**

Director, Centre for Innovative Ageing

## Welcome from the Swansea Organising Committee

The team in the Centre for Innovative Ageing (CIA) are proud to be hosts of the 46th Annual Conference for the British Society of Gerontology. We open the doors of our new Bay Campus and Welcome delegates from all over the world the experience the BSG at its best. With a Welsh flare of course!

Our beach-front location provides a spectacular backdrop for what is set to be a fantastic event, exploring and celebrating the “Art of Ageing”.

We are honoured to present to the conference FOUR esteemed speakers who will really bring the conference to life and underscore the conference themes:

-  Prof. Dawn Brooker, Director of the University of Worcester Association for Dementia Studies, Worcester University
-  Prof. Norah Keating, Professor of Gerontology, University of Alberta & Swansea University
-  Alison O'Connor and Karin Diamond, Co-Directors of Re-Live Theatre Company

The academic programme includes 8 sub-themes and offers a range a paper, symposia and poster presentations to spark enthusiastic debate around out conference theme, “The Art of Ageing”.

Our programme spans the academic and the cultural sides of the CIA. We have a resident artist capturing the essence of the conference which itself will bring community groups and academic together with practitioners, policy makers in celebration of ageing, ensuring that we “Do not go gentle”.

We are grateful to our sponsors for enabling us to put on this event and of course to the scores of people in Swansea University and the BSG that have made the sheer size of this event possible.

We really hope that you enjoy your time in Swansea and that we are not blessed with too much ‘liquid sunshine’, synonymous with Wales. Let us come together as colleagues and leave together as friends, embodying the true spirit of gerontology in combining the academic with the cultural and the social.

Croeso i Gymru

**Dr Paul Nash**

Centre for Innovative Ageing  
Chair, BSG 2017 Organising Committee

## Contents

BSG President, Prof Debora Price's Welcome .....	3
CIA Director, Prof Vanessa Burholt's Welcome .....	4
Welcome from the Swansea Organising Committee .....	5
BSG 2017 Organising Committee .....	6
BSG 2017 Conference Programme at a Glance	
Wednesday 5th July 2017 .....	7
Thursday 6th July 2017 .....	8
Friday 7th July 2017 .....	8
46th Annual General Meeting Agenda .....	9
Full Academic Programme .....	11
Wednesday 5th July 2017 .....	12
Thursday 6th July 2017 .....	16
Friday 7th July 2017 .....	21
Speaker Biographies .....	25
Special Events & Cultural Activities .....	29
Exhibitors .....	32
Conference Information .....	33
Facilities at the Bay Campus .....	36
Maps .....	37
Become a Member! .....	39
The BSG's Social Media Platforms .....	40
Invitation to join BSG's Emerging Researchers in Ageing .....	41
Keynote Presentations .....	42
Symposia Presentations .....	44
Oral Paper Presentations .....	94
Poster Presentations .....	198
Author's Index .....	219
Notes .....	229
BSG 2018 Advert .....	231

## BSG 2017 Organising Committee

**Nick Andrews**

**Vanessa Burholt**

**Karen Charles**

**Chris Dobbs**

**Ruth Hopkins**

**Martin Hyde**

**Catherine Launder**

**Carol Maddock**

**Sarah Miles**

**Deborah Morgan**

**Amy Murray**

**Charles Musselwhite**

**Paul Nash**

**Emma Richards**

**Alex Sardarni**

**Rhian Williams**

**Beth Winter**

Any of the team will be happy to help through the duration of the conference and all will be identifiable wearing "CIA Agent" shirts. Well, we thought it was more fun than "Here to help".

# BSG 2017 Conference Programme at a Glance

## Wednesday 5th July 2017

<b>9:30 - 12:00</b>	Emerging Researchers in Ageing - including lunch
<b>9:00 - 17:00</b>	Registration
<b>9:00 - 11:45</b>	Arrival with refreshments
<b>11:00 - 12:15</b>	Conference Opening Music in Mind Choir; Older People's Commissioner for Wales, Sarah Rochira Swansea University Vice Chancellor, Prof. Richard Davies CIA Director, Prof. Vanessa Burholt
<b>12:15 - 13:00</b>	Keynote Speaker (1) Dawn Brooker
<b>13:00 - 14:00</b>	Buffet Lunch
<b>14:00 - 15:30</b>	Parallel Sessions
<b>15:30 - 16:30</b>	Global Cwtch and Poster Session Refreshments The "Ageing of British Gerontology" launch event (16:00)
<b>16:30 - 18:00</b>	Parallel Sessions
<b>18:00 - 18:30</b>	Free Time
<b>18:30 - 20:00</b>	Age UK / Age Cymru Reception & BSG Prize Giving
<b>20:00</b>	BBQ and Circus Eruption

## BSG 2017 Conference Programme at a Glance

### Thursday 6th July 2017

<b>8:30 - 17:00</b>	Registration
<b>7:00</b>	BSK 5K run / ramble
<b>7:30 - 9:00</b>	Breakfast @ The Core
<b>9:00 - 10:30</b>	Parallel Sessions
<b>10:30 - 11:00</b>	Cwtch Mawr Refreshments, Welsh cakes etc
<b>11:00 - 12:00</b>	Parallel Sessions
<b>12:00 - 13:00</b>	Keynote Speaker (2) Norah Keating
<b>13:00 - 14:00</b>	Lunch "An Audience With..." community engagement event (SOM111)
<b>14:00 - 15:00</b>	BSG Annual General Meeting
<b>15:00 - 16:30</b>	Parallel Sessions
<b>16:30 - 17:30</b>	Book Launch
<b>17:30 - 18:30</b>	Free Time
<b>18:30 - 19:30</b>	Wine Reception
<b>19:30 - 22:00</b>	Gala Dinner
<b>22:00</b>	After Dinner Speaker, Beti George Live Entertainment, Swansea U3A Ukulele Big Band Live DJ & Late Night Bar

### Friday 7th July 2017

<b>8:30 - 12:00</b>	Registration
<b>7:30 - 9:00</b>	Breakfast @ The Core
<b>9:00 - 10:30</b>	Parallel Sessions
<b>10:30 - 11:00</b>	Cwtch Bach Refreshments, Welsh cakes
<b>11:00 - 12:30</b>	Parallel Sessions
<b>12:30 - 13:30</b>	Keynote Speaker (3) Alison O'Connor and Karin Diamond
<b>13:30 - 13:45</b>	Lanch of Manchester 2018 Conference Close, BSG President
<b>13:45</b>	Packed Lunch

# 46th Annual General Meeting Agenda

1.	<b>Welcome</b>	Debora Price
2.	Minutes of the meeting held on 7 July 2016	Debora Price
3.	<b>Matters Arising</b>	Debora Price
4.	<b>President's Report</b>	Debora Price
5.	<b>Treasurer's Report</b> 5.1 BSG Finances [Refer to Appendix 1 - Accounts]	Rosalind Willis
6.	<b>Secretary's Report</b> 6.1 <b>Motion 1:</b> This AGM approves the 2016/2017 Accounts. 6.2 <b>Motion 2:</b> This AGM approves the re-appointment of David Dixie F C A of AIMS Accountants for Business as the Society's auditor and accountant for the financial year 2017-2018.	Paul Nash
7.	<b>Reports</b> 7.1 Ageing & Society 7.2 Leverhulme Project – 'The Ageing of British Gerontology: learning from the past to inform the future'	Christina Victor Miriam Bernard
8.	<b>Election Results and Co-opted Members</b>	Paul Nash
9.	<b>Welcome New Committee &amp; Thanks to Old</b>	Debora Price
10.	<b>AOB</b>	Debora Price
	<b>Next Meeting:</b> The 47th AGM will be held at the Society's Annual Conference in Manchester, 4 - 6 July 2018.	



**Age UK and Age Cymru are proud to be leading sponsors of the British Society for Gerontology's 46th annual conference. We wish everyone an interesting conference and an enjoyable stay in Swansea.**

The Age Cymru network includes seven local partners, including Age Cymru Swansea Bay.

Reducing social isolation and forging friendships at an Age Cymru day centre in Port Talbot.

## National, local and international

Our network includes Age UK, some 140 local Age UKs across England and three national charities, Age NI, Age Scotland and Age Cymru with its network of local partners across Wales. We also work with Age International to support older people in over 30 developing countries.

We are all dedicated to helping older people love later life. Our five ambitions shape everything we do. The ambitions reflect the priorities that people in later life have told us really matter – **money, wellbeing, health and care, home and community.**



### Wellbeing to the fore

All of us interested in later life need to understand more about how well older people are doing.

Based on in-house research, with invaluable advice from BSG members, we have developed an Index of Wellbeing in Later Life in the UK. Launched in February 2017, the Index will allow us and others to gain understanding of the policy and practical levers for improving older people's lives. As this suggests, research is central to our agenda and we value working with the BSG.

**Jane Vass** Director of Policy and Research, Age UK



### A warm welcome from Age Cymru

Age Cymru has been making a positive difference for older people in Wales for 70 years. We celebrate ageing and provide national and local services for older people. We work with older people, researchers and other stakeholders to achieve our mission to create an age friendly Wales.

Meet us at the drinks reception on Wednesday 5 July and at our exhibition stand throughout the conference.

**Ian Thomas** Chief Executive, Age Cymru

### Find out more

Age UK Index of Wellbeing in Later Life [www.ageuk.org.uk/wellbeingresearch](http://www.ageuk.org.uk/wellbeingresearch)

Age Cymru achievements and impact [www.agecymru.org.uk/makeanimpact](http://www.agecymru.org.uk/makeanimpact)

Age Cymru Swansea Bay [www.agecymruswanseabay.org.uk](http://www.agecymruswanseabay.org.uk)

## Full Academic Programme

Environments of Ageing
Social & Supportive Relationships
Participation & Inclusion
Cognition & Dementia
Cultural Gerontology
Health & Social Care
The Arts & Older People
Minority & Diverse Populations
ERA

# Parallel Sessions

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111
09:00	Registration with Refreshments - Great Hall Atrium										
09:30	ERA Pre-Conference (Including Lunch)										
11:45	Conference Opening - Great Hall - Address by Sarah Rochira - Older People's Commissioner & Prof Vanessa Burholt - Director, Centre for Innovative Ageing										
12:15	Keynote Address 1 - Great Hall - Prof Dawn Brooker - There is no us and them. There's only us: Reflections on supporting people living with dementia post-diagnosis										
13:00	Buffet Lunch - Great Hall Gallery (East & West Wings)										
14:00	Hydration, cognition and endothelial functioning in older adults. Cousins, A., Young, H. & Benton, D.	Cultures of connection? LGBT* people and housing in later life. King, A.	Allow Natural Death: Do Words Matter? Kamp, E., Wright, J., Saad, R. & Mucci, E.	Care homes on film: critical discourse analysis of specialised long-term facilities for people living with dementia and transitions into these. Kenkmann, A.	Deployment, & Understanding of 21st Century Technologies for Facilitation in Education, QoL, Tele/E-Health Service Provision. Marston, H., Tagg, C., Stickler, U., Owen, N., Fisk, M. & McAndrew, P.	Ageing well in Wales: Findings from CFAS Wales. Woods, B., Teale, J., Wu, Y., Matthews, F., Brayne, C., Clare, L., Bennett, K., Rawson, H., Burholt, V., Windle, G. & Hoare, Z.	"It's up to us, isn't it?" Supporting drinking in care homes, whose responsibility? Bunn, D., Jimoh, O., Hooper, L., Knights, E. & Welch, A.	Spending time: Understanding leisure in later life. Breheny, M. & Stephens, C.	Supporting the digital inclusion of older people. Damant, J., Knapp, M. & Freddolino, P.	Promoting innovation in Gerontological Education and Academic Research on ageing, "Grab your GEAR". Pliakos, C.	Lifecourse influences on health and wellbeing in later life. (1 of 2) Price, D., Corna, L., Di Gessa, G., Platts, L., Worts, D., Sacker, A., McDonough, P., Sacco, L. & Glaser, K.
14:15	Language patterns in normal and abnormal aging: if linguistic diagnostics for Alzheimer's are reliable at all, what are they measuring? Wray, A., Buerki, A., Fitzpatrick, T., Dymond, R. & Collins, S.	Older Lesbians and the Art of Impro-visaging in Dunedin, New Zealand. Robinson, E., Fitzgerald, R. & Barusch, A.	Towards Good Old Age- Let us know from seniors. Ambali, A.	'Making of Me': A longitudinal mentoring programme in multiple care homes involving three creative arts forms. Garabedian, C.	Learning from potential future social care users in Northern Ireland. Chapman, A.	Internet use among older people and difficulty accessing information. Moore, T., Gibney, S., Ward, M. & Shannon, S.	The ethics of mHealth: consent, privacy and trust. Lynch, J., Fiske, M., Marston, H., Freeman, S. & Musselwhite, C.	Interventions for respect and social inclusion in older people and their impact on health and wellbeing: A systematic review. Ronzi, S., Orton, L., Pope, D., Valtorta, N. & Bruce, N.	Older adults utilising tacit knowledge in using information and communication technology. Ttainen, T., Koivunen, E., Pyhalto, K. & Erkkila, J.	Evaluating Dementia Friendly Communities (DFCs) in England: Insights from Phase 1 mapping of DFCs with an online. Buswell, M., Goodman, C., Lafortune, L., Arthur, A., Mayrhofer, A., Buckner, S., Skedgel, C., Mathie, E., Killet, A. & Darlington, N.	
14:30	Characterising Subjective Cognitive Impairment (SCI). Jenkins, A., Tree, J. & Tales, A.	Experiences of social care: Focus groups with older carers from diverse ethnic groups. Greenwood, N., Holley, J., Elmer, T. & Cloud, G.	A frailty profile for use in the community: Adding psychological variables improves prediction of care needs. Holland, C.	"The half cold cup of tea": Using photovoice and poetic inquiry to understand nursing homes residents' lived experience. Miller, E., Buys, L. & Donoghue, G.							

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111
<b>14:45</b>	Neighbourhoods & Dementia Programme Study: Core Outcome Set (COS) for People with Dementia. Harding, A., Morbey, H., Ahmed, F., Williamson, P., Keady, J., Leroi, I., Swarbrick, C., Holland, F., Reeves, D., Hellstrom, J. & Reilly, S.	Ageing in place with Down's syndrome and dementia: An ethnographic account in a small group home setting. Quinn, S., Crowley, M., Ritchie, L., Clark, C. & Watchman, K.	Detecting frail older adults in the community: the role of not-evident local key figures. Duppen, D.	Impact of drama and creative arts on improving the wellbeing of older people in care homes. Wealleans, L. & Nandakumara, R.	GH037	GH049	GH043	Engaging Older People: A Comparative Analysis of China and India. Antczak, R. & Zaidi, A.	Social Leisure Activities & the Financial Crisis amongst People aged 40+ in Germany. Schneider, A.	Capabilities for a good old age: Successful ageing for all. Stephens, C.	SOM111
<b>15:00</b>	Reaction Time and Attention in Ageing and Subjective Cognitive Impairment (SCI) from a healthy adult population. Torrens-Burton, A.	Challenges for Transgender Older People in Cambodia. Miles, G.	Making Frailty a Priority: a primary and secondary care collaborative approach. Roberts, C.	Exploring personhood visually with care home residents – a co-design pilot study. Markowski, M.	GH037	GH049	GH043	Lifelong learning and the activism of everyday life: Conversation into Action. Miles, J., Holland, C. & Hughes, J.	Building a multi-disciplinary research programme in ageing: reflections of an accidental gerontologist. Devine, P.	Out and About: Experiences of engaging with the wider community for people living with dementia. Mossabir, R.	SOM111
<b>15:15</b>	Developing a demographic assessment of health literacy (DAHL) for the CFAS (Wales) cohort. Maddock, C., Burholt, V., Edwards, M. & Hillcoat-Nalletamby, S.	Age and life course location as interpretive resources for decisions regarding disclosure of HIV to parents and children: Findings from the HIV and Later Life study. Rosenfeld, D., Ridge, D., Catalan, J. & Delpech, V.		cARTrefu - creating artists in residents. Algar, K., Woods, B., Robinson, E. & Noyes, R.	GH037	GH049	GH043		Researching with older people. Barke, J. & Jones, M.	Ageing well with chronic pain in rural environments: a mixed methods exploratory study. Kingstone, T., Chew-Graham, C. & Bartlam, B.	SOM111
<b>15:30</b>	Cwrtch Mawr - Great Hall Gallery (East & West Wings) - Poster Session - Great Hall Gallery (East Wing)										
<b>16:00 - 16:30</b>	The 'Ageing of British Gerontology Project' - BSG Archives Launch Event (GH001)										

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111	
16:30	Can you detect early dementia from an email? Measuring computer use behaviours to identify clinically significant functional and cognitive impairment. Stringer, G., Couth, S., Brown, L., Montaldi, D. & Lerol, I.	Dementia and ethnic minorities in three European countries. Chaouni, S., Claeys, A., Antelius, E. & Spilker, R.	Innovative Gerontology Nurse Specialist intervention for community dwelling older people: A comparison of two population groups. King, A.	Dementia and Imagination. Windle, G.	GH037	Positive experiences of living with dementia and caring for someone with dementia. Quinn, C., Clarke, C., Person, M., Barthele, L. & Stoner, C.	Homecare and Older People in Ireland: The Case for Reform. Mullins, L. & Hodgins, M.	Protecting participants from harm while researching vulnerable populations: Exploring the substance use of older women who have been victims of domestic abuse. Martin, E.	What could possibly go wrong? Victor, C. & Tinker, A.	SOM110	SOM111	Lifecourse influences on health and wellbeing in later life. (2 of 2) Price, D., Hyde, M., James, H., Corna, L., Di Gessa, G., Platts, L., Worts, D., Sacker, A., McDonough, P., Adams, J., Pike, T., Curry, C. & Glaser, K.
	16:45	Social Class, Ageing and forms of identity among women living with dementia. Scott, H.	Drink Wise, Age Well: Alcohol Use, Work, & Retirement among People Aged 50+ in the UK. Beach, B.	Early detection of residents' health conditions in nursing homes: How are family members involved? Powell, C.	Cost-effectiveness of Loneliness Interventions. Payne, K.	Common Ground: experiencing community living at the intersection of ageing and disability. Loughlin, E.	Telephone housing options service for older people considering specialist housing: A Realist Evaluation. Harding, A., Hemmingway, A., Parker, J. & Hean, S.	Supermarkets, food security and ageing. Dickinson, A., Wills, W., Ikioda, F., Dodfrey-Smythe, A., Kapetanaki, A. & Halliday, S.				
17:00	Associations between cognitive function and sexual activities in later life. Wright, H., Lee, D. & Jenks, R.											
	17:15	Wearable technology for people living with dementia to reduce social isolation. Tetley, J., Koivunen, E., Fisher, J., Hadley, R., Davenport, D., Satish, A. & Sullivan, M.	'Listen and I will talk': the importance of opportunity for health care planning outside the medical setting. Stanbury, C.	Everyday health decisions made by older people living in the community. Lovatt, M.								

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111
17:30	<i>The Care of People with Dementia in the Acute Hospital environment: A Carer's Perspective.</i> Simpson, K.		<i>Making Sense of Unscheduled Care: Understanding demand through patient narratives.</i> Williams, C.				Inequality in care for frail older people. Lewinter, M.	Autonomous vehicles; an answer to giving up driving, or a technology barrier for older people? Shergold, I.			
17:45	An investigation into the potential utility and effectiveness of a Multisensory Stimulation intervention on an acute medical ward for people with dementia. Rickman, L.		Feasibility and acceptability of a new home-based health promotion intervention for older people with mild frailty: feasibility randomised controlled trial. Avgerinou, C.				Mental health resilience: Early childhood adversity and mental distress in later life. Cosco, T, Cooper, R., Kuh, D. & Stafford, M.	Social isolation among older people: Is it a public health issue? Breheny, M. & Severinsen, C.			
18:00	Free Time										
18:30	Age UK / Age Cymru Reception & BSG Prize Giving (19:00) - Great Hall Gallery (Central Balcony)										
20:00	BBQ Dinner - Beach Front Terrace - Circus Eruption - Interactive Entertainment										

# Parallel Sessions

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111		
7:00 - 8:00	BSG 5km Run or Beach Front Ramble												
7:30 - 9:00	Breakfast - The Core												
8:30 - 17:00	Registration - Great Hall Atrium												
9:00	Visual attention and processing speed - Healthy ageing and vascular cognitive impairment .Richards, E., Bayer, A., Tree, J. & Tales, A.	If you don't know, ask us: Older trans people and person-centred health and social care delivery. Dobbs, C., Bailey, L., Burgess, J. & Toze, M.	Young Adults' Perceptions & Misperceptions of Elder Abuse. Yeo, B.	Arts and Dementia: Training needs. Parsons, M., Garbadian, C., Coaten, R. & Killick, J.	Co-designing creative technologies with those in later life. Manchester, H., Treadaway, C., Fennell, J., Brittain, K., Morrissey, K., Dehnen, C., Wright, P. & Rogers, P.	Dementia and the new technologies. Higgs, P., Gilleard, C., Libert, S. & Vermeer, Y	Care certificates, commissioning and navigation; different ways to improve quality and access to care and support in the community. Chadborn, N., Argyle, E., Khan, Z., Thomson, L., Schneider, J., Turner, N., Turner, R., George, T., Bridle, C., Walker, J., Craig, C. & Gladman, J.	Self-management and Social Support of Socially Isolated Older Adults in different Social Ecologies. Machielse, A., Wahite, E., Day, M. & Duppen, D.	The role of informal care in the mastery of frail older people. Lambotte, D., Kardol, M. & De Donder, L.	Extra Care Housing: past, present and future. Lloyd, L., Evans, S., Cameron, A., Porteus, J., Darton, R., Smith, R. & Means, R.	Inequalities in Later Life: Towards a New Agenda for Research, Policy and Practice. Scharf, T., Price, D., Beach, B. & Moffatt, S.		
9:15	The role of executive function and emotion regulation in dealing with everyday problems experienced by older adults. Christopher, G., Zook, N. & Morgan, P.												
9:30	Protecting against dementia: how internal processes affect the recall of people with dementia for information about dementia. Christopher, G., Cheston, R. & Dodd, E.	How Do Handovers Happen? A study of handovers at shift changeovers in care homes. Norrie, C.	Cardiovascular fitness attenuates age-related declines in visual processing efficiency and may attenuate. Rupp, M., McDonnell, D. & Smither, J.									Volunteering before Medical School: Working with older people. Tinker, A., Berdlugo, O., Buckland, M., Crabtree, L., Maheswaran, A., Ong, A., Patel, J., Pusey, E. & Sureshkumar, C.	Profiles of loneliness and social isolation in an English community sample. Smith, K. & Victor, C.

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111
9:45	Namaste Care for people with advanced dementia living in care homes: early findings from a realist review. Lynch, J., Sharpe, R., Goodman, C., Bunn, F., Burnside, G. & Coast, J.		Decision Making In Housing And Care Transitions among the oldest old (95+). Scheibel, F.						Exploring the quality of social relationships and resilience amongst bereaved carers. Roper, L., Donnellan, W., Hanratty, B. & Bennett, K.		
10:00	Associations between cognitive functioning and quality of life in Alzheimer's disease: Comparing patient reports with residential care staff reports. Dewitte, L. & Vandenbulcke, M.		A realist review to understand the efficacy and outcomes of European frailty interventions in the country, healthcare organisational and patient contexts. Gwyther, H.						Reducing loneliness and social isolation in older people? The role of the third sector in Wales. Llewellyn, M. & Yapp, R.		
10:15			Formal and informal care in the community: experiences of people aged 95 and older. Buck, J.						The social networks of involuntarily childless older men. Hadley, R.		
10:30											
11:00	Our Visit: Enhancing the experience of people with dementia and their care givers in community hospital. James, K. & Sneddon, B.	Ageing, Identity and Education – The Role of Educational Guidance in Third Age. Gallistl, V., Wanka, A. & Kolland, F.	Assessing the unmet needs of older informal caregivers: divergent approaches in research and practice?. Thomas, N.	Creative Ageing Festivals; celebrating creativity as we age. Robinson, E., Byrne, T. & Gallacher, A.	Being involved in the real world: stroke survivors' views on intergenerational engagement. Lane, K.	Dementia case-finding in acute hospitals: impacts on care for people with dementia. Bunn, A., Bunn, F. & Fleming, J.	Evaluation of a falls prevention Community of Practice in Residential Aged Care - Translating evidence into practice. Francis-Coad, J., Etherton-Beer, C., Panes, G., Griffiths, H., Anderson, M., Williams, T., Griffiths, B., Nobre, D. & Hill, A.	Financial health and preparations for old age among Jamaicans: Will going into the good night be gentle? Davis, J., Eldemire-Shearer, D. & James, K.	What matters to older carers: Taking account of lived experiences. Milne, A.	Robots and the commodification of care. Fisk, M.	Tenuous Tenancy? Examining Current and Historic Trends in Renting among Older People. Beach, B.

Cwtch Mawr - Great Hall Gallery (East & West Wings)  
Refreshments

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111
11:15	The Care Home Band: Using Creative Methods to Promote Social Inclusion for People with Dementia Living in Care Homes. Reynolds, L., Innes, A. & Robertson, J.	Frailty in late life: Exploring systemic, embodied and relational inequalities. Grenier, A.	Going the extra mile: the relational labour of 'good' homecare for people with dementia. Turner, N., Perry-Young, L., Pollock, K. & Schneider, J.	Music for Life - improvisation to connect in the here and now. Jones, H., West, J. & Welsh, C.	A Good Life in later years: Reflections on coproduced research methods with older people. Gibson, G., Greasley-Adams, C., McCall, V. & Robertson, J.	The prevalence and correlates of depressive symptoms in Chinese elders with mild cognitive impairment: A cross-sectional study. Dan, S. & Yu, D.	Evaluation of older people's knowledge, motivation and perceptions about falls and falls prevention in residential aged care homes across continents: "A tale of two cities". Francis-Coad, J. & Watts, T.	Gender, Stress, and social support in older Americans. Copley, L., Burholt, V., Nash, P. & Reed, D.	Caring after Caring: Reflections on how we understand & conceptualise older former carers. Milne, A. & Larkin, M.	Self-care assistive technologies: A systematic review of studies on efficiency and factors influencing their use. Abrilahij, A., Boli, T. & Ferring, D.	Breaking New Ground: Insights from the UK's first older women's co-housing development. West, K.
11:30	A Social Network Analysis of Dementia Policies and Care Arrangements in Central America. Curreri, N.	Experiencing commonality and difference: older friends narratives of defying stereotyping through intergenerational friendship formation and maintenance. O'Dare, C.	The role for telecare in social care for older people: strategies, needs and outcomes - findings from the UTOPIA study. Steils, N., Woolham, J., Forsyth, K., Fisk, M. & Porteus, J.	Alonely. Barke, J. & Manchester, H.	Challenging assumptions: collaborating with people with dementia in research. Birt, L., Charlesworth, G., di Lorito, C., Waite, J. & Higgs, P.	Age-related changes in lexical retrieval behaviour: a consequence of cognitive decline or accumulated learning? Fitzpatrick, T., Wray, A. & Playfoot, D.	Intergenerational support amongst three cohorts of older people in China. Wang, N., Evandrou, M. & Falkingham, J.	The provision of support towards multiple generations. Vlachantoni, A., Gomez-Leon, M., Evandrou, M. & Falkingham, J.	Our Housing Agenda: meeting the housing aspirations of older people in Wales. Phillips, J.	Our Housing Agenda: meeting the housing aspirations of older people in Wales. Phillips, J.	Ageing with dementia in extra care - the importance of an interactional environment. Twyford, K.
11:45	Employer Responses to Dementia in the Workplace in Scotland. Egddell, V., Stavert, J. & Ritchie, L.	Ageism: Ideology or Imaginary? Gilleard, C. & Higgs, P.	Blurred boundaries: home care workers' experiences of providing care for people with dementia up to the end of life. Abrams, R., Vandreal, T., Samsi, K., Manthorpe, J., Yeh, J. & D'Astous, V.	Arts activities for people with dementia: Are they particularly challenging to evaluate? Gray, K., Evans, S., Griffiths, A. & Schneider, J.	Implementing Programs for People with Dementia: Which Approaches Achieve Sustainability? Wolter, V., Reichert, M. & Hampel, S.	The Utility of Network Typing Older People in Rural Australia: Implications for Health Policy and Practice. Byers, S., Davis, S. & Burholt, V.	Development and persistence of posttraumatic stress disorder in older adults after falling. A qualitative analysis of fallers' life stories. Adamczewska, N., Nyman, S., Parker, J. & Coleman, P.	In the Same Boat: Experiential Knowledge, Social Support, and Quality of Life Among Older People Living with HIV. Rosenfeld, D. & Anderson, J.	Risk, safety and assistive technology in the context of ageing-in-place. Lamotte, M., Ferring, D. & Tournier, I.	Risk, safety and assistive technology in the context of ageing-in-place. Lamotte, M., Ferring, D. & Tournier, I.	Perceptions and experiences of direct payments for older people in residential care. Damant, J., Wittenburg, R., Lombard, D., Williams, L., Perkins, M., Ettelt, S. & Mays, N.
12:00	Keynote Address 2 - GH043 Prof Norah Keating - Do not go gentle: Global environments and a good old age										
13:00	Buffet Lunch Great Hall Gallery (East & West Wings) "An Audience With..." Community Engagement Event SOM 111 (13:00-14:00)										

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111	
14:00	BSG Annual General Meeting GH043											
15:00	Dementia cafés: the experiences of carers of people living with dementia. Greenwood, N., Smith, R., Richardson, A. & Akhtar, F.	More than Impairment: How the disability experience of older people is physically based but socially. Leahy, A.	Ageing, physical activity and embodied social practice. Salter, C.	Visual methods in generating and representing counter-stories of later life. Vera-Sanso, P., Martin, W., Escribano, J., Warren, L.,	"Are We Really Listening?" Searching for Older People's Voices in Responses to their Mistreatment. Harbison, J.	Dementia narratives: How people understand and adjust to a diagnosis of dementia. Quinn, C., Clare, L., Hillman, A. & Oliver, K.	Supporting shared decision making for older people with multiple health and social care needs: a protocol for a realist-synthesis to inform integrated care models. Bunn, F., Goodman, C., Manthorpe, J., Durand, M., Hodgkinson, I., Rait, G., Millac, P., Davies, S., Russell, B. & Wilson, P.	Carers' interactional style could play a role in the trajectory of decline in dementia. Wray, A.	Reimagining loneliness? Victor, C., Bennet, K., Pikhartova, J. & Rippon, I.	New perspectives on consumption in later life. Price, D., Venn, S., Evans, E., Masvelt, J., Brancati, C. & Sinclair, D.	The management of older workers: what has changed? Vickerstaff, S., Phillipson, C. & Lain, D.	
15:15	Mobilising Dementia Counselling in Rural Areas – Findings from an Evaluation in Germany. Hampel, S., Reichert, M., Reuter, V. & Wolter, V.	Negotiation, Adaptation, and Liberation: Reflections from diverse points within the Third Age. Whitfield, E.	Seeking assistance in later life: A qualitative investigation of service non-use. Macleod, C., Canvin, K., Sacker, A. & Windle, G.		Ethnic social relations over life course. Fietz, J. & Kaschowitz		DNAR Orders: How Much Does Age Influence Decision Making? A Systematic Review. Sammy, I., Cooke, I., Langham, L., Kirkup, A., Malik, M. & Marlow, G.	How adult child caregivers perceive and manage risk for their parents with dementia. Abbott, A., Bowling, A. & Willis, R.				
15:30	Companion-guided therapy for people with Parkinsonian dementias: Adherence, barriers and facilitators. McCormick, S., McDonald, K., Vatter, S., Orgeta, V., Poliakoff, E., Smith, S. & Silverdale, M.	Facing Beauty. Woodspring, N.	Developing a programme theory of integrated care: The effectiveness of Lincolnshire's multidisciplinary Neighbourhood Teams in supporting older people with multi-morbidity. Walker, J., George, T., Ray, M., McKay, S. & Horner, N.		End of Life Care - Who will start the conversation? Cedar, S.		End of Research Findings Ten Years On: A follow up study of life in Berryhill Retirement Village. Proctor, J.	Hey Ho the Barley Mow: Play as a Way in to Intimate Relating in Dementia Care. Ramsay-Jones, E.				

## Parallel Sessions

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111
<b>15:45</b>	A Friendly Face – Peer support after diagnosis – “All I wanted after my diagnosis was to have a cup of tea and a chat with someone living with dementia”. Davies, T. & Jones, C.	Meaning in Chinese Stroke Family Caregiving: A Hermeneutic Study. Jingjun, Z. & Lee, D.	Improving the quality of palliative care for older people: An interprofessional mentoring and training program. Neilson-Becker, H.		Elders of the fracturing tribe. Miles, J.		Acceptability and feasibility of using technology in a pilot trial to increase physical activity in older people with chronic musculoskeletal pain (IPOPP). Proctor, J., Chew-Graham, C., McBeth, J., Healey, E. & Jinks, C.	Social aspects of communication training for carers of people living with dementia. Horne, M.			
<b>16:00</b>	‘Well what if this, that or the other happens?’. Couples, Advance Care Planning & Dementia. Ryan, T. & McKeown, J.		Care in the last days of life – initial findings from an analysis of linked census data. Atherton, I. & Schneider, A.				The outcomes of day centres for older people – methods and measurement. Orellana, K., Manthorpe, J. & Tinker, A.	Changing patterns of intimate relationships as dementia emerges in Parkinson’s disease. Vätter, S., McDonald, K., McCormick, S. & Leroi, I.			
<b>16:15</b>	Exploring the role of caregiving experiences with dementia patients and its impact upon the formal caregiver’s quality of life and relationships. Khan, Z.		Not getting out and about as much as you would like to? Physical and psychosocial correlates of feeling housebound in older. Fleming, J., Chua, C., Davies, M., Farquhar, M. & Brayne, C.				Objects, dementia and risk through a social citizenship lens: An ethnographic study of the perception of risk associated with people with a dementia having certain objects in care homes. Weir, K., Bartlett, R. & Luff, R.	Wonderful support groups... wonderful friendships... so much happiness...! Say, J.			
<b>16:30</b>	Book Launch & Refreshments Great Hall Gallery (Central Balcony)										
<b>17:30</b>	Free Time										
<b>18:30</b>	Wine Reception Great Hall (Central Balcony)										
<b>19:30</b>	Gala Dinner - Great Hall Guest of Honour & Dinner Speaker - Beti George Swansea USA Ukulele Big Band All Request DJ & Dancing										

# Friday 7th July 2017

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111
	Breakfast - The Core										
	Registration - Great Hall Atrium										
7:30 - 9:00	The fabric of Life: anecdotal history from the touch of cloth. Mbonu, E.	The Role of Palliative and End of Life Care. Johnson, M.	Exploring the Role of Arts in Telling Story with People with Dementia. Wiersma, E., Bartlett, R. & Clarke, C.	Represent Against the Dying of the Light - A critical appraisal of advocacy with older people. Dunning, A.	An International Evaluation of the Meeting Centre Support Programme for people with dementia and their family carers. Evans, S., Brooker, D., Eynas, S., Orrell, M., Henderson, C., Hendriks, I., Meiland, F., Rymaszewska, J., Szczesniak, D., Urbanska, K., Chattah, R., Farina, E. & Drees, R.	Engaging volunteers in community and home focused support for people living with dementia - the benefits and challenges. Tetley, J., Koivunen, E., Holland, C., Kubiak, C., Fisher, J. & Hadley, R.	Ageing, Body and Society: Critical Perspectives, Future Directions. Martin, W., Twigg, J., Gilleard, C., Higgs, P., Pilcher, K. & Lloyd, L.	"They're not scary!": An inter-generational dance project. Blakeborough, D. & Canning, S.	Taking a chance: gambling and social vulnerability in later life. Norrie, C., Bramley, S. & Manthorpe, J.	Developing Age-Friendly Communities: Research and Policy Perspectives from Brussels, Manchester and Montreal. Phillipson, C., Remillard-Boilard, S., Buffel, T., Lambotte, D., Martinus, J., Kardol, T., Smetcoran, A., De Donder, L. & Duppen, D.	
8:30 - 17:00											
9:00	Do, Think, Share - A Book of Me. Hunter, J. & Brown, K.	Designing and delivering health promotion services for older people with mild frailty: What works well? Frost, R., Kharicha, K., Avgerinou, C., Gardner, B., Lijas, A., Elavarapu, R., Jovicic, A., Belk, C., Iliffe, S., Manthorpe, J., Drennen, V., Goodman, C & Walters, K.	Issues arising from experiences of using the research provisions of the Mental Capacity Act 2005 when conducting capacity-to-consent assessments during participatory research with people. Fletcher, J. & Snowden, S.	The role of volunteers in services for people with dementia. McCabe, L., McCall, V., Rutherford, A., Bu, F., Wilson, M. & Woolvin, M.	Moving residence to secure capabilities: insights from a qualitative study of experiences of place and wellbeing among older people living in Scotland. Gopinath, M., Entwistle, V., Illsley, B. & Kelly, T.						



Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111
10:30	Cwrtch Bach - Great Hall Gallery (East & West Wings)										
11:00					Refreshments						
11:15	Negotiating ageing and sustaining a sense of self through narratives of maintaining, losing and replacing teeth. Warren, L., Kettle, J., Gibson, B., Varghese, R., Walls, A. & Robinson	Older people with dementia on acute wards: accomplishing 'person-centered' care. Godfrey, M., Young, J., Shannon, R. & Skingley, A.	Sources of meaning in later life. Laceulle, H., Duynham, J. & Spanmari, J.	Community groups as a substitution for religious groups: findings from the CFAS Wales study. Sardani, A., Burholt, V. & Launder, C.	Special Interest Group on Research on Transport and Mobility. Musselwhite, C. & Spencer, B.	Telecare for Older People in England: findings from a national survey of Local Authorities in 2016-17. Woolham, J., Steils, N., Forsyth, K., Fisk, M. & Porteus, J.	Older Women Rock!: poetry, listening partnerships and older women. Thorn, L.	Designing housing and care for later life. Evans, S., Johnston, E., Mackintosh, S., Atkinson, T. & Lewis, A.	Is it possible to bridge the digital, cultural and generational divide simultaneously? Barker, T. & Rice, E.		
11:30	Pathways to residential care for older people in Tamil Nadu. Charles, K.	Examining Age-Related Differences for Assistive Robotic Control with Suggestions for Compensation. Rupp, M., McDonnell, D. & Smither, J.	Older students' perspectives on life-long learning and 'serious study' in later life: reflections from the Ransackers Research project 2016-17. Farnworth, H. & Holland, C.	Food for thought: food shopping as an expression of independence and participation. Towers, C.	Elderly Day Care Model in a Thai Community. Piboon, K., Inchai, P. & Pitaksil, M.	Self-funders and Information Needs (the SigN project): A summary of the findings and creation of a film and leaflet. Baxter, K., Heavey, E. & Birks, Y.	Older adults: Driving cessation and informal support networks. Murray, A., Hillcoat-Nalletambay, S. & Musselwhite, C.	Walking interviews in neighbourhoods: how 'sense of place' changes through the lifecourse. Singleton, A., Musselwhite, C. & Rogers, S.	A conceptual framework to assess the unmet travel needs in later life. Luiu, C. & Tight, M.		
11:45	Going dark: Serious leisure, adventure volunteering and older male cavers. Rosser, S., Hickman, M. & Harris, M.	One Older Man and his Dog: meeting the challenge of developing an online learning resource for research-informed practice. Ray, M., Milne, A., Tanner, D., Richards, S. & Lloyd, L.	Is going gentle into retirement still an option: precarity, gender and physically demanding work? Leime, A.	Independent financial advice about funding social care in later life – findings from a scoping review of UK research evidence. Baxter, K., Heavey, E. & Birks, Y.							
	Being a Gerontologist: intersections between the professional and the personal in the 'Ageing of British Gerontology' project. Bernard, M., Ray, M. & Reynolds, J.	Managing diabetes in people with dementia (DiaMonD): A realist review. Jones, P., Bunn, F., Goodman, C., Russell, B., Trivedi, D., Burton, C., Rait, G., Malone, J., Bayer, A. & Sinclair, A.									

# Parallel Sessions

Time	GH011	GH018	GH014	GH029	GH037	GH049	GH043	SOM107	SOM108	SOM110	SOM111
12:00	British Pathé News: The Potential of a Film Archive for Gerontology Education and Research. Hennessey, C.	"Thinking of them as babies, the best way is to leave them" or "My heart bleeds, maybe I get overprotective": Understanding residential home staff's narratives on challenging behaviours in dementia. Vandrevalla, T., Abirams, R., Hewson, U., Holm, S., Gurung, P. & Anderson, A.	How can volunteering maintain occupational identity and help to improve wellbeing in retirement? Coulton, A.	Investigating "optimal time": Multiple perspectives on the timing of moving into care homes for people with dementia: Findings from a systematic review. Cole, L., Samsi, K. & Manthorpe, J.	Mobility, Mood and Place: Seeking the Views of Older People on Age Friendly Environments. Scott, I., Tinker, A., Ward-Thompson, C., Starr, J., Mead, G., Thin, N. & Brookfield, K.	12:15	The deceased has left; the alive has to move on": Experiences of Chinese Widows in the UK. Roper, L., Chao, Q., Bennett, K. & Lowers, V.	The role of a Public and Patient Involvement and Engagement (PPIE) group in a qualitative study exploring how older adults self-manage distress. Moult, A., Chew-Graham, C. & Burroughs, H.	Mobility experiences of older People with Sight-Loss: Is there a blind spot in our understanding and responses? Gilroy, R. & Matthews, B.		
	The impact of the ageing workforce on Hong Kongs Service Sector. Egdell, V., Fuyertes, V., Chen, T. & Tjandra, N.	Keynote Address 3 - GH043 Alison O'Connor & Karin Diamond - Life Story Theatre: Everyone Has a Story to Tell	Close of Conference - Great Hall								
12:30	Presidential Closing Address & Launch of Manchester 2018										
13:30	Packed Lunch & Depart										

## Speaker Biographies

### Prof. Dawn Brooker



Professor Dawn Brooker is the Director of the Association for Dementia Studies at the University of Worcester where she leads a research team dedicated to developing evidence based practical ways to enable those living with dementia to have the best possible quality of life. Dawn qualified as a clinical psychologist in the 1980's and has worked with older people as a clinician, a health service manager and as an academic since that time. She enjoys working at the interface between the experience of those living with dementia, those developing care practice and those undertaking research to ensure that there is real knowledge transfer and translation between these different world-views.

She is internationally recognised for scholarship in practice development of person centred

dementia care and has a track record of leading multi-method evaluations of complex interventions across health, social care and third sector service delivery. She is the UK lead on a JPND funded Meeting Centres Support Programme focussing on locally relevant post-diagnostic support for people with dementia and family carers. Dawn is the Worcester University lead for the Alzheimer's Society Doctoral Training Centre on the Arts and Dementia Programme (TAnDem). Her most recent research involves improving care and support for people in advanced stages of dementia. She has long established working relationships with practitioners and scholars worldwide and has recently spearheaded an international movement Global Action on Personhood (GAP) in Dementia Care.

## Speaker Biographies

### Prof. Norah Keating



Dr. Keating is a social gerontologist whose professional life has been devoted to enhancing quality of life of older adults. She has an international reputation for her work in families, liveable communities and care.

Dr. Keating is often called on by governments and NGOs to provide evidence to inform social and health policy. Recent consultations include a report on intergenerational relationships for the UK government and technical advising to the World Health Organization on two initiatives: The World Report on Ageing and Health and Community-based Initiatives to Support Older Adults in Low Income Countries. She works with the FTP Ministers Responsible for Seniors and on Canada's national campaign to reduce loneliness and social exclusion of older adults. Her extensive experience with Veterans Affairs Canada includes membership

on the Gerontology Advisory Committee to the department and conducting research that informed the provision of ongoing benefits to caregivers after the death of the veteran.

Dr. Keating is Professor of Rural Ageing, Swansea University; Co-Director of Research on Aging, Policies and Practice at the University of Alberta; and Extraordinary Professor, North-West University, South Africa. As part of her international research and capacity building activities, she directs the International Association on Gerontology and Geriatrics' (IAGG) Global Social Initiative on Ageing. She has served as President of the Alberta Association on Gerontology and the Canadian Association on Gerontology; and as Chair of the North American Region, International Association on Gerontology and Geriatrics.

## Speaker Biographies

### Alison O'Connor



Soon after graduating in Drama and English from Bristol University and beginning to navigate the world of theatre making, Alison realised that her passion lay in theatre's transformative potential. She worked for several years with Geese Theatre Company, international leaders of arts in the criminal justice system, and here gained an insight into the therapeutic potential of theatre and its power as a tool for change. She became fascinated by what the telling and enactment of a story can do for performers, participants, institutions, staff members and audiences and went on to create theatre work in prisons, psychiatric hospitals, schools, care settings and with survivors of domestic abuse across the UK and in Romania, Azerbaijan and Bulgaria.

In 2006 Alison began working with Karin and a group of older people, using theatre to reflect on their lives. This was a turning point, Re-Live was born and the journey into Creative Ageing began.

Alison received a Creative Wales Award from The Arts Council of Wales (2013) to explore "Transformation in Arts and Health: Stories that Change" which enabled her to connect with international experts in the field. Alison's writing on life story theatre with veterans and families has been published in the international journal, *Arts in Health* (2015). Alison is currently a Winston Churchill Fellow (2016), researching best practice in arts with military veterans and family members and communities who have been affected by conflict. So far her research has taken her to New York, Washington DC, Connecticut, Minneapolis and most recently, Sarajevo.

Alison is also a Therapeutic Counsellor (University of Wales) with particular expertise in counselling older adults.

## Speaker Biographies

### Karin Diamond



Karin's great passion for theatre began in primary school when she created her own experimental theatre performances and tested them out on her bemused classmates! Her deep love of the arts has seen her work in theatre, film and television for over 20 years, gaining a wealth of experience in performing, writing, producing and directing original work.

Karin trained at the Royal Welsh College of Music and Drama, and returned years later to lay the foundations of their outreach drama department, using drama to support and encourage young people to express themselves and build confidence.

She has designed and facilitated numerous communication skills programmes for Healthcare Inspectorate Wales, Social Services and General Practice in Wales, always using theatre as a base for training and development.

She is a Winston Churchill Fellow 2010, researching 'Creativity in dementia care' with Dr Yukimi Uchide in Ofunato, Japan. This research continues to influence and inspire Re-Live's work today. In 2016 Karin wrote and performed in "Belonging", a new drama about the impact of dementia on families and individuals in Wales. The production toured Wales and met with critical acclaim from critics and audience members.

Karin's passion lies in the experiential relationship between performers and audiences. She believes that creative expression can release us from the tension of living and surprise us with new ways to live and relate to each other.

## Special Events & Cultural Activities

### Emerging Researchers in Ageing (ERA) Pre-Conference

Weds 5th July 09:00-11:45 (GH037; GH049)

An exciting programme of events will promote networking opportunities for all members. A series of workshops and presentation opportunities are designed to up skill emerging scholars and help them on their pathway into the BSG. This safe-space event is designed to allow emerging researchers and professionals to develop and have their own footprint within the main conference timetable.

### Poster Presentations

Weds 5th July 15:30-16:30 (Great Hall Gallery)

Based in the exhibition hall in the East Wing of the Great Hall Gallery, the poster exhibitions give presenters and delegates the opportunity to explore, in depth, some of the concepts raised in their research. A great networking event with refreshments and Welsh nibbles on hand.

### The "Ageing of British Gerontology" Launch Event

Weds 5th July 16:00-16:30 (GH001)

The Exhibition will feature photographic portraits of people who have led research and practice in the field of gerontology over the past 40 years, and who have taken part in a two-year Leverhulme-funded project called The Ageing of British Gerontology. Filmed interviews highlighting some of the key research findings will also be included as part of the exhibition, along with images from the archives of the British Society of Gerontology.

The exhibition has been created by artist, photographer and gerontologist Sukey Parnell, working in partnership with the research team, Professors Miriam Bernard and Mo Ray, and Dr Jackie Reynolds.

The launch will be followed at 4:30pm by a unique opportunity to attend a Roundtable discussion involving six of the project participants: Dr Bill Bytheway, Dr Kate Davidson, Professor Eileen Fairhurst, Tessa Harding, Professor Mike Nolan and Professor Ian Philp. Discussions will include the relationship between personal and professional experiences of ageing, and will take place in the exhibition venue.

### Age UK / Cymru Reception & BSG Awards

Weds 5th July 18:30-20:00 (Great Hall Gallery)

The partnership that the BSG has with Age UK is both longstanding and very important to us. As the conference is in Wales this year it is also important to reflect the relationship with the Regional and Local charities with the Age UK brand. Age Cymru and Age Cymru Swansea Bay are important links for the Centre for Innovative Ageing, providing campaigning and direct services for older people in Wales. Libby Archer from Age UK, Ian Thomas from Age Cymru and Nicola Russell-Brooks from Age Cymru Swansea Bay will join Debora Price, the President of the BSG to present the prestigious society awards. Being a focal point and stand-alone event highlights the importance of the awards and the special relationship we continue to enjoy with Age UK / Age Cymru / Age Cymru Swansea Bay



## Special Events & Cultural Activities

### BBQ & Circus Eruption

Weds 5th July 20:00-Late (Private Beach)

As Swansea University is the closest university campus to the beach ANYWHERE in the world, we are making use of it with our beachfront BBQ evening. With a fully stocked outside bar and music to accompany a scrumptious BBQ, your first night with us is set to be one to remember. As if that wasn't enough, we have invited Circus Eruption, a community based circus skills group to come along and join us. They will be giving demonstrations and offering you the chance to join in and put your skills to the test. Just don't be tempted to run away with the circus as we have a lot left for you to explore as the conference progresses.

### 5km Run or Seafront Ramble



Thurs 6th July 07:00-08:00  
(Outside the Great Hall)

Led by different members of the CIA, the run or ramble give delegates the opportunity to shake off the excesses of the night before and arrive fresh faced, bright eyed and bushy tailed for the sessions on the full day of the 2017 conference. No need to register, just pop along to the front of the Great Hall or see one of the CIA Agents for details.

### An Audience With...

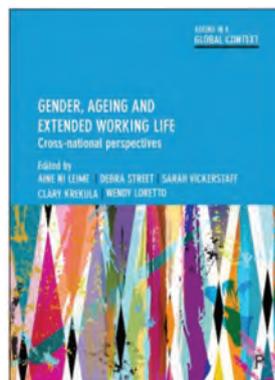
Thurs 6th July 13:00-14:00 (SOM 111)

This community engagement event provides delegates with the opportunity to engage with community groups and those directly working with older adults in the local community. A mixture of service providers and service users really set this event up to be a highlight of the programme. Discuss research, discuss needs, discuss what a great place Wales is to grow old. One thing is for sure, conversation will be flowing

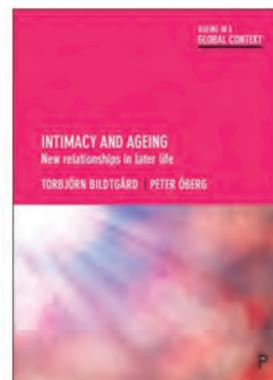
### Policy Press Book Launch

Thurs 6th July 16:30-17:30  
(Great Hall, Gallery Balcony)

Policy press will be launching the two latest additions to the "Ageing in a global context" series. Prof. Chris Phillipson, one of the series editors, will introduce the series, followed by a short speech from the authors to entice delegates to make a purchase.



Edited by Áine Ní Léime, Debra Street, Sarah Vickerstaff, Clary Krekula and Wendy Loretto



By Torbjörn Bildtgård and Peter Öberg

## Special Events & Cultural Activities

### Wine Reception & Gala Dinner



Thurs 6th July 18:30 - Late  
 (Great Hall, Gallery Balcony)

Starting at 18:30, the CIA welcomes delegates to partake in a drinks reception overlooking the private beach, soaking in the ambiance and taking the opportunity to talk and reflect on the day. From 19:30 the doors will open for the gala dinner. Gourmet food will accompany a plethora of sparkling entertainment including our after dinner speaker, Beti George; the Swansea U3A Ukulele Big Band and interactive DJ experience. Each table will also be adorned by a centre piece made by the residents of a Welsh residential care facility under the brief "what ageing in Wales means to me". These will also be judged by Beti George with the winners receiving a cut crystal glass engraved with the CIA insignia.

### Ageing Bites

By appointment (SOM106)

Ageing Bites are short video clips of research, thought pieces and items of interest that delegates can film. These will be edited by the team at Swansea University and uploaded to the BSG YouTube channel. A great way to get your work known, raise your profile and give your social media a lift!

### Artist in Residence



(Throughout the venue)

The CIA has engaged the services of Eleanor Beer, a graphic artist to record things in 'real-time' as they happen through the conference and provide us with a live representation of the event. See if you can make it onto the board!

## Exhibitors

Without the support of various partners, sponsors and contributors, we would not be able to run a conference with such relevance. We have an exhibition area in the gallery of the great hall which gives delegates the opportunity to speak to and find out more from all of our exhibitors. A great opportunity to expand your networks and build future opportunities.

### Conference Partners:



### Conference Sponsors:



# Conference Information

## Parking

### Non-residential Delegates

There are limited pay and display car parking spaces on campus for non-residential delegates.

**Up to 2 hours £1.50**

**Up to 4 hours £2.50**

**8am – 6pm £3.50**

**6pm – 8am £1.50**

## Parking for Residential Delegates

Residential delegates can park on campus free of charge. You will need to provide car registration details for every car using spaces. These can be collected on arrival at Swansea.

Parking in unauthorised areas or failure to display a valid Temporary Parking Notice, will result in the issue of a parking fine.

## Local Transport

### Bus

Buses will run from 06:30-23:30 weekdays during term-time. There will be a bus every 8 minutes during peak times. Buses will run until 02.00 on Wednesday, Thursday, Friday & Saturday nights. For bus timetables and information, speak to the reception area or the Information Desk in the Quadrant Bus Station.

### Taxi

There is a taxi rank on campus, however if there is no Taxi available please call the following number: 01792 474747.

## Accommodation

The Reception and Manager's office for the Residences is located on the ground floor of the Tower Information Centre. The reception is staffed Monday to Friday 09:00-17:00

Security are available if any emergency occurs outside of these hours.

Telephone: 0300 103 3000

## Arrival, Departure & Keys

Check-in available at the registration desk in the Great Hall.

Check-out is by 10:00 on Friday 7th July. Please ensure all rooms are vacated by this time to avoid delays for the cleaning team. Keys must be handed to the Reception Desk in the Tower Information Centre by 10:00.

Unreturned room keys will result in a charge of £20 per key set.

Luggage storage will be available following check-out. Please contact the conference registration desk who will arrange this for you

## Laundrette

There is a laundrette on campus – located between Llansteffan and Cardigan Residences. The laundrette is open 24hrs a day. They both have coin-operated washing machines and tumble dryers – £2.40 per wash and £1.20 per dry. Please note you will need to supply your own washing powder. For access issues, please report to St Modwen Reception desk. Any faults should be reported by using the free phone number displayed in the laundrette.

## Catering

### Service Times

Meals are normally served between the following times:

**Breakfast: 07:30-09:00**

**Lunch: As per conference timetable**

## Dietary Requirements

Campus Catering provides a wide selection of food which visiting groups can choose from. Our staff will be able to advise on the composition of food items, however, we cannot guarantee that our food has not come into contact with nuts, eggs or any other product which may cause an allergic reaction.

## Conference Information

### Outlets and Mini-Supermarket

There are numerous catering outlets located around the site and the majority of these will be open over the vacation period, although opening times may vary.

There is also a Tesco Express mini supermarket located on Severn Way, close to the residences. This is open 07:00-22:00.

### Bars

There are three licensed bars on campus; one within The Core, 52 Degrees and the Great Hall Café, Bar and Restaurant.

### Emergency telephone Information

In an emergency, calls will be accepted for delegates in the Bay Campus Estates Office during office hours. The Security Desk will take the calls outside of office hours

#### Bay Campus Estates Office

01792 606517

#### Security Desk

01792 606010

#### Useful Telephone Numbers

##### Switchboard

01792 20(5678)

##### Catering

01792 29(5559)

##### Residence Reception

0300 103 3000

##### Media (AV Assistance)

x4000

##### Sports Centre

01792 54(3577)

##### Emergency on campus

x333

##### Operations Manager (Leah Black)

01792 60(6049)

##### Operations Manager (Nick Bowen)

01792 60(6048)

If calling from an internal phone, the shorter numbers should be used.

If calling from an external phone, call the main Switchboard and ask for the extension.

### Medical Emergency

In the event of a medical emergency on campus call x333

### Smoking Policy & Naked Flames

In accordance with the National Assembly for Wales' Smoke-free premises etc. (Wales) regulations 2007, smoking is not permitted in any enclosed or substantially enclosed public space. Smoking is not permitted in any University building, at building entrances or within 5 metres of any building. This policy applies to staff, students and visitors. Incense, candles, or any open/naked flames are not permitted within the accommodation or anywhere on campus.

### Fines

Breach of Smoking Policy

£100 fine

Damage/vandalism of fire equipment

£75 fine + cost of refill/repairs (+VAT)

General damage/vandalism

Cost of repairs (+VAT)

Please note that offenders risk being reported to the Police or identified to the Fire Authority and you may be asked to leave the premises.

### Internet Access

The University is pleased to offer delegates access to a wireless network during their stay from most wireless enabled devices.

## Conference Information

### Internet access for those with access to Eduroam:

The JANET Roaming Service is designed to provide roaming network access between participant sites in the UK education and research sectors for staff and students. Swansea University is a participating member of the JANET Roaming Service and so allows visitors from participating institutions to use our Eduroam wireless network.

Visitors from fellow participating institutions need to have configured their device for wireless use at their home institution before bringing it to Swansea- if this has been done, then they can connect to Swansea wireless with no further configuration or registration necessary. Note that support for Eduroam should be provided by their home institution's IT staff.

### Internet access for those not able to access Eduroam:

For those who aren't visiting us from an Eduroam institution, we can offer straight forward access to a wireless network from most wireless enabled devices- information regarding this can be obtained from the conference registration desk.

## Facilities at the Bay Campus

### Bank

Santander Bank is situated on the Bay Campus. The opening hours are Monday, Wednesday and Friday 10:00-15:00.

### Cash Machines

There are cash machines located:

Outside Tesco Express

Outside Santander

### Tesco Express

Sells an extensive range of foods, alcohol, fresh bakery items, medicines, magazines and stationary

Opening Hours (7th July – 4th September):  
07:00-19:00 daily

Opening Hours (all other dates): 08:00-22:00  
Monday-Friday, 09:00-22:00 Saturday & Sunday

### Sports Facilities

There is a Gym onsite. Plus Basketball and football pitches. Residential can use the gym for free during their stay.

### In and Around Swansea

The city of Swansea has a diverse range of activities; 10 screen cinema, golf courses, national museums, food fairs, bowling and swimming to name a few. Not forgetting the beautiful Gower Peninsula coastline, castles and award winning gardens and walks.

For further information and guidance, go to:

[www.visitswanseabay.com](http://www.visitswanseabay.com)

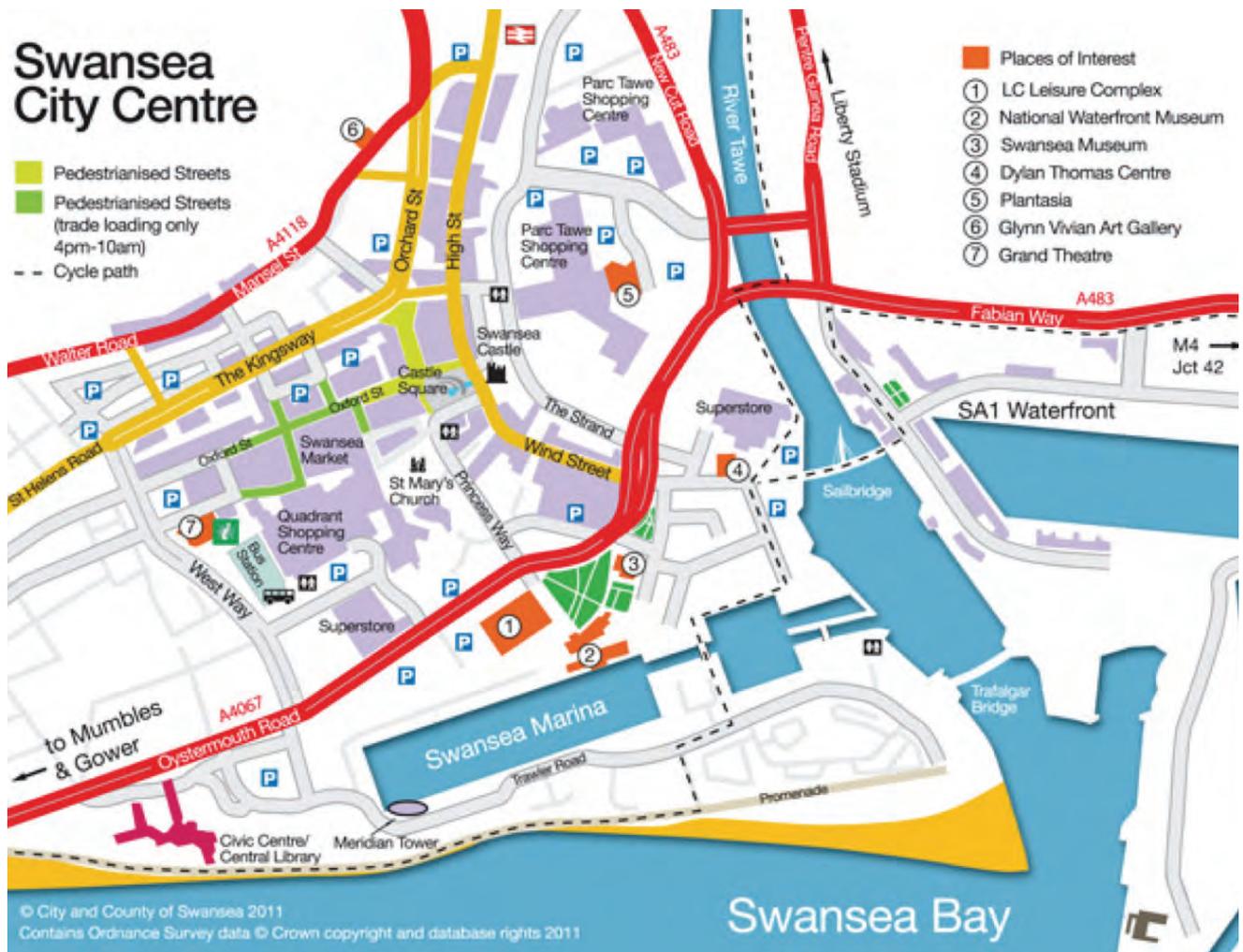
[www.swansea.gov.uk](http://www.swansea.gov.uk)

[www.neath-porttalbot.gov.uk](http://www.neath-porttalbot.gov.uk)

[www.mumbles.info](http://www.mumbles.info)

[www.enjoygower.com/idex.cfm](http://www.enjoygower.com/idex.cfm)

## Maps



Additional maps of the centre and local attractions can be found at:

<https://www.visitswanseabay.com/>

# Campus Map

## Swansea University Bay Campus Campws y Bae Prifysgol Abertawe

Student residents area east to west view – Severn Way  
Golygfa dwyrain i'r gorllewin ardal breswyl myfyrwyr – Flordd Hafren

<b>P</b> Car Parking Maes Parcio	<b>II</b> Food Court Cwrt Bwyd	<b>↔</b> Sports Reception/Hall/Gym Derbynfa Chwaraeon/ Neuadd/Campfa	<b>⚽</b> Outdoor Sports Facilities Cylleusterau Chwaraeon Awyr Agored
<b>BT</b> Bus Stops Arosannau Bysiau	<b>☒</b> Bar/Cafe Bar/Caffi	<b>👶</b> Baby Changing Facilities Cylleusterau Newid Babi	<b>🔬</b> Site of Special Scientific Interest Safle o Ddiadarddeb Gwyddonol Arbenig
<b>T</b> Taxis Tocsi	<b>☕</b> Cafe Caffi	<b>👶</b> Crèche Medffranta	<b>P</b> Site of Special Scientific Interest Parking Maes Parcio Safle o Ddiadarddeb Gwyddonol Arbenig
<b>CP</b> Cycle Park Parc Beicio	<b>👕</b> Vending Gwerthu	<b>🛒</b> Shop Siopau	<b>🚪</b> TIC Entrance Mynedfa Canolfan Wybodaeth y Tŷr
<b>🏦</b> Bank Banc	<b>🚿</b> Showers Cawodydd	<b>🧺</b> Launderette Golchyd	

### Key Agoriadau

- 1 Energy Safety Research Institute (ESRI)  
Sefydliad Ymchwil Diogelwch Ynni
- 1.1 Oracle II
- 2 Institute of Structural Materials (ISM)  
Sefydliad Deunyddiau Strwythurol
- 3 Engineering East  
Adeilad Dwyreiniol Peirianneg
- 3.1 Service Goods Yard  
Iard Nwyddau Gwasanaeth
- 4 Engineering Central  
Adeilad Canolog Peirianneg
- 5 Bay Library  
Llyfrgell y Bae
- 6 Great Hall  
Y Neuadd Fawr
- 7 School of Management  
Yr Ysgol Reolaeth
- 8 Student Residences  
Preswylfeydd Myfyrwyr
- 8 Students' Union  
Undeb y Myfyrwyr
- 9 Tower Information Centre (TIC)  
Canolfan Wybodaeth y Tŷr
- 9 Estates and Facilities Reception  
Derbynfa Ystadau a Chyfleusterau
- 9 St Modwen Student Living Reception  
Derbynfa Preswylfa Myfyrwyr Sant Modwen
- 9 My Uni Hub  
Hyb Myfyrio

**Swansea University**  
**Prifysgol Abertawe**

## Become a Member!

This is an exciting and dynamic time for the British Society of Gerontology. Established over forty years ago, the society's mission is to improve the lives of older people and promote ageing research, teaching, policy and practice. Joining the BSG means joining a vibrant community of academics, researchers, practitioners, policymakers, students, service users and older people, all with a shared purpose. The society continues to go from strength to strength implementing a strategy that reflects the multidisciplinary purpose of the BSG as well as serving the membership.

Joining the BSG not only means that you are part of this ever-growing and energetic society, it also brings the following benefits:

-  Access to the society's network of social media channels, including our blog Ageing Issues, our YouTube channel Ageing Bites, Twitter & LinkedIn
-  Reduced rates at the Annual Conferences of the British Society of Gerontology
-  Participation with our online newsletter Generations Review which enables members to communicate with one another and is a dynamic forum in which to discuss current issues about research, education, policy and practice
-  Automatic enrolment on our mailing list (BSGmail) to enable you to keep up-to-date about conferences, seminars, teaching courses, and research about ageing and ageing studies
-  If you are a student, postdoctoral or unwaged member, you are entitled to apply for a conference bursary

-  Reduced rate subscription to: Ageing and Society and Journal of Population Ageing
-  Access to all areas of the BSG website, including the Membership Directory and Members Only pages

### **Current Membership Fees (if paying by direct debit, all other payment methods incur a £5 administration fee):**

Waged member £55.00

Full time student £22.00

Retired £23.00

Unwaged £21.00

Special membership subscription to Ageing & Society £33.00

Special membership subscription to Journal of Population Ageing £40.00

**How to Join – simply visit our website today!**  
[www.britishgerontology.org](http://www.britishgerontology.org)

## The BSG's Social Media Platforms

If you have any comments, suggestions or questions about how to access or contribute to any of our social media platforms, please contact the Secretariat at [info@britishgerontology.org](mailto:info@britishgerontology.org)

### Watch our videos!

BSG Ageing Bites is a series of short bite size films each highlighting a different aspect of ageing or ageing issue available on our YouTube channel – <https://www.youtube.com/user/AgeingBites/videos>

If you already have some film material from a research project or through other work that you think would be suitable, please share it with us. Alternatively, why not plan ahead and contact the Secretariat about filming an Ageing Bite at BSG 2018.

### Become a Blogger!

"Ageing Issues": <http://ageingissues.wordpress.com/>

The BSG blog is an exciting and rapidly growing public platform for promoting discussion of ageing issues. To date the blog has had over 29,507 views from over 129 different countries. There are 1797 regular followers and this number is growing steadily. The blog is there for all members to use – it is quick and easy way to share your views, research and comment on the articles already posted. Please contact the Secretariat for the instructions on how to become an author – we are here to support anyone who isn't sure about what to do, so please don't let the fact that you've never blogged before put you off.

### Join us on LinkedIn!

<http://uk.linkedin.com/>

For those who are already on we also have a BSG group where members can share ideas and have discussions – so if you have a LinkedIn profile, please do join our group.

### Follow us on Twitter!

[@britgerontology](https://twitter.com/britgerontology)

For those who 'tweet' you can follow us on @britgerontology. We already have a strong following which is increasing on a daily basis. If you are a member and a Tweeter, please let us know so that we can follow you too.

Don't forget to use the conference hashtag and tweet with us:

[@BSGSwansea2017](https://twitter.com/BSGSwansea2017) #BSG17

## Invitation to join BSG's Emerging Researchers in Ageing

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

### **Become an ERA member and enjoy these benefits:**

-  Participate in educational, professional development and social events at no charge
-  Network with students and early career professionals
-  Develop professional relationships with like-minded students and early career professionals
-  Expand international connections and encourage the sharing of ideas and achievements
-  Provide opportunities to connect with mid to late career professionals through informal networks and mentoring programs
-  Apply for members-only bursaries and Stirling prize offered by the BSG
-  Access to discounted BSG Membership and the National Conference registration
-  Develop leadership skills to help shape the future of the BSG

Join us and help shape your future and the future of gerontology.

For more information:

**D.J.Morgan@swansea.ac.uk**

## Prof. Dawn Brooker

University of Worcester

### **There is no us and them. There's only us: Reflections on supporting people living with dementia post-diagnosis.**

Most national dementia strategies recommend early diagnosis. Part of the rationale for this is that it enables people and their families to make lifestyle changes and choices that will build resilience for the long term. If people make good emotional, social and practical adjustment to dementia early, then it is likely that they will experience fewer distressing symptoms later and will be able to live at home for longer with a better quality of life for them and their families. That's the theory. The reality is that support for families and for people affected by dementia is often fragmented and not delivered in a way that inspires confidence. Dementia Friendly Communities and Dementia Action Alliances are increasing and there are some fabulous initiatives but many are in danger of faltering once they have garnered support for Dementia Friends and raised awareness.

Over the past three years I have been the UK lead for a research programme focussing on the Meeting Centres Support Programme that was developed following a community needs assessment in the Netherlands 25 years ago. Meeting Centres provide relatively low-cost, community driven person centred support to help people living with dementia and their families cope and adapt to the changes dementia brings. There are now 144 Dutch centres with a national infrastructure that local groups can utilise to bring new centres on stream. A JPND research initiative (funded in UK by the ESRC) MeetingDem has taken the learning from the Netherlands to set up pilot Meeting Centres and evaluate their effectiveness in the UK, Italy and Poland. The detailed results of this programme will be presented at a symposium within this conference. During this keynote I will reflect on what this and other projects have taught me about post-diagnostic support.

## Prof. Norah Keating

University of Alberta / Swansea University

### **Do not go gentle: Global environments and a good old age**

Visioning a good old age has become a contemporary preoccupation of social gerontologists. In sharp contrast to the anguished words of Dylan Thomas, many gerontology theorists, policy makers and practitioners believe that older people may indeed 'go gentle' through the later phases of their lives in ways that maintain or increase their ability to be and to do what they value. Should there be rage, it is against the exclusion of older people from opportunities to be full citizens and to live and to age well.

In this presentation, Professor Keating speaks to global theorizing about contexts of ageing and the ways in which they may enhance or constrain a good old age. She sets her discussion within the World Health Organization's ecological framing of healthy ageing and its social justice agenda in which it urges governments to address inequities among their older citizens. There are powerful assumptions in the WHO approach that all governments should act to enhance ageing-well.

Three contemporary ecological approaches are discussed in framing the ageing-well agenda: critical human ecology, age-friendly environments and liveability. In her critique, Professor Keating highlights both ageist and inclusive assumptions in each approach. She proposes a set of key environments of older persons and articulates how the locations of policy development and enactment may influence the intersections among policies and contexts. She draws on examples from different world regions of how particular contexts are positioned as central to ageing-well. Finally, she proposes components of global agenda to enhance ageing-well.

## **Alison O'Connor and Karin Diamond**

Re-Live Theatre Company

### **Life Story Theatre: Everyone Has a Story to Tell**

“Being given the chance to show how I felt about certain episodes in my life was both cathartic and empowering. Performing my story changed how I looked at myself.”

*Terri Morrow, Re-Live Participant*

Re-Live is an award-winning charity providing a dynamic, inspirational programme of Life Story Theatre. Based in Cardiff, we work alongside people and communities, inviting them to share their experiences, so that audiences young and old can witness the untold stories of our time. Our creative process takes people on a transformative journey and places their story centre stage.

We have been developing our methodology of Life Story Theatre over the past 10 years. We have worked with older adults in community and residential settings, military veterans and families with post-traumatic stress, people diagnosed with a terminal illness and people living with dementia on a process of creative life review. Inspired by the work of Butler (1963) and Birren (1991) and our own theatre and counselling practice in a variety of settings, we have developed an approach which is collaborative and hopeful.

We all need to make sense of the life we have lived, are living, will live in the future. We all need to find a story to call our own.

This presentation will share our methodology and focus on the impact of Re-Live's Life Story Theatre approach. Featuring testimonies from participants, film clips of work and stories of change, it will provide a powerful insight into the potential of Life Story Theatre with older adults.

## **Symposium Title: Dementia and ethnic minorities in three European countries**

Symposium Lead: Saloua Berdai-Chaoui  
(Erasmus University College Brussels, Belgium)

Author: Eleonor Antelius (Linköping University, Sweden)

### **Paper 1 Title: Dementia in the Age of Migration: Disruption of cultural continuity as a cause of illness?**

Movements of people across borders have shaped societies since time immemorial but what is distinctive of what has become known as 'the age of migration' is the global scope of such movements and the emergence of international migration as a force for social transformation. Migration also means something very tangible for the individual, and on the micro level migration might mean something entirely different than reshaping entire societies.

Based upon informal interviews with people with Iranian, Iraqi, Kurdish and Syrian background, now living in Sweden, I argue that we need to better understand what Rudolf Virchow noted some 100 years ago, namely that disease is just life under altered conditions. Dementia, as used as case in point in this paper, needs to be understood not just as a biological fact caused by plaques and tangles in the brain, but also as lived experience. Fact is, the interviewees seemed to perceive migration itself as a possible trigger of dementia diseases. The disruption of cultural continuity – and with that, disruption of traditional roles and increased loneliness – was often mentioned as probable causes of dementia. This gives reason to ask whether or not the acculturation continuum has anything to offer when trying to understand dementia as life under altered conditions among migrants: is one indeed more likely to develop a dementia disease if positioned in the traditional position of the continuum (i.e. with a strong orientation towards the 'homeland') than when

positioned at the other end of the continuum, where one practically completely identifies with the culture of the new society?

Author: Ann Claeys (Erasmus University College Brussels, Belgium)

### **Paper 2 Title: How to involve older people with migration background and dementia and their family caregivers into (longitudinal) research?**

Including older people with dementia and with a migration background within a longitudinal research component calls for a careful preparation in order to succeed. There is need to gather insights into the do's and don'ts for the recruitment and retention of these elderly and their family caregivers.

A scoping review of the existing literature was performed, followed by semi-structured interviews with 10 acknowledged experts, who have experience in the inclusion of elderly with a migration background or elderly with dementia.

Findings demonstrated 5 key-areas for consideration when developing a research design for older people with migration background and with dementia: 1) investing in sustainable relationships with the respondents, beyond the classical researcher-respondent relation; 2) using community key-figures in recruitment; 3) focus on qualitative research methods; 4) investing in transparent communication techniques; 5) 'ethnic matching' by recruiting bicultural, bilingual researchers.

There's a need for specific, customized and flexible research design.

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**Author:** Saloua Berdai-Chaoui (Erasmus University College Brussels, Belgium)

**Paper 3 Title: Caring for migrant elders with dementia in Belgium: a continuous search process.**

Moroccan elders in Flanders with dementia is an increasing group. This study explores the views of caregivers about how dementia care is experienced and conducted in migrant families. Based on individual interviews with 12 Moroccan informal caregivers and 13 professional caregivers, our findings demonstrate that informal care is a challenging search process. Generally it is a dynamic process leading to a multi-disciplinary care approach. Whereas generally ethnic minority female carers are assumed to be the primary carer, our results suggest that a transnational informal care network is involved. Additional to culture and religion, migration has been shown to be an important factor influencing dementia care and the use of professional care for these migrant elders. The discussion highlights that in order to provide good quality care to demented persons with migration background, a better understanding of the visible and invisible dementia care mechanisms in a superdivers context is needed.

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**Author:** Ragnhild Storstein Spilker (The Norwegian Centre for Migration and Minority Health)

**Paper 4 Title: Ageing in an Unfamiliar Landscape: Elderly Migrants and Dementia in Norway**

Europe's population is aging and with it Europe's diverse migrant population. However, knowledge about elderly migrants' health and living conditions is scarce. Ageing in an unfamiliar landscape poses additional challenges but migration and ethnicity have not been a priority for dementia research in Norway. It is necessary to learn more about the perceptions and experiences of elderly migrants concerning aging, dementia and care. Knowledge about health personnel's challenges in caring for a more diverse population is important. The Norwegian Centre for Migration and Minority Health conducted a 3-year research project in order to give recommendations to the health authorities for future dementia care. Main findings include; the need for increasing awareness about dementia among migrants, improved skills and competency among health personnel, use of appropriate tests for early diagnosis, further research on dementia-related risk factors and prevention and how to adapt health and nursing home services. The project and its five different parts, methods used and the results will be presented in our symposium.

## **Symposium Title: "They're not scary!": An inter-generational dance project**

Symposium Lead: Darren Blakeborough  
(University of the Fraser Valley)

**Author:** Darren Blakeborough (University of the Fraser Valley) & Shelley Canning

### **Paper 1 Title: Special Session - Documentary Film Screening & Q&A**

The number of adults over 65 years living in Canada is increasing at a dramatic rate. Not only are there more Canadians over 65 but there are more Canadians living over 85 years of age leading to increasing numbers of older adults with dementia living in residential care. Residents with dementia frequently experience significant apathy and lack of motivation resulting in limited engagement in activities and relationships.

Innovative programming through arts-based activities and inter-generational partnerships can enhance, affect, and reduce behaviour problems. This short film (55 mins) documents such a programme. This film was the culmination of an innovative research project which took place over a six month period to explore the impact of participating in a weekly ballet class on both elderly participants living in long-term residential care and their elementary school aged dance partners. The research project focused on potential physiological and cognitive benefits for the residents measured at baseline, three, and six month intervals using standardized assessment tools. Fifteen residents over 65 year and seven girls aged 7-9 years old danced together in a one hour ballet class once a week over a six month period. Qualitative data collection methods were used to assess the children's attitudes towards the residents over the six month study. The children were interviewed at baseline, three, and six month intervals exploring the development of their "new" relationships with their "old" partners.

## **Symposium Title: "It's up to us, isn't it?" Supporting drinking in care homes, whose responsibility?**

Symposium Lead: Diane Bunn

**Author:** Emma Knights, Charlotte Salter, Diane Bunn

### **Paper 1 Title: The changing meaning and experience of drinking in care home environments: a qualitative focus group study.**

Water is important for every bodily process, and being hydrated leads to many positive health benefits(1). Drinking is how we take in water, but older people in care home environments face barriers to drinking, including lack of thirst, availability and choice(2). This study explored the attitudes of older people living in care home environments towards drinking over time, what participants knew about the importance of drinking, what encouraged them to drink and what drinks participants enjoyed or disliked. Verbatim transcripts from three focus groups with residents from housing-with-care, residential and nursing home environments were read, reread, coded, and analysed thematically(3). Attitudes towards drinking differed between groups, often reflecting differing levels of independence. Three main themes emerged:

- Change in drinking habits, both between care home environments and generations.
- Sensory experience of drinking, both pleasant and unpleasant.
- Medicalisation of drinking, where drinking is directly related to maintaining health.

Residents saw drinking as important for health and gave each other advice and encouragement to drink. Many adhered to regular routines to ensure adequate intake. Drinking is about more than hydration, it is a social practice: Moving into care home environments can change the meaning of drinking. As independence is lost, so is the ability

to make drinks to taste. Concern for dehydration can change drinking from an enjoyable experience to a never-ending challenge to drink adequate amounts. However, drinking can be an enjoyable experience, in even the most dependent residents, if there is a choice of drinks, served in the correct cup.

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Author: Oluseyi Jimoh, Lee Hooper

### **Paper 2 Title: Making Drinking Fun: supporting the sociable side of drinking in care homes**

Water-loss dehydration is due to insufficient fluid intake. It is common - 20% of older people living in residential care are dehydrated(1). Though water-loss dehydration is associated with increased risk of mortality and disability(2), there are no clearly effective interventions for increasing residents' fluid intake(3). We are developing and testing a novel approach to increasing residents' drinks intake by supporting "pro-drinking" activities within care homes. This relies on the core social role in humans of eating and drinking together to cement social relationships. Taking advice from care home residents and staff, and building on the evidence-base, 'Making Drinking Fun' aims to support drinking through social activities and the training and involvement of care staff. In the development phase we worked with activities co-ordinators (ACs) in three care homes. Guided by care-home residents we developed varied, interesting, low-cost and enjoyable prodrinking activities: tea tasting, lemonade making, continence workshops, smoothie-making and other sociable activities. We used Normalisation Process Theory (4) with care staff to explore barriers and implementation strategies for incorporating the intervention within care homes. Strategies identified included planning enjoyable activities, support from management and educating staff and residents about the importance of drinking. Barriers included residents' fear of incontinence; work overload, dual roles for staff (AC and carer) and high staff turnover. We are testing the intervention in three new care homes. We will assess acceptability, feasibility and

effects on resident engagement, cognition, mood, drinking and hydration. We will test whether supporting the social aspect of drinking prevents dehydration.

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Author: Diane Bunn, Oluseyi Jimoh, Lee Hooper

### **Paper 3 Title: Contributions of Resident and Staff Advisory Groups in Supporting Hydration Care Research**

Advisory Groups are lay members of the public who provide researchers with first-hand, practical insights about issues pertinent to the research. We have worked alongside both resident and staff Advisory Groups as we have researched into different aspects of hydration care in care homes over the last four years (<http://driestudy.appspot.com/>). Involving and working alongside lay members is both rewarding and challenging. The rewards arise from the unique insights Advisory Group members are able to provide to the research, keeping us informed about the practical implications of our theoretical understandings. The challenges arise from recruiting and maintaining the groups for a sustained period, where people move on and abilities to participate alter. This paper will present our experiences of working with Advisory Groups of residents and carers in care homes: how we involved the members, the contributions members made to the research, and how the research benefitted as a consequence. Our research has benefitted from our Advisors' involvement in ensuring that our research has remained focussed on care home residents. For example the use and critique of the earlier versions of a 'Drinks Diary' (<https://www.uea.ac.uk/medicine/research/research-evidence-studies/drinks-diary>) we developed led to a version that took into consideration the needs and difficulties that could be encountered by older people in completing it. A practical 'Activities Toolkit' for care homes has also been developed through the Advisory Groups' guidance, suggestions and by sharing their experience of activities in their own care homes.

**Author:** Diane Bunn, Lee Hooper, Ailsa Welch

## **Paper 4 Title: Dehydration and malnutrition care homes – why are they still ongoing issues?**

Water-loss dehydration, from drinking insufficiently to replace obligatory fluid losses, and malnutrition (medium + high risk using the adult 'Malnutrition Universal screening Tool') are prevalent amongst older people living in care homes(1,2), despite the publication of numerous reports, guidelines and research studies, spanning several decades. Dehydration and malnutrition are associated with many comorbidities, increased risk of hospital admission and mortality(3–5). Supporting residents to drink and eat well may prevent dehydration and malnutrition, and the associated sequelae, and improve quality of life, reducing the burden on healthcare systems. However, knowledge is failing to influence practice - preventing dehydration and malnutrition are likely to be related to translational issues of implementing knowledge into practice. Good hydration and nutritional care in care homes is a combination of:

1. Effective regulation and commissioning of care.
2. Age and population-specific fluid and nutrient intake guidelines.
3. Effective care home systems supporting drinking and eating.
4. Residents' eating and drinking experience.
5. Screening and monitoring for dehydration and malnutrition.
6. Staff training.
7. Implementing changes effectively.
8. Auditing implementation.

This paper will discuss how care home hydration and nutritional care is underpinned by legislation, policies and guidelines, yet dehydration and malnutrition remain prevalent. Reducing the burden on healthcare systems is a priority (both UK and worldwide), because of ageing populations,

where increased life expectancy and increasing numbers of people reaching older ages mean that there is likely to be a rise in the number of older people requiring nutritional and hydration care in care homes.

## **Symposium Title: Care certificates, commissioning and navigation; different ways to improve quality and access to care and support in the community**

**Symposium Lead:** Neil Chadborn (University of Nottingham)

**Author:** Elaine Argyle, Zaynah Khan, Louise Thomson, Justine Schneider (University of Nottingham)

## **Paper 1 Title: Care certificate training for frontline staff**

Although investment in staff development is a prerequisite for high quality care, the training needs of unregistered care staff have often been neglected. The Care Certificate, which was fully launched in England in April 2015, has aimed to redress this neglect by providing a comprehensive, consistent and transferable approach to the training of the front line health and social care workforce. It usually takes around 12 weeks to complete and includes 15 Care Standards which staff are required to meet before working unsupervised. In order to optimise its impact, the implementation of the Care Certificate is now being evaluated through an 18 month national study funded by the Department of Health Policy Research Programme. Drawing on a survey of care organisations randomly selected from the Care Quality Commission database, it aims to assess the success with which the Care Certificate meets its objectives in improving front line care provision as well as exploring areas for improvement in order that it can meet these objectives better. It is the purpose of this presentation to provide an overview of the Care Certificate evaluation, considering why it is needed, how it is being

carried out and summarising its findings. These findings include patterns and modes of uptake, the motives behind this uptake and its perceived impact on care organisations, care staff and care receivers. It will thus be shown that while patterns of implementation are hugely diverse, it is generally agreed that the improvements that it aims for are required. Funded by Department of Health, Policy Review Programme.

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**Author: Nicola Turner (University of Nottingham), Anthony Kelly, Nick Manning, Lucy Perry-Young, Kristian Pollock, Kezia Scales, Cheryl Travers, Samantha Wilkinson, Justine Schneider**

**Paper 2 Title: Local Authority perspectives on commissioning ‘good’ homecare for people with dementia**

Local authority commissioners of adult social care are faced with the challenge of reconciling reductions in social care budgets with the need to secure care for growing numbers of older people with multiple and complex needs. In this paper, we examine how this tension is being addressed by presenting a snapshot of local authority commissioning arrangements for the provision of homecare to older people with dementia. Findings are based on an online survey and telephone interviews with 17 commissioners of adult social care recruited from a sample of local authorities in England. The research was carried out as part of a larger study on Broadening Our Understanding of Good Homecare (BOUGH), which aimed to inform home care policy and service development by addressing the question: What does ‘good’ home care look like? The BOUGH study explored the views of homecare service users, family carers and paid caregivers. The perspectives of local authority commissioners presented here were included to provide a context for these views and to enable recommendations to be made about how to improve service delivery through effective commissioning and contracting practice. The UK Government’s Care Act (2014) requires local authorities to develop the homecare market to deliver sustainable, high quality care services in local communities. We consider how local

authority commissioners understand ‘quality’ in relation to homecare for older people and we examine some of the constraints against securing good homecare in the current political, social and economic climate. This paper/presentation summarises independent research funded by the National Institute for Health Research School for Social Care Research. The views expressed in this presentation are those of the author(s) and not necessarily those of the NIHR SSCr, NHS, the National Institute for Health Research or the Department of Health.

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**Author: Rebecca Turner, Tom George, Chris Bridle, Janet Walker, Neil Chadborn (University of Lincoln / University of Nottingham)**

**Paper 3 Title: The role of Care Navigation in promoting wellbeing in older people: Preliminary findings from a Realist Synthesis.**

Low level services which aim to improve the health and wellbeing of the general public are becoming increasingly popular as part of a preventative, whole system approach to health. Care Navigation is one such type of intervention, acting as a link between individuals, local communities, and statutory health and care services. Care Navigation differs from signposting services through the provision of one to one, individually tailored support. This type of intervention is often directed toward older people as a way of facilitating timely access to a range of support, in an attempt to ‘prevent, reduce and delay’ future need (Care Act, 2014).

Whilst the current literature surrounding care navigation is focused on models or processes, the interpersonal aspects have so far been overlooked. Interpersonal relationships play a key role in facilitating person-centred support. Person-centred approaches in care provision can support individuals to identify and express what is important to them, increase engagement in services, and promote low level behaviour change, thus could be instrumental in the promotion of wellbeing. Drawing on findings from a realist

review of care navigation, this presentation aims to highlight the importance of interpersonal relationships in providing effective care navigation to older people, and the challenges involved in balancing a flexible approach with organisational requirements. Conclusions will be drawn which address the need for recruitment, training and support to be available to staff to enable them to manage person-centred relationships successfully.

The research was funded by the NIHR Collaboration for Leadership in Applied Health Research and Care East Midlands (CLAHRC EM). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

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**Author: Neil Chadborn, Chris Craig, Justine Schneider, John Gladman (University of Nottingham)**

## **Paper 4 Title: Commissioning the third sector for signposting, advocacy and support to enable people to access community assets including arts, exercise and befriending**

The third sector has an increasing role in prevention of ill-health and older people's independence. Recent policy encourages commissioners to engage the sector to reduce demand on statutory services. This qualitative study explored views on commissioning and the services and infrastructure provided by third sector organisations. Five sites across the East Midlands were selected through purposive sampling. Semi-structured interviews were held with commissioning managers, third sector managers and keyworkers. Forums were contacted to invite older people to focus groups. Framework analysis was used to explore the different perspectives of participants.

Commissioners reported that recent policies were drivers of commissioning. Commissioners' and third sector managers' descriptions of interactions were consistent with the commissioning cycle model. Co-production was valued by commissioners, but there were concerns about conflicts of interest and raising expectations. Opinions diverged on duration of contracts and potential duplication of services.

Support services included advocacy, care navigation and befriending. A variety of approaches were used to identify needs of individuals; informal interviews, a purpose-designed questionnaire, or published qualitative method. Keyworkers felt that they had a broader view of complex problems, thus providing support complementary to the GP or social worker. Reporting outcomes was a concern for both commissioners and providers. Keyworkers reported that questionnaires could create a barrier for the most vulnerable beneficiaries.

While recent policy has focused on contractual commissioning (eg outcomes-based) our findings indicate that relational commissioning remains important and will continue to play a role in strategic partnerships.

The research was funded by the NIHR Collaboration for Leadership in Applied Health Research and Care East Midlands (CLAHRC EM). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

**Symposium Title: If you don't know, ask us: Older trans people and person-centred health and social care delivery**

Symposium Lead: Christine Dobbs (Swansea University)

Author: Louis Bailey (University of Hull)

**Paper 1 Title: Older (50+) Trans People's Experiences of Mental Health and Mental Health Services**

This paper presents findings from the Trans Mental Health Study (McNeil, Bailey, Ellis, Morton and Regan, 2012) – the largest UK survey of trans people to date (n=889) and the first in-depth exploration of mental health and well-being within this population over the life course. Here, we highlight older (50+) trans people's experiences (n=127) of mental health and well-being, as well as experiences of mental health services, gender identity clinics and general health services. We build a picture of the impact of minority stress on mental health (due to social stigma and discrimination in everyday contexts – family life, relationships, employment, services, housing, the social sphere etc.) and the daily stressors of being trans (healthcare negotiation, hate crime, family rejection) but also draw attention to protective factors around mental health which can be linked to community identity, family support, social/medical transition and affiliation to informal social/support networks. The paper includes best practice guidance for community advocates and mental health professionals regarding optimising mental health and well-being within this population, identifying areas for prevention and intervention along the life course.

Author: Jenny Burgess (Unique Transgender Network)

**Paper 2 Title: Transgender, Mental Health, and Older People: An Appreciative Approach Towards Working Together**

Healthcare providers cannot assume that transgender people routinely receive care and treatment that is of the quality and sensitivity that should be expected. Indeed, the transgender community has an underlying expectation of discrimination about its relationship with health services. Older transgender people are of particular concern. Namely, as is the case with their older cisgender counterparts, older transgender people are vulnerable to a range of mental health problems including the risk of developing one of the dementias. Failure to access specialist services in a timely manner may result in unnecessary distress and, potentially, to crisis. With these points in mind, a working group was set up between members of the transgender community and staff from Betsi Cadwaladr University Health Board. The goal was to investigate the reasons why such an expectation of discrimination exists, in order to identify the opportunities of working together more closely with the older transgender community. The approach used by the Working Group was by a method known as Appreciative Inquiry (Cooperrider & Whitney, 2001). The Inquiry was held over two days. The method uses four distinct phases, Discovery, Dream, Design and Delivery. In this paper today, my aim will be to share our experience of the journey we undertook and explain how the methodology worked in practical terms.

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Author: Christine Dobbs (Swansea University)

**Paper 3 Title: Older (50+) trans people in Wales: Dignified and inclusive health and social care.**

The knowledge gap about trans people's health and social care needs is widely acknowledged, and this gap is even more pronounced when looking specifically at older (50+) trans people. Simultaneously, we see an increase in the number of older people who are questioning their assigned gender identity or considering undertaking the transition journey. Our research seeks to address this gap in the Welsh context. The overall project takes a mixed-methods approach. Namely and firstly we are running an online survey with health and social care professionals ( $n \leq 250$ ), where we seek to establish levels of knowledge, confidence and comfort when working with trans patients/residents/individuals in need of care and support. Secondly we are collecting qualitative data from older trans people ( $n \leq 25$ ). This paper focuses on the latter, where each interviewee undertook two in-depth interviews with us. We report on the interview techniques and methods used to listen to their life stories (interview 1), and how they have negotiated their way through health and social care delivery in the past, as well as what their needs, hopes and aspirations are for care as they grow older (interview 2). Further, we present tentative findings on trans people's social convos in later life. We conclude by highlighting how we intend to run workshops towards the end of the study, bringing older trans people together with health and social care professionals to develop good practice guidelines.

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Author: Michael Toze (University of Lincoln)

**Paper 4 Title: "I've just done your work for you" – Older trans people as expert patients within general practice.**

Discussion of older trans people within healthcare is often framed in terms of issues such as risk, vulnerability and the potential for social stigma (Witten, 2013). Such research highlights important challenges for trans people as they age, but also positions them as largely passive within their own healthcare. Elsewhere within the NHS, patient expertise has been promoted as a response to the challenges of an ageing population and patients who experience more long-term health needs (Corrie and Finch, 2015). This paper draws upon interviews undertaken with UK trans people aged between 60 and 82 ( $n = 13$ ), undertaken as part of a wider study into LGBT health, to consider the extent to which older trans people act as active agents in their own healthcare. It looks at older trans people's descriptions of activities such as advocating for their own health needs, dealing with barriers, and providing support to others. It also investigates the extent to which older trans patients describe general practice as facilitating their expertise and agency. Older trans people often face challenges in accessing appropriate healthcare. Exploring the ways in which they address and overcome barriers may improve the development of healthcare structures which promote the expertise of older trans people as active agents in their own care.

**Symposium Title: An International Evaluation of the Meeting Centre Support Programme for people with dementia and their family carers**

Symposium Lead: Simon Evans (University of Worcester)

Author: Chattat R, Meiland FJM, Evans SC, Evans SB, Saibene FL, d'Arma, A, Szczeński D, Urbańska KM, Scorolli C, Hendriks, I, Farina E, Rymaszewska J, Brooker D, Dröes RM

**Paper 1 Title: The implementation of the Meeting Centre Support Programme in three European countries: facilitators, barriers and strategies**

Background: The adaptive implementation of the Meeting Centre Support Programme for people with dementia and their carers (MCSP) in three European countries (IT, PL, UK) within the JPND-MEETINGDEM project was based on the Dutch experience where more than 140 Meeting Centres (MC) were implemented in the last decades. This presentation explores the facilitators and barriers experienced during the preparation of the adaptive implementation in the three countries and the adaptations required for successful implementation.

Methods: A qualitative multiple case study design was applied. In each country a group of stakeholders was set up to prepare a country specific implementation plan and to establish at least one MC. Checklists were administered among stakeholders at the start and end of the preparation phase to explore facilitators and barriers that were expected and experienced. All countries reported on the adaptations made to the original Dutch MCSP.

Results: Facilitators in all countries focused on the enthusiasm of the MC staff, the added value of MCSP in meeting the needs of people with dementia and their carers, the evidence of effectiveness of MCSP, and the availability

of a project manager. Barriers were related to competition with other care and welfare organizations, funding and the availability of an integrated community location. The main adaptations concerned eligibility criteria, frequency of attendance, opening times, the activities offered, sources of funding and governance.

Conclusion: The results highlight facilitators, barriers and strategies for further adaptive implementation of MCSP across Europe, many of which are also relevant to other psychosocial interventions.

Author: Simon Evans (University of Worcester) Dawn Brooker, Shirley Evans, Jennifer Bray, Francesca Saibene, Claudia Scorolli, Dorota Szczeniak, Alessia d'Arma, Katarzyna Urbanska, Teresa Atkinson, Elisabetta Farina, Joanna Rymaszewska, Rabih Chattat, Cate Henderson, Amritpal Rehill, Iris Hendriks, Franka Meiland, Rose-Marie Dröes

**Paper 2 Title: An evaluation of the Meeting Centre Support Programme for people with dementia and their family carers**

Objectives: MEETINGDEM is a JPND-funded project investigating whether the Dutch Meeting Centres Support Programme (MCSP) could be implemented in Italy, Poland and the UK with comparable benefits. This paper reports on the impact on people living with dementia.

Methods: 9 Meeting Centres (MCs) participated (Italy-5, Poland-2, UK-2). Effectiveness of MCSP was compared to usual care (UC) on outcomes measuring behaviour (NPI), depression (CSDD) and quality of life (DQoL, QoL-AD), analysed by ANCOVAs in a 7 month pre-test/post-test controlled trial.

Results: Pre/post data were collected for 85 people with dementia and 93 carers (MCSP) and 74 people/carer dyads receiving UC. MCSP showed significant positive effects for QoL [Self-esteem ( $F=5.34, p>0.02$ ); Positive Affect ( $F=16.88,$

$p > 0.001$ ); Feelings of Belonging ( $F=8.51$ ,  $p > 0.004$ )). The different patterns of MCSP attendance and usual care between countries may have influenced effect sizes which overall were small or medium. Only Poland reported large effect sizes between groups for Negative Affect ( $d=0.81$ ) and Feelings of Belonging ( $d=0.74$ ). Number of neuropsychiatric symptoms decreased more over time in MCSP compared to UC. UC reported an 11% increase in agitation/aggression whereas MCSP saw a 7% reduction. Higher attendance levels were correlated with greater neuropsychiatric symptom reduction ( $\rho=+0.24$ ,  $p < 0.03$ ) and greater feelings of support ( $\rho=+0.36$ ,  $p < 0.001$ ).

**Conclusions:** MCSPs showed significant health and wellbeing benefits compared to UC, building on the evidence of effectiveness from the Netherlands. In addition to the previously reported successful implementation of MCSP in Italy, Poland and the UK, the present study suggests that further international dissemination of MCSP is recommended.

**Author:** Henderson, C., Rehill, A., Knapp, M., Evans SC, Brooker D, Evans SB, Atkinson T, Bray J, Farina E, Rymaszewska J, Szcześniak D, Chattat R, Meiland, FJM, Saibene FL, d'Arma, A, Urbańska KM, Scorolli C, Hendriks I, Dröes RM

### **Paper 3 Title: Costs and Cost-Effectiveness of Meeting Centres for People Living with Dementia in Italy, Poland and the UK**

This presentation reports on the cost-effectiveness of the Meeting Centre Support Programme (MCSP), which was piloted in England, Poland and Italy, based on a model that originated in the Netherlands.

**Methods:** Cost-effectiveness analysis comparing health, social and unpaid carer costs and outcomes in people with dementia and their carers using Meeting Centres (MC) vs. usual care. Principal outcome measures: Person with dementia: Quality-adjusted life year (QALY derived from EQ-5D-5L); QOL-AD. Carers: Short Sense of Competence Questionnaire (SSCQ). Costs: of services used

by the person with dementia; carer inputs (time caring, lost employment); participants' attendance. Incremental cost-effectiveness ratios (ICER), cost-effectiveness acceptability curves obtained through non-parametric bootstrapping of outcome and cost regression estimates.

**Results:** We examined costs and outcomes data for 165 dyads (93 MC, 72 UC). People with dementia used meeting centres 47.4 (SE 2.3) times and carers attended MC groups 16.4 (SE 2.6) times, at a cost of €4617 (SE €337). Community care services accounted for the greatest proportion of health and social care costs. Cost-effectiveness: QALY: probability of cost-effectiveness was very low (less than 10%) at willingness-to-pay ranging from €0 to €300,000 Euro. QOL-AD: the intervention could be considered cost-effective at willingness to pay values over €5000 for a one-point difference on the measure. SSCQ: on the ICER point estimate, the UC strategy was dominant.

**Conclusions:** Evidence for the cost-effectiveness of MCSP was mixed. Commissioners considering costs and benefits of adopting the MCSP approach will want to examine all MeetingDem study evidence (cost-effectiveness, effectiveness, user satisfaction, facilitators/barriers, financing).

## **Symposium Title: Designing housing and care for later life.**

Symposium Lead: Simon Evans (University of Worcester)

**Author: Eleanor Johnson (University of Bristol)**

### **Paper 1 Title: Design for residential care**

This paper examines the impact which the spatial and material organisation of work in residential care homes for older people has upon the quality of care-giving. It has been proposed that the privatisation of residential care in the United Kingdom has resulted in a dualistic market. Here, residential homes at the lower end of the market drive down costs in order to attract local authority purchasers of care. Residential homes at the higher end of the market, on the other hand, compete on quality, tailoring their services to meet the needs and demands of older people who purchase their own care. This paper examines one way in which this divergence in the costing of care can impact upon the manner in which care work is carried out: namely, how space is used. The paper draws upon an ethnographic study of two residential care homes for older people, which are located in the South of England. It found that, in the higher cost home, care workers enforced strict spatial boundaries concerning the management of personal care activities and their resulting waste products. Here, care workers' use of space took a symbolic form. In the low-cost residential home, on the other hand, little was done to establish spatial boundaries between 'clean' and 'dirty' matter. This paper considers the implications which the presence or absence of this symbolic boundary maintenance has on the type of care provided to older people. In short, the paper captures how the spatial organisation of care work in residential homes becomes imbued (or not) with symbolic meaning. What is more, it explores how pricing and funding differentials have a bearing on whether such meanings can be established and/or upheld.

**Author: Sheila Mackintosh (University of the West of England)**

### **Paper 2 Title: Adapting homes for later life**

The majority of older people will remain living in ordinary homes in the community in later life, rather than in specialised housing. Although many will remain in good health, almost 60% of people over 80 have some form of disability. Home adaptations such as level access showers, downstairs toilets, stairlifts, ramps, rails and other modifications can enable people to remain living independently at home, or enable people to return home more easily after a stay in hospital. This paper presents the results of an evidence review to show the difference adaptations make to improving later life and their potential to delay entry to residential or nursing care. There is also the potential to reduce accident and emergency admissions as about 65% of all admissions due to falls in people 65+ are those that occur in people's homes. Over 70% of the present cohort of people over 65 are owner occupiers, but not all have sufficient income to fund adaptations. The paper assesses which groups of people find it most difficult to pay for adaptations and which types of properties are more problematic to adapt. The paper concludes by showing that the people who most need to move in later life are those who have the least choice in the housing market and that current policies for housing, and for the integration of health and social care, fail to address the needs of this group.

**Author: Teresa Atkinson (University of Worcester)**

### **Paper 3 Title: Dementia-friendly design**

Raising awareness about dementia has been a key component of initiatives to develop dementia friendly communities. From the National Dementia Strategy to the Prime Minister's Challenge on Dementia, we are now more aware than ever of the importance of creating environments which enable people to retain their independence, autonomy and identity. In this session, key design principles which support dementia friendly design

will be discussed in relation to the challenges that people with dementia experience in their everyday lives. A suite of assessment tools will be made available to assist participants in identifying opportunities for change within their own environments.

**Author:** Alan Lewis (University of Manchester)

## **Paper 4 Title: Passivhaus standards in older people's housing: opportunities and challenges**

Living in cold environments is believed to contribute to the approximate 25,000 excess winter deaths that occur in the UK each year. Older people are regarded as particularly vulnerable, as retirees' relatively low income can make heating bills unaffordable, and physiological changes associated with ageing can lead to diminished capability in maintaining stable core temperature. Housing constructed to Passivhaus standards offers a potential solution, providing warm and dry environments with stable internal temperatures requiring little energy to heat. Passivhaus dwellings feature high levels of insulation and airtightness, to the extent that conventional heating is rendered unnecessary. However, maintaining thermal comfort in a home without conventional heating can be challenging. Also, recent research on heatwaves, which will become increasingly common with climate change, indicates that health risks come from heat as much as from cold. This presentation explores the opportunities and challenges posed by the use of Passivhaus standards in older people's housing. It draws on a literature review, on three semi-structured interviews conducted with local-authority and social housing providers, and interviews and focus groups conducted with 14 tenants of a social housing scheme refurbished to bring it up to Passivhaus standards.

## **Symposium Title: Dementia and the new technologies**

**Symposium Lead:** Paul Higgs (University College London)

**Author:** Yvette Vermeer (University College London)

## **Paper 1 Title: Dementia and the design of surveillance technology**

There is a growing awareness of the role of surveillance technology (ST) in addressing the needs of people with dementia and well as those of their caregivers. People with dementia can exhibit distressing behaviour in the form of 'wandering' and become perceived as being at risk. Technological solutions seek to address this concern by focussing on the issue of managing safety through the use of ST which keep a person with dementia safe. These assumptions have led to the marketing of ST as a means of 'increasing safety', however these claims have not necessarily been established through research and may reflect the fact that these commercial products are not often bought or used by people with dementia and their caregivers themselves but are aimed at a more general market or at institutional users. Consequently their concerns may be at odds with those of other users. Understanding the complexity of individual needs in relation to ST rather than utilising a generic response would help designers develop appropriate person-centred designs. This paper argues that because current ST designs are often universal products addressing general concerns such technologies may possibly overlook other issues and solutions which relate to the needs and experiences of people living with dementia as well as those of their carers.

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**Author: Sébastien Libert (University College London)**

**Paper 2 Title: Anxiety, identity politics, and the social context of brain training**

In an era of rising anxiety about dementia, recent researches in the social sciences have addressed the way in which social narratives of successful cognitive ageing through active prevention of cognitive decline have inherently and (un)voluntarily expanded a cultural imaginary of failed ageing (Higgs and Gilleard 2014, William et al 2012). This presentation based upon an ongoing ethnographic and qualitative research on brain training and dementia will ask the following question: has active prevention of cognitive decline through individual action in later life become a marker of distinction and identity politics? The way in which individuals concerned about their cognitive health constitute their subjectivities and develop certain forms of biological citizenship (Rose and Novas 2005) in relation to dominant discourses on prevention and active ageing remain elusive for dementia. Even more, the way in which these dominant discourses could lead to various dynamics of exclusion and distinction in daily life has to be further explored. To this end, this presentation will expose relevant theories from the available body of knowledge relating to cognitive decline, identity politics and biological citizenship (William et al 2012, Rose and Novas 2005, Whyte 2009), and expose some methodological 'tools' from the social sciences to explore these processes and dynamics. On the overall, this presentation will be an opportunity to enrich the current debates on dementia and ethics, reflect upon our comprehension of cognitive decline in later life, and question the limit between cognitive health and enhancement.

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**Author: Chris Gilleard (University College London)**

**Paper 3 Title: Aids and Autonomous Technologies: Fourth age autopilot?**

Epidemiological studies of disability suggests that the most consistent age associated change in functional capacity in later life arises more from mental/neurological than from metabolic, musculo-skeletal or systemic disorders. Common to conditions like dementia, Parkinson's and stroke are limitations in the exercise of agency and autonomy; often progressive in course as well as limitations arising from confused and confusing behaviour and communication. While a variety of aetiological factors are at play, the consequences tend to be that persons with these conditions sooner or later need [i] help with everyday activities and [ii] supervision to prevent their coming to harm. While the presence of one or more competent human beings has traditionally been the principal resource required to meet these needs, the possibility of 'non-human' approaches to meeting those needs is now being raised. Assistive technology systems, smart systems and/or 'robot' carers have all been proposed as 'solutions' to anticipated future human resources constraints. Just as artificial intelligence has long raised questions over issues of human agency and capabilities– with the common fantasy of super smart computers/robots outwitting their human designers – questions of augmented or prosthetic agency are now raised by these new assistive imaginaries. If what constitutes the human is pared down to that which has human form a human history and a social identity of a particular human being – then does it matter if such persons are kept clean dignified and purposive principally by an exoskeletal, ahistorical, non-civic intelligence so long as 'it' serves such a civic duty?

## Symposium Title: Sources of meaning in later life

Symposium Lead: Hanne Laceulle (University of Humanistic Studies)

Author: Joachim Duyndam (University of Humanistic Studies)

### Paper 1 Title: Moral exemplars as a source of meaning for later life

One important source of meaning in our lives, particularly in later life, is provided by exemplary figures: people who demonstrate key values in their lives, their behaviour, attitude and actions, by which they can inspire others. Moral values like respectfulness, solidarity, authenticity, courage, forgiveness, and so on, seem to be 'embodied' by such inspiring exemplary characters. In most people's life course, exemplary persons are quite influential as role models. While taking important decisions and making critical choices, we are often led by exemplary decisions and choices made by respected others. Also, our resilience in coping with adversity such as illness, loss, misfortune and evil, can significantly be enhanced by the inspiration from exemplary figures who have shown how to be resilient in their lives.

Focusing on later life, this paper argues that the resilience-enhancing power of exemplars highly depends on their accessibility as sources of meaning. Older people, faced with adversity, can raise their resilience (1) by navigating to these sources of meaning; (2) by connecting themselves to the values provided by the exemplars; (3) by applying these values to their own lives. It will be demonstrated, however, that the navigating, connecting, and applying just mentioned are not to be understood as individual processes in the first place, but that they basically are of a social and collective kind. Thus, this paper attempts to contribute to a hermeneutical-philosophical social theory that connects the power of resilience to the inspiration provided by exemplars and role models.

Author: Hanne Laceulle (University of Humanistic Studies)

### Paper 2 Title: Virtues and the art of aging

An important strand of thinking in the history of Western philosophy, dating back to Aristotle, associates our search for a good life that can be experienced as meaningful with the concept of virtue. Traditionally, virtue is perceived as an attitude of character that enables us to realize our best potential as human beings, and navigate the complexity of the ethical condition of human life in a practically wise manner. The virtuous life explicitly includes finding a meaningful relation to the inherent existential vulnerability of the human condition, a vulnerability that people tend to be more radically confronted with in later life. Given the fact that a confrontation with existential vulnerability is often experienced as a threat to the continuity of experiencing meaning, exploring the tradition of virtue ethics might be an interesting path to investigate as a source of meaning in later life. However, apart from some older articles by Gadow (1986) and Ruddick (1999), surprisingly little attention has been given to the virtue ethical perspective in gerontology. This paper will discuss a selection of interpretations of virtue from the ancient and contemporary philosophical tradition. It will be argued that a focus on virtues as sources of meaning in later life provides us with the opportunity to take a different perspective on what the art of aging is than the more commonly applied well-being perspectives in gerontology. This offers a welcome new perspective on the existential challenges that older people are confronted with.

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Author: Jenni Spännäri (University of Helsinki)

### **Paper 3 Title: Religion, spirituality and spiritual seeking in later life**

Finding meaning in life has been seen as crucial to wellbeing, also and especially in later life – manifested for example in the need for life review and adjustment to changing roles in the family and society. Although they are viewed as central, the contributions of religion and spirituality to finding meaning have not been adequately examined so far. Upon entering retirement and later life, questions of finding meaning become timely for new generations of older people, who are increasingly unwilling to take on approaches or lifestyles presented by the previous generations. In their lives, also the role of religion and spirituality might be different than anticipated. Using qualitative data of older retirement migrants, moving back and forth between Finland (Northern Europe) and Spain (Southern Europe), this paper examines the role of religion, spirituality, spiritual seeking, and religious communities in finding meaning in life for these contemporary older persons. Results indicate that religion and spirituality are largely portrayed as contributing positively to finding meaning. Religion and spirituality (a) link the older migrants to the building blocks of their identities across time and space, (b) provide tools and contexts for spiritual seeking, and (c) provide a living social sphere, meaningful social contacts, and social roles all contributing to sense of meaning. The results also underline the importance of looking beyond dichotomies such as religious – non-religious or even religious – spiritual when the aim is to understand the role of religious and spiritual phenomena in the life of individuals and communities.

### **Symposium Title: Extra Care Housing: past, present and future**

Symposium Lead: Liz Lloyd (University of Bristol)

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Author: Robin Darton and Randall Smith (University of Kent, University of Bristol)

### **Paper 1 Title: Trends in Commissioning Arrangements for Housing with Care**

In recent years, the importance of housing in the development of effective community care services has become widely recognised. In particular, housing with care has become increasingly popular, and has been seen by policy-makers and commissioners as offering a cost-effective alternative to residential homes. Housing with care developments include small extra care schemes, and larger retirement villages, offering a wider range of lifestyle activities and focusing more on well-off people (self-funders) wishing to downsize.

However, local authorities and housing providers face a range of financial and demographic pressures, including reductions in local authority funding, changes in capital funding arrangements, a 1% reduction in social rents and the capping of Housing Benefit for new tenancies from April 2017, increases in staff costs, and increasing care needs among residents. These pressures have led to concerns about the viability of the social rented sector, while retirement villages offer the best opportunity for developers (LaingBuisson, 2016).

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**Author:** Simon Evans (University of Worcester) and Ailsa Cameron (University of Bristol)

## **Paper 2 Title: Developments in Housing with Care: findings from two research projects**

This paper draws on data from two research projects (both funded by the National Institute for Health Research School for Social Care Research) to provide a profile of extra care housing including levels of provision, the profile of residents, the services and facilities provided and models of funding.

The ASSET project included a survey that drew responses from 56 local authorities and 99 housing with care schemes. Findings suggest a diverse picture in terms of both commissioning models and funding approaches. Scheme sizes ranged from 17 to 270 units across a variety of tenures. A variety of amenities were provided including restaurants/cafes, shops, activity rooms, gardens and hairdressers, many of which were also open to the public.

The ECHO project used a longitudinal design to explore, in-depth, how care is negotiated and delivered within Extra Care Housing. Four schemes were recruited based in 2 localities. Each scheme was visited on four occasions. Findings from interviews with residents and care workers suggest that the profile of residents entering ECH, particularly those funded by social services, has changed considerably and that these changes affect the underpinning ethos of this model. Additionally, the changing nature of care needs, as well as the financial pressures facing ECH, has altered the way in which care is organised.

Together, these findings highlight the diverse range of provision within the housing with care sector and raise some interesting questions about how the model can adapt to socio-economic changes.

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**Author:** Robin Means (University of the West of England)

## **Paper 3 Title: The Housing Dimension of Social Care in England: Exploring the History of Neglect**

The importance to older people of the housing dimension of social care has often been recognised by government and yet housing has a long history of being at the margins of social care developments. This paper will start by emphasising why housing matters and will go on to evidence its marginality both in terms of supported housing and in terms of non-specialist housing. For example, the Griffiths Report (1988) on Community Care: Agenda for Action was one of the most influential social care documents of the last 30 years and yet limited itself under 'housing' to saying that 'the responsibility of public housing authorities ... should be limited to arranging and sometimes financing and managing the 'bricks and mortar of housing needs for community purposes' (p.15). The report had nothing to say about owner occupation, housing design standards or emergent models of both specialist housing and support to 'stay put'. The paper will illustrate times when housing seemed about to play a more central role only for the 'usual suspects' such as the lack of health and social care integration to regain central stage.

The second half of the paper will explore different explanations for this relative neglect. These will include whether or not i) the agenda remains dominated by NHS concerns to the disadvantage of housing; ii) whether or not there is a lack of research evidence and iii) whether or not housing has failed to make a persuasive case. It will conclude by considering whether there is scope for housing interests to offer a more united front in promoting the importance of the housing dimension of social care for older people despite the challenging financial environment.

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**Author: Jeremy Porteus: Housing LIN (Learning and Improvement Network)**

#### **Paper 4 Title: Environments of Ageing**

Extra care housing first appeared in the 1980s, positioned as a housing and care option for older people that sat somewhere between sheltered housing and residential care. Since then provision of this broad model has steadily grown to the current level of approximately 40,000 units. This symposium explores the history of extra care housing, including the range of approaches that have emerged, and discusses the potential impact of recent developments such as austerity measures and welfare changes.

The session will explore how the HAPPI (Housing our Ageing Population: Panel for Innovation) principles encourage architects, developers and commissioners to rethink the way we design and build housing for an ageing population so that our homes can be more resilient to our changing lifestyle needs and aspirations in later life. Commissioned by the Department of Health and Department for Communities and Local Government in 2008, this approach recognised that the new homes we live in must be more 'care ready', and able to accommodate any increasing personal care and our connectivity with the wider community for future generations.

The session will go on to show the findings of the subsequent inquiries by the All Party Parliamentary Group on Housing and Care for Older People programme and present the evidence from the recent LGA commission that showed how cost effective it is to plan, commission and deliver more 'age-friendly' approaches to meeting the housing and care needs of older people.

#### **Symposium Title: Self-Management and Social Support of Socially Isolated Older Adults in different Social Ecologies**

Symposium Lead: Anja Machielse (University of Humanistic Studies, Utrecht)

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**Author: Anja Machielse (University of Humanistic Studies, Utrecht)**

#### **Paper 1 Title: Empowerment of Socially Isolated Older Adults by Volunteers**

Many European welfare states are increasingly emphasising self-reliance and self-management of frail older adults. The help offered to them attempts to improve their self-reliability by removing impediments in their functioning. This paper makes clear that this doesn't do justice to the specific circumstances in which many frail older adults find themselves, adjusting to physical and mental deterioration and processing the loss of significant others.

The paper describes the strengths and restrictions of an organised social support system for socially isolated dwellers of an urban neighbourhood in the Netherlands. It is based on an evaluative ethnographic study among socially isolated older adults who are admitted to a social work-program, run by volunteers. The program aims to further the self-reliance and self-management of social frail older adults and increase community care. The study reveals a wide array of expectations, hopes and frustrations. Many volunteers experience mismatches and declining motivation. Volunteers balance distance versus intimacy, sustainable relationships versus temporality, practical assistance versus social support. The increasing number of unmatchable clients requires reconsiderations and readjustments in terms of screening and selection of volunteers and clients.

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**Author:** Eleanor Bantry White (University College, Cork)

## **Paper 2 Title: Rural Community Responses to concerns for the Social Isolation of Older Adults**

This paper explores the complexity of developing and implementing support services for rural-dwelling older adults deemed at risk of social isolation. The study illuminates the implications of changes in wider welfare arrangements on the micro activities of communities at local level. It uncovers questions about contested assumptions of need, risk and benefit; the significance of place and socio-cultural context to intervention design and legitimacy; varying constructions of aging and of community shaping the relationship between service-users, volunteers and professionals. These themes and questions emerged from a case-study of a large community-development project offering befriending services, telephone supports and socialising opportunities for older adults in a region of rural Ireland. Methods centred on interviews with older adults using the service; focus groups with professionals and volunteers; and questionnaires with wider stakeholders. Arising from discussion of these themes, the presentation will identify key questions for future research in this field.

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**Author:** Daan Duppen (Vrije Universiteit (Free University), Brussels). Liesbeth De Donder, Anja Machielse, Dominique Verté

## **Paper 3 Title: The role of the Social Environment in a Meaningful Life for Social Frail Older Adults**

Being connected with others is fundamental for the experience of a meaningful life. Older adults, even when frail, often manage to age in place and can play an active role in their social environment. Unfortunately, more and more older adults are socially isolated and are at risk for not having social support. The present study focuses on the experience of social frail older adults' meaning in life and their connectedness with the social

environment. A group of 121 community-dwelling older adults participated in the 2nd D-SCOPE study, a mixed-method study to gain insight in the experiences of frail older adults and the association with diverse outcome variables. For the present study, the interviews of older adults who were socially frail (N=56) were thematically analysed in the conceptual framework of Derkx' Meaning In Life Dimensions (2014). Findings indicate that the social environment is embedded in the meaning in life dimensions self- and moral worth, competence, purpose, connectedness, excitement and sense of coherence. Despite many losses or life-events that lead to loneliness, participants made efforts for new social contact or searched for meaningful contact in their social environment. The discussion highlights the various interpretations of the outcomes and the relevance to include meaning in life in frailty research.

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**Author:** Mary Rose Day (University College, Cork)

## **Paper 4 Title: Safeguarding Community Dwelling Older Adults who Self-Neglect**

Self-neglect is mainly characterized by profound environmental neglect and cumulative diverse behaviours that may threaten a person's ability to live safely and independently in the community. This paper explores the complexity of self-neglect in terms of definition, prevalence and social networks and social relationships, safeguarding and responding. Living alone, social isolation, poor social networks and economic decline has the potential to increase the risk and vulnerability for self-neglect. Poor social support was taken as a proxy of social isolation. Safeguarding vulnerable adults who self-neglect presents numerous challenges.

This paper draws on the evidence and identifies the importance of early negotiation, relationship building, person-centred interventions and social networks to achieve positive outcome.

## **Symposium Title: Co-designing creative technologies with those in later life**

Symposium Lead: Helen Manchester  
(University of Bristol)

**Author: Katie Brittain, K. Morrissey, C. Degnen, P.C. Wright**

### **Paper 1 Title: Challenges of capturing Dementia Friendly Communities through a digital platform**

Dementia Friendly Communities are a key policy focus, with the aim of identifying, recognising and supporting people with dementia in both their homes and public spaces. Although this is a positive step towards tackling stigma and discrimination felt by marginalised groups, there is very little research that has given us an insight into what it actually feels like to live in a dementia friendly community. Furthermore, what constitutes a dementia friendly community is not very well defined. The sites where care and support for people with dementia occur, and the nature of those places is critically important.

In this paper, we present 'Care and Connect', an app created through the App Movement platform that aims to identify and rate public places on their 'dementia-friendliness'. This app saw significant support in its early stages on the online platform, yet failed to engage participants in its design phase and deployment. To understand why this app was readily supported and then only gained incremental use within the community we present further engagements with carers and people with dementia. Through discussions of participants own experiences of dementia friendliness we put forward a critique of both how dementia friendly is conceptualised within policy rhetoric alongside a critique of community commissioning as a process.

**Author: Cathy Treadaway and Jac Fennell (Cardiff Metropolitan University)**

### **Paper 2 Title: Laughter and playfulness: designing objects to engage people with advanced dementia**

This paper presents on going AHRC funded international interdisciplinary design research investigating the development of playful objects to support the wellbeing of people living with advanced dementia. Using co-design methods, underpinned by Compassionate Design approaches, this research builds on the expertise of a range of experts including people living with dementia, their families, carers and health professionals as well as technologists, scientists and designers.

Research described is largely qualitative, using case study, semi structured interviews, participatory workshops and co-design methods to inform design development. Workshops use creative approaches that enable experts to examine ways in which hand-use, emotions and playfulness might be used to inform development of innovative objects that will comfort, amuse, soothe and stimulate people living with advanced dementia.

Findings from the first two years of the study reveal the importance of sensory, personalized designs that stimulate high quality connections and promote compassionate relationships. Embedded technology is enabling development of designs that can be highly personalized, with sensory capability that can be responsive in both social and individual contexts.

A co-design process in which ideation, development, testing and refinement, in an iterative design cycle, is being used to develop playful objects. A selected group of people living with dementia living in two residential dementia care homes are helping to inform the design and evaluation process. Insights gained from the research will be used to inform a design tool kit for designers working in the field.

Author: Helen Manchester (University of Bristol)

## **Paper 3 Title: Tinkering with practices of care through co-design**

The care home as an assemblage foregrounds the biological or physical care of older adults over other forms of care. This is related to the political economy of social care and is also reflected in representations of care homes as the last resort, and the poor pay and status of those who work in caring professions.

This paper explores a research project that sought to co-design new technologies that enabled older adults, care staff and families to engage in different forms of care around processes of storytelling with objects. We were interested in growing practices of care, taking sociomaterial entanglements into account, through designing technologies that supported life story work, learning, sensory and aesthetic pleasures and 'community' growth in the three care homes in which we worked.

Characterising our process of co-design as one of 'tinkering' and intervening in the practices of care in each setting we explore the interdisciplinary methodologies we developed along the way and the challenges we encountered. In doing so we challenge notions of innovation in technology design for those in later life that focus on the design of technologies as objects that 'fit in' with current assemblages of care and suggest instead an approach that looks to co-design technologies of care, taking account of sociomaterial entanglements, that enable the re-imagination, and importantly the 'doing' and future making of new care practices.

## **Symposium Title: Deployment, & Understanding of 21st Century Technologies for Facilitation in Education, QoL, Tele/E-Health Service Provision**

Symposium Lead: Hannah Marston (Open University)

Author: Caroline Tagg, Ursula Stickler, Nathaniel Owen, Patrick McAndrew and Hannah R. Marston (Open University)

## **Paper 1 Title: Older people and the art of language learning: motivation and cognitive wellbeing**

There is a common (mis)perception regarding the impact that language learning in later life can have in preventing memory loss and dementia. Although there is little if any evidence for these claims, cognitive wellbeing can be a source of motivation among older people for taking up a new language which, in turn, can improve quality of life by reducing social isolation and increasing cognitive engagement. Meanwhile, advances in digital technology are making language learning both more accessible and interactive for older learners. In this talk, we report on a study which investigates links between language learning motivation, self-evaluation and changes in cognitive wellbeing amongst Open University distance language learners above the age of 65 who participate actively in online elements of distance learning courses.

Drawing on students' demographic information and a corpus of interactional data taken from online student forums, we conducted a two-stage analysis. Firstly, we used learning analytics and social network analysis to ascertain the extent of older learners' interactions with others (as determined by the number of posts sent and received). Secondly, we analysed the data qualitatively using discourse analysis to determine how older learners interacted, how their posts were evaluated by others, and how they in turn responded to others' contributions. As well as

explaining how and why distance learning can serve to reduce social isolation among older learners, our findings highlight what older learners can teach younger students about the art of language learning and the positive impact their contributions have on the learning experience.

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**Author: Malcolm J. Fisk (De Montfort University)**

**Paper 2 Title: Hearing the Voice of Older People? Will Standards around ICT for 'Active and Healthy Ageing' Help?**

This presentation draws on the work of the European Commission funded PROGRESSIVE project ([www.progressivestandards.eu](http://www.progressivestandards.eu)) that is examining the role of standards and the process of standardisation for ICT and 'Active and Healthy Ageing (AHA)'. The project was established following a concern that standards (now increasingly embracing services as well as products and processes) have operated too narrowly within the field of commerce. In other words there may have been, in some areas where standards are operative, insufficient attention given to social and environmental issues. An additional concern is that standards specifically concerned with ageing may have been formulated according to attitudinal norms where older people are considered as a dependant 'group' as opposed to individuals who are mostly active, healthy and positive contributors to the economic and social lives of our communities.

Given the forgoing, ethical imperatives for standards clearly apply. The consequence of these not being adequately taken account of could lead to adverse consequences arising from their inappropriate usage or application.

Some of the dilemmas and challenges for standards in relation to these ethical imperatives around ICT for AHA are discussed. Issues identified in the early stage of the PROGRESSIVE project are then put forward and are related, in broad terms, to key project themes around age-friendly design, smart homes and interoperability. Note is also made of the scope for greater involvement of older people in standardisation processes.

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**Author: Hannah R. Marston (Open University)**

**Paper 3 Title: What does the future of digital technologies hold for people & researchers in the 21st Century?**

This presentation explores the future use, deployment and research approaches of digital technologies for people across the life span in the 21st Century and researchers in this field; exploring the needs and requirements of younger cohorts and what issues should current and future researchers consider when undertaking research in the domain of digital health and wellbeing. Within this presentation, additional components to research will be explored in so much as ethical implications, across both multi and cross disciplines, language, international projects and experience.

## **Symposium Title: Ageing, Body and Society; Critical Perspectives, Future Directions**

Symposium Lead: Wendy Martin (Brunel University)

Author: Julia Twigg (University of Kent)

### **Paper 1 Title: Dress, Masculinity and the Embodiment of Age: Why No Changing Room Moment for Men**

The paper explores a neglected area: the role of dress in the embodied lives of older men. Older men have traditionally been disengaged from the discourses of fashion, which they may perceive negatively associated with women and gay men – two groups against which hegemonic masculinity is constructed. But older men still get dressed, make choices how to present themselves to the social world, responding to cultural meanings around dress and identity and age. The presentation draws on Leverhulme funded research study that uses the concrete materiality of clothing to examine identity, gender and age, as day-to-day embodied practices.

Author: Chris Gilleard & Paul Higgs (University College London)

### **Paper 2 Title: Issues of corporeality and embodiment in the relationship between gender and ageing**

This paper considers gendered bodies within the context of a 'third' vs. a 'fourth' age paradigm. The third age it is suggested can be framed as a cultural field in which later lifestyles are fashioned, and where gender is embodied through a diversity of discourses and practices. Here corporeal signs of agedness are present as feared imaginaries, more or less equally albeit differently. The fourth age, by contrast, is made up of those imaginaries, realised socially by the practices of othering rather than by lifestyle. Here gender serves as a firmer point of reference, with old women distinctly and unequally over represented as 'abject', 'dependent'

and 'frail'. While men and women alike may actively seek to perform successful ageing, the corporeality of the fourth age, it is argued, is more powerfully imagined through such imagery as the 'vetula', the 'crone' or the 'hag'. Here, gendered attempts at performative transgression are much harder and riskier to realise.

Author: Wendy Martin (Brunel University London) & Katy Pilcher (Aston University)

### **Paper 3 Title: Visual and Material Dimensions of Health, Risk and the Ageing Body in Everyday Life**

Health practices are performed, understood and embodied within the context of the daily lives of people as they grow older. There is however limited research into the ways health, risk and the body are lived and experienced when situated within everyday life. This paper draws on data from the study 'Photographing Everyday Life: Ageing, Lived Experiences, Time and Space' funded by the ESRC. The focus of the project was to explore the significance of the ordinary and day-to-day and focus on the everyday meanings, lived experiences, practical activities, and social contexts in which people in mid to later life live their daily lives. We will show how the participants negotiated and mediated their ageing identities and bodies around everyday objects and technologies within the context of daily routines and bodily practices of health and well-being.

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Author: Liz Lloyd (University of Bristol)

**Paper 4 Title: 'They gave us this leaflet ...': Older people's experience of providing personal care for partners.**

Increasing numbers of older people are regarded by health and social care systems as 'carers' of their partners. Indeed, being recognised as a carer can enable an older person to obtain access to services and support. This paper will consider emerging evidence from research on older carers. It will discuss the impact on relationships of changes in established roles and daily routines of couples, when these involve health problems that require bodily care. It will consider the impact on older people of increased expectations within the social care system of their ability to provide complex body care coupled with assumptions about their willingness to do so.

**Symposium Title: Special Interest Group on Research on Transport and Mobility**

Symposium Lead: Charles Musselwhite (Swansea University)

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Author: Ben Spencer (Oxford Brookes University)  
Charles Musselwhite (Swansea University)

**Paper 1 Title: Moral exemplars as a source of meaning for later life**

**Paper 1 Abstract: Special Interest Group on Research on Transport and Mobility**

2017 saw the establishment of the BSGs first Special Interest Group, which has a focus on Transport and Mobility. This theme has emerged from a growing interest in understanding the importance of mobility, in all its many potential forms, for older people and how such mobility can be best be enabled. Following an initial meeting of the Special Interest Group in April this symposium is a further opportunity to become involved and shape the activities and priorities of the Group. The content of the session will reflect the outcomes of the inaugural April meeting and will include 3 short presentations along with an opportunity to meet other conference attendees and discuss the future of the group.

## **Symposium Title: Arts and Dementia: Training needs**

Symposium Lead: Maria Pasiecznik Parsons (Creative Dementia Arts Network)

Author: Maria Pasiecznik Parsons (Creative Dementia Arts Network)

### **Paper 1 Title: Arts for dementia: from the margins to the mainstream**

Arts may not get older people with dementia up and dressed in the morning, but they do provide a reason for getting up and something to look forward to. Visiting the local post office may play some part in enabling people with dementia to remain active and involved in their local community but attending a dementia friendly cinema screening, joining a dance programme or singing for the brain offer more benefits.

Many thousands of older people with dementia now participate in arts activities, programmes and projects led by arts practitioners and arts organisations offering visual and digital arts, crafts, music, singing, dance, drama, poetry, creative writing and reading. Arts venues too have changed what they offer visitors or audiences with dementia and how so that they can better access and appreciate performances, films and exhibitions.

Several drivers for this growth can be identified including prevalence of dementia, shifts in awareness and perception of dementia and increasing evidence for the effectiveness of arts in dementia.

However despite the strength of the moral, social and business case for the arts in dementia, commissioners have generally been wary of commissioning them, although socially prescription has been successfully piloted in some areas of England. A report of an Inquiry conducted by the All Party Parliamentary Group on Arts, Health and Wellbeing and due for publication in June 2017 is likely to offer recommendations on how arts for dementia can be mainstreamed and this will help inform the direction of travel of the Creative Dementia Arts Network.

Author: Claire E Garabedian (University of Worcester)

### **Paper 2 Title: The 'Wild West' of Creative Arts Practitioners for People with Dementia : the importance of developing and providing appropriate training for arts practitioners, managers, and care staff – and the need for new approaches for evaluating these activities.**

There is an urgent need for training in the area of arts and dementia; both for artists and for residential staff.

Whilst each creative artist will bring will bring their particular attitudes and practices; there is a need for training so that each artist has sufficient guidance in modifying their attitudes and practices to the particular situations in which they find themselves - particularly whenever people with more advanced dementia are involved as the recipients. Many care settings provide unusual constrictions which free-spirited artists may find difficult to adapt to – appropriate training can help them to make these adjustments. Also, difficulties with verbal communication and the ensuing behaviours sometimes expressed by people with more advanced dementia can pose particular issues; proper training assist artists with nonverbal communication skills and ways to use their innate creative skills towards ameliorating the expressed frustration of a person with dementia. Likewise, there is a need for educating residential managers regarding the importance and benefits of incorporating creative arts into care, so that staff are allowed and indeed encouraged to become part of creative arts sessions in order to maximise the benefits for all involved.

Courses are beginning to be developed, and evaluation approaches are being reviewed. This presentation provides an overview of a subject which is increasingly becoming recognised as significant by someone intimately involved in creative practice, training, research and evaluation.

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**Author:** Richard Coaten (South West Yorkshire Partnership NHS Foundation Trust)

**Paper 3 Title: Movement, dance & dementia – national and international developments**

Nationally - the UK has been pioneering dance & dementia work for 30 years, however it is un-coordinated, sporadic and influenced by the different skill-sets and abilities of the individuals and organisations involved. It is still at an early stage and thus while its potential is significant, unfortunately it rarely gets written up, or published widely. The phenomenon is worth detailed study and Green Candle Dance Company 'Remember to Dance' has done that, with the help of The Sidney de Haan Research Centre. This empirical study supported QOL, functioning, motivation, creative & emotional expression, together with overall wellbeing for people in different stages of dementia (Vella-Burrows & Wilson, 2016). The author also completed an unfunded and incomplete audit of the field between 2014 and 2016, which importantly highlighted the richness and diversity of practise, including exciting new developments building on the first dance & dementia conference of 2010.

Internationally – the author has been in Athens (2013), Istanbul (2014) and Nicosia (2016) on a folkloric dance & dementia project he developed. The aim has been to use live traditional Greek and Turkish music with traditional forms of Greek and Turkish dance, with people with dementia in day centres and residential homes. The work has included staff training, has improved relations between staff and residents, forged new relationships between arts practitioner's/musicians and dancers, has increased skill-sets and provided more employment opportunities. The author is keen to develop further the international and practice oriented dimension of this important multi-cultural work with more funding.

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**Author:** Edward John Killick (Bangor University)

**Paper 4 Title: The potential of One-To-One Poetry work with people with dementia**

This work has been developed in the UK over the past twenty-five years. It focuses on individuals with dementia in hospitals, day centres, care homes and their own homes. Almost without exception they have lost the ability to write down their thoughts and feelings for themselves. What they have not lost (and in many instances may have rediscovered) is the capacity to be creative with language. The object of the one to one sessions is to capture these insights and felicities before they too are lost.

The presenter draws on his extensive work in the field. He has edited eight books of the poems commencing with 'You Are Words' in 1987. The largest project so far attempted has been the Making of Me in conjunction with Order of St John Care Trust and the Courtyard Centre for the Arts in Hereford, during which he trained and mentored fourteen poets over five years. A toolkit 'The Best Word in the Best Order' (2014) is the fruit of this experience. 'Poetry and Dementia' (Jessica Kingsley Publications) will be launched at UK Dementia Congress in November 2017. It makes the case for developing relationships with people with dementia through poetry, provides a user-friendly guide to setting up projects and is illustrated with many poems. This presentation, on a much smaller scale, will follow the same format.

## **Symposium Title: Developing Age-Friendly Communities: Research and Policy Perspectives from Brussels, Manchester and Montreal**

Symposium Lead: Chris Phillipson (University of Manchester)

Author: Samuèle Rémillard-Boilard (University of Manchester)

### **Paper 1 Title: Planning for diversity: how representative are age-friendly developments?**

Ensuring the representativeness of age-friendly developments has been a preoccupation since the early stages of the 'age-friendly' movement. To allow for a more contextualised approach, the World Health Organization [WHO] age-friendly model provides implementation guidelines but encourages cities and communities to develop their own mechanisms in order to increase their level of age-friendliness. The WHO (2007) also recommends that cities work closely with older residents throughout the realisation of the approach to ensure that a seniors' lens is applied to planning decisions and policies. This paper compares age-friendly policies and initiatives in three major urban centres: Manchester (UK), Montreal (Canada) and Brussels (Belgium). Drawing on in-depth interviews with key stakeholders (e.g. policymakers, researchers, practitioners, older people) this paper reflects on the representativeness and inclusivity of age-friendly developments. This theme is developed by first: exploring how each city has addressed the notion of diversity following their admission to the WHO Global Network of Age-Friendly Cities and Communities. Second, through a comparison of the mechanisms adopted for implementing age friendly policies. Third, by exploring how cities have involved older people in their decision-making process. As cities are becoming increasingly complex, understanding how age-friendly developments can better reflect and meet

the needs of different groups of older people will be key for the success of this movement. The paper concludes by discussing how conducting comparative research may contribute to this aim and help improve the development of age-friendly policies.

Author: Deborah Lambotte, Martinus J.M. Kardol, An-Sofie Smetcoren, Liesbeth De Donder, (Vrije Universiteit Brussel)

### **Paper 2 Title: How can care convoys contribute to an age friendly Brussels?**

Although the literature emphasises the role of the (social) environment in the creation of age friendly communities, the 'caring' environment received less attention. This presentation aims to fill this gap and focuses on care convoys, and how they can contribute to an age-friendly community. Within the Active Caring Community living lab in Brussels, the projects "informal (neighbourhood) care networks" and "case management" were organised aiming to reinforce the autonomy of older people by supporting them and their informal caregivers, and involving professionals as complementary partners. This study explores how these projects influence older people's care convoys and how these care convoys contribute to the creation of an age friendly community. Longitudinal data gathered during three interview periods (2014, 2015, 2016) from the "Active Caring Community" lab is used. 19 focus groups (N = 146) and 6 individual interviews with older people, their informal caregivers and professionals in 2 neighbourhoods in Brussels are analysed. Results indicate that the projects contribute positively in different ways to the care convoys of older people, including evolutions in the structure, function and adequacy of the help provided by both informal and formal caregivers. This study will discuss how a multidimensional view of care convoys contributes to an age friendly city. Several policy recommendations are made in order to support care convoys within an age friendly caring community.

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Author: Daan Duppen, Liesbeth De Donder (Vrije Universiteit Brussel)

**Paper 3 Title: “Me, I feel very good here!”  
- frail older adults’ perspective of the  
neighbourhood and community**

Age-friendly strategies have been subject to critique for being a concept that benefits more towards a healthy than a frail older population. For the present study we use the city of Brussels (i.e. the first city in Belgium to join the age friendly city network of the World Health Organization in 2010) to explore how frail older adults experience the age-friendliness of their neighbourhood and ascertain the needed conditions to age ‘well’ in place. The present study uses the narratives of 12 frail older citizens who were part of a larger study (D-SCOPE) with a mixed method design. This larger study with 121 participants gained insight in the experiences of Flemish frail older adults, their quality of life, mastery and meanings in life. The results were categorised in the topic areas of the age-friendly framework. Preliminary results support the importance of community centres’ and issues of migration (e.g., no contact with neighbours, cultural differences). In addition, results indicate positive experiences with public transport and having neighbours with a migration background in the community. Participation and inclusion in the community were highlighted several times. The discussion highlights the various interpretations of the outcomes. Furthermore, suggestions are made for policy and both public and private organisations.

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Author: Tine Buffel (University of Manchester)

**Paper 4 Title: Co-research with older  
people: an em-power-ing engagement?**

Critical reflections on a co-production project to develop age-friendly communities in Manchester

The idea of co-research ‘with’ and ‘by’ older people is increasingly viewed as an essential element in undertaking ageing research. Yet little published work has discussed whether or how co-production can be practically realised, and the conceptual, methodological and ethical challenges and dilemmas it represents. This presentation addresses the need for a critical evaluation of the benefits and challenges associated with involving older adults as partners in the research process. To examine this issue, data will be presented from a qualitative study in which older people were involved as co-researchers in all stages of a project aimed at developing ‘age-friendly’ communities in Manchester, UK. Through a series of reflection meetings with different stakeholders throughout the project, critical insights were generated into the experiences of older people as they stepped beyond the traditional role of consultee to that of interviewer and researcher. The paper concludes with a discussion of the lessons learned from the project, and suggests three key principles for developing co-production approaches in ageing research.

## **Symposium Title: Lifecourse influences on health and wellbeing in later life: Symposium 1 of 2**

Symposium Lead: Debora Price (University of Manchester)

Author: Laurie Corna, Giorgio Di Gessa, Loretta Platts, Diana Worts, Amanda Sacker, Debora Price, Peggy McDonough and Karen Glaser

### **Paper 1 Title: Patterns of work up to and beyond State Pension Age, and their relationship to earlier work/family histories'**

In light of the increasing State Pension age (SPA) in the UK, understanding the patterns of work in the years leading up to, and beyond, SPA is of interest among social scientists and policy makers alike. Labour market attachment in later life is not only influenced by contemporaneous factors, but also by experiences in the family and the labour market across the life course. In this paper, we model patterns of labour market attachment between the ages of 60 and 69 years for men and 55 and 64 years for women, and assess their relationship with sociodemographic factors, health and work-family experiences earlier in the life course. Data come from the British Household Panel Survey and we include men and women born 1930-1949. We use sequence analysis to summarise detailed labour market experiences in pre- and post-SPA years, and regression techniques to assess the factors associated with gender-specific patterns of later-life employment. Only a minority of men followed a pattern that involved working full-time beyond SPA (11%) while one in five women traced a pattern that included working post-SPA. Compared to women out of the labour market, those working full-time post-SPA were more likely to be previously married, have a mortgage and be highly educated. For men and women, reporting good self-rated health and strong prior attachment to the labour market were also predictive of working post-SPA. We discuss our findings in light of the potential for growing inequalities in patterns of later-life employment.

Author: Lawrence Sacco, Laurie Corna, Giorgio Di Gessa, Loretta Platts, Diana Worts, Amanda Sacker, Debora Price, Peggy McDonough and Karen Glaser

### **Paper 2 Title: 'Does paid work limit engagement in informal caring and volunteering in mid to later life? Longitudinal evidence from the British Household Panel Survey and Understanding Society'**

Policies to increase older adults' participation in paid work have been introduced in the UK; in particular, the state pension age (SPA) has been delayed and pathways to early retirement have been restricted. Policies focused on increasing participation in paid work in later life, may overlook older adults' work performed in unpaid activities, such as informal care and volunteering. As individuals' time is limited, extending working lives may limit older adults' ability to engage in unpaid activities. Earlier research on the relationship between informal care provision and paid work has mostly examined the effect of the former on the latter. Limited research has studied the relationship between paid work and volunteering, as previous evidence is mixed and mostly cross-sectional.

This paper examines the impact of employment status on engagement in volunteering and informal caring in the years leading up to and beyond SPA using longitudinal data from the British Household Panel Survey and its continuation, Understanding Society. Estimates from fixed and random effects models are adjusted for potential confounders (e.g. gender, age, marital status, sociodemographic factors and health status). In addition, the effect of labour market attachment earlier in the lifecourse, which has been derived from retrospective history data, on the relationship between employment status and engagement in unpaid activities is evaluated. Findings are discussed in reference to implications of extending working lives policies and current trends of increasing labour market participation at older ages.

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Author: Giorgio Di Gessa, Karen Glaser, Laurie Corna & Debora Price

**Paper 3 Title: 'The decision to work after State Pension Age and how it affects Quality of Life: Evidence from a 6-year English panel study'**

Increasing numbers of older people in the UK and other industrialised countries are now working beyond state pension age (SPA). However, to date, little is known about the motives beyond continued work at older ages and whether the reasons for extending working lives are associated with quality of life (QoL). Our study examined whether, and to what extent, reasons given for being in paid work beyond SPA are associated, both cross-sectionally and longitudinally, with QoL.

We employed data from Waves 4 and 7 of the English Longitudinal Study of Ageing. Using linear regression models we assessed both cross-sectional and longitudinal associations between reasons for being in paid work beyond SPA and QoL among men aged 65-74 and women aged 60-69 (N=2,306). Our analyses controlled for baseline health and socio-economic characteristics, as well as for social participation and the quality of social relationships. We found that reasons which reflect a lack of control over the decision to work after SPA (i.e. financial reasons) are associated with lower QoL. In contrast, those reasons which capture a degree of control (enjoyment of the job or wanting to remain active) are associated with higher QoL both cross-sectionally and over time.

**Symposium Title: Lifecourse influences on health and wellbeing in later life: Symposium 2 of 2**

Symposium Lead: Debora Price (University of Manchester)

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Author: Martin Hyde (Swansea University)

**Paper 1 Title: 'Lifelong learning and labour market exit in later life. Evidence from 6 waves of the English Longitudinal Study of Ageing'**

Given the rise in policies designed to extend working lives there is growing interest in the factors associated with work and retirement in later life. Yet, despite the known benefits of lifelong learning, there is surprisingly little research on lifelong learning activities and labour market exit. To redress this I will look at the impact of lifelong learning on the likelihood of remaining in work in later life. Data are drawn from 6 waves of the English Longitudinal Study of Ageing. The sample was restricted to those in work at baseline (N = 4123). Lifelong learning was measured by 3 items: participation in educational course, taking an evening class and gaining a formal qualification. Multivariate analyses show that taking an educational course (OR 0.56; 95% CI 0.044-0.71) and gaining a qualification (OR 0.58; 95% CI 0.44-0.75) are negatively associated with exiting work during the study period. Cox Regression analyses amongst exiters show that those who do not undertake lifelong learning activities leave work earlier than those who do. These findings strongly suggest that participation in lifelong learning activities can contribute to extending working lives. However, there are also a number of methodological considerations about how lifelong learning is measured in social surveys. This is an important issue requires further research.

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**Author:** Hayley James, Debora Price, Karen Glaser and Chris Curry

**Paper 2 Title: 'Pension decision-making during the life-course'**

Research has suggested that events throughout the life course have a significant impact on income in retirement, mediated by gender, education level and social class. For example, we know that well-being in later life is to some extent determined by work histories, such as employment and benefit provision (Ginn & Arber 1996) and family roles, such as marriage and having children (Evandrou & Glaser 2003).

This research complements existing life-course analysis of retirement by investigating decision-making in regard to pension saving before retirement. This paper takes a sociocultural perspective to examine the factors that affect individual decision-making at a specific point in working life: following auto-enrolment into workplace pensions – a national UK scheme whereby most employees are automatically enrolled into workplace pension schemes from 2012. This policy was introduced to encourage people to save privately for a pension to achieve an adequate income for their retirement following decades of falling participation.

We aim to understand the prospective saving strategies of individuals (including not saving at all), and how they rationalise these strategies in relation to their present and future selves. We employ a constructivist qualitative methodology, involving 50 in-depth research interviews with employees in a large firm who have experienced auto-enrolment. Participants have been selected by a theoretical sample according to the actions taken following auto-enrolment, and represent variation across gender, education, and employment. Early findings are presented in this paper.

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**Author:** Debora Price, Laurie Corna, Giorgio Di-Gessa, Loretta Platts, Amanda Sacker, Diana Worts, Peggy McDonagh, John Adams, Tim Pike, Chris Curry and K Glaser

**Paper 3 Title: 'How do female lifecourses affect income in retirement?'**

This research uses empirical estimates of the lifecourse trajectories of men and women in England generated by the MRC/ESRC funded WHERL project (Work, Health, Retirement and the Lifecourse) to understand key drivers of gender differences in pension accumulation and to estimate the potential size of these effects. We take a heuristic approach to our models to understand what difference particular variations in the lifecourse, which we know to be material, might make. We take into account changes in the UK state pension system moving from a basic state pension and state additional pension through a transition period to a single tier pension.

We show that understanding gender differences in the lifecourse remains crucial both for understanding inequalities in income in later life and for evaluating pension policy from a gender perspective. We show how pension disadvantage plays out for different types of women and families, and what, empirically, women's lifecourses so far have looked like. A lifecourse that approximates long-term full-time engagement with the paid labour market has so far been true for only a quarter of women, and even these women will struggle to accumulate similar pensions to men because of gender and motherhood pay gaps. Long gaps and part-time work, both of which are ubiquitous in women's lifecourse trajectories, make it difficult for women to accumulate meaningful amounts of private pension. Yet with the levelling of the state pension and the abolition of state second pensions, the accumulation of private pension is becoming ever more critical for women.

## **Symposium Title: New perspectives on consumption in later life**

Symposium Lead: Debora Price (University of Manchester)

Author: Susan Venn (University of Surrey)

### **Paper 1 Title: 'The value of things: Meanings of acquisition, retention and divestment in the transition to retirement'**

A variety of psychological and sociological research indicates that an excessive focus on acquiring material goods is not only environmentally damaging but also associated with lower individual wellbeing. Popular websites and books also propound the idea that getting rid of material possessions may promote individual wellbeing. However, problematizing the acquisition of possessions and valorising their divestment ignores the complex symbolic meanings that things (and their acquisition and divestment) have and the roles they play in social relationships.

In this paper we focus on the transition to retirement as a period when people may reflect on the possessions they have, those they want to acquire and those they want to dispose. Focusing on processes of acquisition, retention and divestment at this point in the lifecycle is significant given the growing number of people approaching or entering retirement, who are often portrayed as engaging in excessive levels of consumption which are counter to notions of sustainable living.

Drawing from serial interviews with 40 men and women in the UK transitioning to retirement (n=120), we show how retirement presents as an opportunity for people to reflect on the value of 'things' and suggest that consumption practices in retirement households are more nuanced than simply buying more or divesting, but rather depend on the emotional attachments to some things, the functionality of others and a desire to

refresh the home in readiness for living well in later life.

Author: Elizabeth Evans & Juliana Mansvelt (Swansea University / Massey University)

### **Paper 2 Title: 'Shopping as an activity for health and social inclusion in later life'**

The majority of research on shopping activities in later life has come from marketing and consumer behaviour research. This has focused mainly on the purchasing behaviours of older people. There is a need for critical social science research that moves beyond a consideration of the value of the 'silver dollar' to explore the value and role of shopping in older people's lives and wellbeing. Life circumstances (such as employment status, health and living arrangements) may significantly impact on access to consumer goods and shopping behaviours. However, we lack an understanding of how these mechanisms operate and how they interact with place.

This paper will build on previous work from New Zealand and England showing that shopping activities provide an outlet for health-promoting activities and may provide protective factors that alleviate or ameliorate health declines. These two countries offer an interesting comparison as they are similar in many respects but also have important differences. This presentation will explore to what extent differences in access to shopping spaces in later life impact on health outcomes in the two countries. The research presented draws from analyses of multiple waves of the English Longitudinal Study of Ageing (ELSA) and New Zealand's Health, Work and Retirement Study (HWRS). The findings identify the impact of changes in individual status, for example how life course transitions (e.g. widowhood, retirement, health shocks) might impact on access to shopping facilities.

**Author:** David Sinclair and Cesira Brancati  
(International Longevity Centre – UK)

## **Paper 3 Title: 'The missing £billions – the impact of poor health on consumption expenditure in old age'**

In most developed countries, including the UK, consumption accounts for over two-thirds of GDP. In these countries, a rising proportion of the population is approaching or past State Pension age; in the UK, there are approximately 12.4 million people over State Pension age, and the number is set to rise to nearly 14 million by 2030. The behaviour of older consumers is thus a topic of great relevance for the economic policy debate.

Several studies, among which the 2015 ILC-UK report "Understanding Retirement Journeys: Expectations vs reality", have documented how consumption steadily falls with age, and how this decline appears to be persistent over time, and typical of most western countries. In addition, while financial constraints are likely to be one of the main reasons for a drop in spending, they appear to be less of an issue for older people, and therefore something else may be at work.

With this report, ILC-UK investigate the impact of what we call 'health barriers' on consumption expenditure in retirement, as well as on participation in social and cultural activities. By health barriers we mean general poor health issues, such as having a long-standing illness, mobility issues, such as having a difficulty walking for ¼ of a mile unaided; and other health conditions or disabilities such as arthritis, poor eyesight, difficulty hearing and incontinence. We consider how best to address these barriers to consumption in later life to increase spending amongst the over 50s.

## **Symposium Title: Dementia narratives: How people understand and adjust to a diagnosis of dementia**

**Symposium Lead:** Caroline Quinn (University of Exeter)

**Author:** Caroline Quinn (University of Exeter) Ian Rees Jones and Linda Clare

## **Paper 1 Title: Illness representations in caregivers of people with dementia**

Illness representations can shape how people respond to long-term health conditions, such as dementia. The illness representations held by family members caring for a person with dementia may influence their understanding of what is happening to the person and how they respond and provide support. The aim of this study is to explore illness representations in caregivers of people with dementia. This study focused on four components of illness representations: label, cause, control and timeline. The data reported in this study came from the Memory Impairment and Dementia Awareness Study (MIDAS). Data from interviews with 50 caregivers of people with dementia were analysed using content analysis. The findings indicate that the majority of caregivers gave accounts that appeared to endorse a medical/diagnostic label, although many used different terms interchangeably. Caregivers differentiated between direct causes and contributory factors, but the predominant explanation was that dementia had a biological cause. Other perceived causes were hereditary factors, ageing, lifestyle, life events and environmental factors. A limited number of caregivers were able to identify things that people with dementia could do to help manage the condition while others thought nothing could be done. There was considerable uncertainty about how dementia would progress over time and there were varying views about the efficacy of medication. Due to the extent of uncertainty about the cause, timeline and controllability of dementia

the findings indicate that caregivers need information on these areas. Tailored information and support taking account of caregivers' existing representations may be most beneficial.

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**Author: Keith Oliver**

**Paper 2 Title: "Walk the Walk, Talk the Talk" one person's narrative of a life before and since dementia.**

My talk will focus on one person's story - mine both before the onset of dementia in 2010 aged 55 and since, and on how despite the various challenges which having dementia presents to me I try and live life as fully and well as I possibly can. The title of the talk is based upon my memoirs which was published in November 2016, and all proceeds from which go to Innovations in Dementia and the Alzheimer's Society.

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**Author: Linda Clare (University of Exeter)  
Catherine Quinn, Ian R Jones and Robert T Woods**

**Paper 3 Title: 'I don't think of it as an illness': illness representations in mild to moderate**

Objectives: Better understanding of the illness representations held by people with dementia could make it possible to target information and support so as to optimise benefits for adjustment and coping. We aimed to characterise illness representations, identify specific profiles, and examine associations between these and other participant characteristics.

Design: This was a mixed-methods study using data from interviews, questionnaires and cognitive tests.

Methods: Interviews with the 64 people with mild to moderate Alzheimer's, vascular or mixed dementia who completed the second wave of the MIDAS study included questions about each illness representation component: identity, cause, timeline, control, consequences and coping. We coded the interview data using content analysis and thematic analysis, explored patterns using

cluster analysis, and examined associations with other variables.

Results: Cluster analysis based on responses about identity and cause identified three profiles. 'Illness' cluster participants (n = 29) acknowledged that they were living with an illness and used diagnostic labels, 'ageing' cluster participants (n = 23) did not use diagnostic labels and viewed their difficulties as related to ageing, and 'no problem' cluster participants (n = 10) considered that they had no difficulties. 'Illness' cluster participants had better cognition and better awareness, but lower mood, and perceived more practical consequences, than 'ageing' cluster participants.

Conclusions: Holding an illness model of dementia may not always be advantageous. Rather than attempting to alter a person's representations to fit this model, it may be more helpful to target information and select interventions in line with the person's representation profile.

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**Author: Alex Hillman (Cardiff University), Ian Rees Jones, Catherine Quinn, Sharon Nelis and Linda Clare**

**Paper 4 Title: Dualities of dementia accounts: biographical reinforcement and narrative economies**

The concept of 'narrative economies' has recently been proposed as a set of exchange relationships that, through biography and story-telling, facilitate access to resources and act as a source of symbolic and material value. We utilise this concept to inform our analysis of qualitative interviews with 5 people with dementia and 4 informal carers to examine how biographical accounts by those living with dementia (re)produce important forms of value. Our participants are members of a pre-existing group of dementia advocates, representing the voices of those living with the condition. Given the increasing success of campaigns to ensure the voice of people with dementia is heard, there are a growing number of people in the early stages of dementia - like our participants - being called upon to account for their experience, as a means of developing

a politicised 'collective illness identity'. These interviews present a rare opportunity to study a group of people who are actively involved in speaking as, and for, people with dementia. Four themes emerged from the data: becoming a voice of or for people with dementia; biographical reinforcement; responsabilisation; and resistance. These themes address two important implications for dementia illness narratives: firstly, they illustrate the ways in which people with dementia participate in their own identity construction, performing 'biographical reinforcement' to make sense of their lives and preserve their sense of self; and secondly, as representatives of those living with dementia, they illustrate the ways in which illness narratives produce material and symbolic value.

## **Symposium Title: Positive experiences of living with dementia and caring for someone with dementia**

Symposium Lead: Catherine Quinn (University of Exeter)

**Author: Catherine Quinn (University of Exeter)**

### **Paper 1 Title: Positive aspects of dementia caregiving**

Traditionally, caregiving research has tended to focus on the negative aspects of providing care, exploring outcomes such as burden or depression. However, a lack of attention to positive aspects of caregiving has potentially skewed our perception of caregiving and how caregivers adapt to their role. Research has indicated that both positive and negative psychological states can co-occur during challenging circumstances, highlighting the role of positive emotions in coping with events such as providing care. This implies that positive emotions may have an important role in the quality of life of those caring for someone with dementia. Yet there is conceptual ambiguity about positive aspects of caregiving and studies have used a variety of different terms and measures to explore the topic. Positive aspects of caregiving has been conceptualised in a variety of different ways; as a mediator, in the form of a coping strategies, or as an outcome of caregiving. In this presentation I will discuss some of the conceptual issues relating to positive aspects of caregiving. I will present data from a qualitative study to explore how caregivers of people with dementia describe the positive aspects of providing care. I will then draw on cross-sectional data to explore positive aspects of caregiving in caregivers of people with dementia and how it relates to caregiver well-being.

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**Author:** Lucy Bartels (University of Hull)

**Paper 2 Title: Hope in Professional Caregivers in Residential Dementia Care: A Grounded Theory Study**

**Background**

To date research investigating how professional caregivers use and maintain hope during their career has been limited. Hope may help professional caregivers to provide a higher quality of care and foster better relationships with residents and their families. Research conducted with professional caregivers indicates a correlation between levels of hope held, and resident assessed quality of life.

The research questions included; how does experience of hope facilitate quality of care, what are the facilitators/barriers of hope, and how does hope play a role in sustaining caregiving.

**Method**

Using a constructivist grounded theory approach, a focus group including six participants was conducted, with purposive theoretical sampling used thereafter to conduct nine individual interviews. All participants were providing care to people living with dementia in residential settings. Interviews were transcribed verbatim and analysed using Charmaz's grounded theory method.

**Results**

Preliminary findings indicate the importance of being part of a team, seeing residents as 'family', a sense of job satisfaction, and external threats such as CQC visits and public perceptions. The project is currently in its closing stages and the final set of findings will be discussed in the presentation.

**Possible Implications**

Building a theory around maintenance and functions of hope for professional caregivers has important implications. A better understanding could improve the quality of life for care recipients, through improvements in the quality of care provided. Furthermore, the application of Positive

Psychology concepts, such as hope, will challenge the existing emphasis on negative aspects of this role, such as caregiver burden.

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**Author:** Charlotte Stoner, Martin Orrell and Amie Spector (University College London)

**Paper 3 Title: Measuring positive psychology for people with dementia: Practicalities and methodological considerations**

The approach of positive psychology posits the empirical study of positive emotions, states and outcomes and this usually refers to the use of outcome measurement. Outcome measures often take the form of questionnaires and have been widely used in research, often undergoing a rigorous development procedure. However, outcome measures used in dementia research are often rooted in negative attributes, including the measurement of behavioural and psychological symptoms of dementia. Whilst this has benefited many people, it appears to have led to a monopoly of negative outcome measures, in which the positive emotions and attributes that people with dementia express are largely over-looked. Recently, existing measures of positive psychology principles have begun to be adopted within psychosocial dementia research but often little attention is paid to the psychometric validity of this. Furthermore, more significant cognitive impairment may limit the ability of a person with dementia to articulate their experience of positive emotions and this may have an impact upon outcome measurement but too little quantitative research has been conducted within this area to give a definitive statement. New outcome measures designed in collaboration with people with dementia at every stage are needed to ensure that positive emotions and attributes are defined in a way that is most valid and suitable for this population. The qualitative literature clearly suggests that people with dementia are capable of experiencing positive emotions and retain the desire to actively seek enjoyment and pleasure and now quantitative methods are needed to supplement these findings.

Author: Martha Pearson (University of Hull)

## **Paper 4 Title: What does gratitude mean for people living with dementia, and how is it experienced?**

### **Background**

An alternative discourse is emerging which considers positive experiences and strengths in dementia. There is existing empirical evidence of the benefits of gratitude and gratitude interventions in different clinical groups, but no studies have explored what gratitude means or how it is experienced for those living with dementia.

### **Methods**

The present study used interview and diary methodologies to collect data relating to the lived experience of gratitude. Eight community dwelling participants with dementia were recruited through support groups in the North of England, and data were analysed using Interpretative Phenomenological Analysis.

### **Findings**

Preliminary findings indicate that gratitude holds meaning for people living with dementia. Participants expressed gratitude for many experiences, including for their relationships, for the help and support offered by others, and for wider experiences such as a life lived. This experience of gratitude was discussed within the context of carrying on with life in spite of challenges and difficulties, with a sense that gratitude itself continues in spite of problems or barriers. The final set of findings will be shared in the presentation.

### *Implications*

These findings have important implications for dementia care generally and the specific application of positive psychology interventions. There are also implications for the involvement of people living with dementia in research.

## **Symposium Title: Inequalities in Later Life: Towards a New Agenda for Research, Policy and Practice**

Symposium Lead: Thomas Scharf (Newcastle University)

Author: Thomas Scharf and Caroline Shaw (Newcastle University)

### **Paper 1 Title: Conceptualising inequalities in later life**

This paper derives from a scoping review, commissioned by the Centre for Ageing Better, that seeks to address the nature and scope of inequalities that characterise later life in England. Underpinning an examination of unequal outcomes relating to health, healthy life expectancy, subjective wellbeing, financial security, social relations, and living environments is a focus on the ways in which researchers have sought to conceptualise inequalities and pathways associated with advantage and disadvantage in later life. This part of the scoping review has drawn on relevant national and international sources to address three research questions: 1) How are inequalities in later life conceptualised?; 2) What are the most significant influences on those outcomes?; and 3) What do the different conceptualisations of inequalities imply for the type and timing of interventions? From an initial 2178 sources identified through a search of relevant databases, 48 met the study's inclusion criteria and were ultimately subject to data extraction. The paper presents headline findings from the review, highlighting, for example, explanations of unequal outcomes in later life that draw on ideas relating to structured dependency, life-course approaches, and a growing focus on intersectionality.

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**Author:** Debora Price, Laurie Corna, Giorgio Di-Gessa, Loretta Platts, Amanda Sacker, Rebecca Benson, Wentian Lu, Diana Worts, Peggy McDonagh, John Adams, Tim Pike, Chris Curry, Lawrence Sacco, Ludovico Carrino and Karen Glaser

**Paper 2 Title: Inequalities across the lifecourse: findings from the WHERL project (Work, Health, Retirement and the Lifecourse)**

In this paper we present findings from the WHERL project – Work, Health, Retirement and the Lifecourse – a 3-year cross-institution collaborative research project jointly funded by the Medical and Economic Research Councils. The project has investigated a crucial question for ageing societies: How inequalities across the lifecourse relate to paid work in later life in the UK. We focus particularly on inequalities associated with working up to and beyond State Pension Age. This issue is of growing importance since the UK, in common with many other governments across the world, is implementing policies to encourage longer working lives. These policies include scheduled increases to State Pension Age, removal of default retirement age; and the Government's 'Fuller Working Lives' and 'Age Positive' initiatives which aim to encourage older individuals to engage with paid and/or unpaid work later in life. These policy reforms affect millions of people, yet their implications for health, wellbeing and financial circumstances are unknown. Using data from the English Longitudinal Study of Ageing, we first use sequence analysis to summarise detailed life history data on men's and women's labour market trajectories, marital histories and parental experiences. We then use this information to investigate the implications of men's and women's highly gendered life courses for a range of health, well-being and financial outcomes in later life. Here we present headline findings from across the project and conclude with some key messages.

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**Author:** Brian Beach (international Longevity Centre – UK)

**Paper 3 Title: Scoping the evidence on social connections and inequality in later life**

There has recently been ever growing attention to the importance of social relationships for various outcomes in later life. For example, various pieces of research have found correlations between social isolation and loneliness with poor health and higher mortality risk, while investigations continue into the role that social inequality may play in divergent later life outcomes. The present research, as part of a broader piece of work examining social inequalities in later life, comprised a scoping review of the available evidence associated with different sources of social inequality and their relationship to social connections. Drawing on a number of scholarly databases, the review parameters identified work from 2006 to late 2016 related to older people in England that explored aspects of social inequality – including but not limited to protected characteristics such as gender, sexual orientation, and ethnicity – and how these features were associated with social outcomes such as social participation, isolation, and loneliness. The findings of the review highlight areas related to both inequality and social life where substantial gaps in the evidence remain, offering guidance for further research into these topics in later life. At the same time, the evidence identified in the research provides particular insights into opportunities for policy and intervention to mitigate against the consequences of social inequality for at risk groups and improve social connections in later life.

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**Author:** Bria Suzanne Moffatt, Mel Steer, Sarah Lawson, Kirsty Laing, Linda Penn and Nicola O'Brien (Newcastle University)

## **Paper 4 Title: Linking the social and the health: how might social prescribing tackle health inequalities?**

Large inequalities in life expectancy and healthy life expectancy between rich and poor areas persist in the UK; recent evidence indicates that health is worsening for people in the most socio-economically deprived areas. Social determinants such as income, welfare systems and community infrastructure profoundly influence health, but policies to tackle health inequalities vary depending on prevailing political ideologies, and have largely focused on changing individual behaviours, without an equivalent focus on the structural causes of ill health. Ways to Wellness (WtW) is a seven year social prescribing initiative targeting people aged 40-74 with long term illness living in Newcastle's West End. WtW operates through 18 Link Workers. Following a primary care referral health and wellness goals are agreed and individuals are assisted to access a wide range of community and voluntary services. Since April 2015, 2,222 people have been referred into WtW, and been connected with 133 different community and voluntary sector organisations comprising: long-term condition management; mental health; physical activity; weight management and healthy eating; addiction; welfare rights advice; emergency financial assistance; debt; housing; volunteering/ learning/employment; and community activities. Highly positive accounts of WtW were derived from 30 in-depth interviews conducted January-June 2016. This paper reports on 30 follow up interviews and explores how social prescribing impacted on every day lives, family and friendship networks and the ways in which sustained engagement with community activities influenced health and wellbeing. We conclude by reflecting on how continued public and voluntary sector cuts jeopardise the considerable health gains obtained by WtW.

## **Symposium Title: 'Older Women Rock!': poetry, listening partnerships and older women**

**Symposium Lead:** Leah Thorn (Keele University)

**Author:** Leah Thorn (Keele University)

## **Paper 1 Title: 'Older Women Rock!': poetry, listening partnerships and older women**

'Older Women Rock!' is an initiative creating pop-up political art spaces to raise awareness and explore issues facing women in early old age [late 50s to early 70s]. Through poetry, performance, retro clothes and film, the project celebrates early old age women, unites them across differences, challenges their invisibility and subverts society's assumptions and prejudices about them.

'Older Women Rock!' arose out of a ten-month Leverhulme Trust artist residency undertaken by spoken word poet Leah Thorn in 2015 on the theme of ageing at the Kent Academic Primary Care Unit, University of Kent and in the England Centre for Practice Development, Canterbury Christ Church University. Leah is currently expanding this work through a Keele University Institute of Liberal Arts and Sciences Fellowship, supported by the Keele Centre for Ageing Research and Keele University's Directorate of Engagement & Partnerships. This new project will combine the development of poetry-writing and peer counselling skills to elicit the expression and presentation of women's ageing-related experiences and concerns and to build supportive connections in later life.

In this session Leah will share the processes and ideology underpinning this creative project; show a documentary film; exhibit 'Older Women Rock!' poetic/clothing and jewellery; highlight issues that impact older women, such as the lack of media representation, the beauty industry's influence on self-esteem and self-image, poverty and being a carer; and demonstrate the use of expressive writing through the creation of a group poem.

## **Symposium Title: Visual methods in generating and representing counter-stories of later life.**

Symposium Lead: Penny Vera-Sanso (Birkbeck, University of London)

**Author: Jude Escribano (Age International)**

### **Paper 1 Title: How photography empowered slum-dwelling older Ethiopians**

Older people in Ethiopia are at the margins of society, ignored and discriminated against. So how does a poor, older person in Ethiopia get their voice heard? In 2014, Age International<<http://www.ageinternational.org.uk/>> and PhotoVoice<<https://photovoice.org/>> trained older people in a slum in Addis Ababa how to use cameras so they could photograph their everyday lives and show the outside world the realities of their daily life. This culminated in an exhibition in Addis – attended by members of the public and the press - where the older people were the guests of honour. One of the photographers, Bayush, said 'I am an old woman, but now I can take photos like this. I am very proud – I am an able older woman!' This presentation will share the opportunities and challenges of training older people in developing countries to use photography as a tool for self-expression.

**Author: Lorna Warren (University of Sheffield)**

### **Paper 2 Title: 'Forced liberty' or normal 'old woman'?: Visual Representations and Their Potential as Counter-stories**

This presentation invites critical consideration of the use of visual methods in research on ageing through a narrative framework. While it has been recognised that ageing can be a storied process and a narrative perspective has been applied to body image in later life, visual approaches in storying older age remain limited within social gerontology. The presentation draws on research that has explored the pictures that older women

paint of their lives and their relationship to images found in the media. It focuses on the potential to challenge dominant social representations of ageing through a process of active narrative work, which engaged self-identified older women with representational processes as social consumers of such narratives and as producers of them, discursively in groups and through the creation of their own artwork. Various factors, social and cultural, have impacted on the generation and, in particular, the reading of the women's counter-stories by diverse audiences, illustrating the complex relationship between image and meaning.

**Author: Penny Vera-Sanso (Birkbeck, University of London)**

### **Paper 3 Title: Testing and Extending Research, Telling the Story to Participants and Disseminating Research : the potential and pitfalls of visual methods**

This paper discusses the motivations for and potentials of using visual methods to make the leap from comparatively small scale qualitative research to much larger scale claims in the context of limited quantitative data. It will also compare the efficacy of different visual methods in telling the research story to participants and to capture media, activist and policy-shaper interest in such a way that ageist stereotypes are challenged. Photos, photo exhibitions and photo essays will be compared. The paper will draw on materials from research undertaken in India.

Author: Wendy Martin (Brunel University London) & Katy Pilcher (Aston University)

## **Paper 4 Title: Public Engagement and Visual Data: exploring the possibilities and limitations of developing photographic exhibitions**

A key focus for research is to promote impact and enhance public engagement by communicating our research findings with multiple and diverse audiences. Towards the end of an ESRC funded project Photographing Everyday Life: Ageing, Lived Experiences, Time and Space we created and disseminated our key findings via an interactive photographic exhibition. Within the exhibition we created a series of installations, mosaics, photographic images and digitised displays with the aim to portray our research findings on daily life in an interactive, creative and engaging way. We also collected ideas, images, insights and feedback from audiences who interacted with the exhibition. The photographic exhibition has since been presented at a wide range of venues including Brunel University London, Uxbridge Library, the British Library and at a number of conferences. This paper will conclude by reflecting on our experiences as well as the possibilities and limitations of disseminating social science data via the arts and humanities.

## **Symposium Title: The management of older workers: what has changed?**

Symposium Lead: Sarah Vickerstaff (University of Kent).

Author: Chris Phillipson (University of Manchester, UK), Sue Shepherd (University of Kent), Sarah Vickerstaff (University of Kent), and Mark Robinson (Leeds Beckett University)

## **Paper 1 Title: Uncertain futures: Organizational influences on the transition from work to retirement**

The promotion of extended working life has created a period of uncertainty between the ending of work and the beginning of retirement. This period of the life course is now 'open-ended' in respect of whether older workers decide to stay on or leave working. However, the choices available are framed within organizational contexts as well as personal circumstances. This paper reviews the management of 'work-ending', the construction of age within organizations, and the provision of support in late working life. The paper concludes with a discussion on the range of pressures which might limit control over pathways through middle and late working careers, along with a review of policy implications.

Author: David Lain (University of Brighton), Mariska van der Horst (University of Kent), Ignacio Madero-Cabin (Universidad Diego Portales), Estaban Calvo (Universidad Diego Portales)

## **Paper 2 Title: Bridges to working late? Un-retirement, Part-time work, and Self-employment in the United States and England**

It is increasingly assumed that 'bridge employment' pathways to retirement are emerging in the UK. Bridge employment is considered 'the norm' in the US, and is viewed positively as enabling individuals to 'gradually' retire by

working in a different capacity prior to full exit. Research does not, however, demonstrate that US 'bridge employment' results in structured pathways into 'late' employment, as the logic implies. This paper explores employment paths of men and women around State Pension Age, comparing the US Health and Retirement Study and the English Longitudinal Study of Ageing. It focuses on three 'bridge employment' transitions – (1) 'un-retirement' (returning to work after retirement), and moves into (2) part-time work and/or (3) self-employment. Little meaningful 'bridge employment' is identified in either country from sequence, cluster and multinomial logistic regression analyses. It is argued that over-estimating bridge employment enables politicians to present an overly-optimistic picture of older worker prospects.

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**Author: Sarah Vickerstaff (University of Kent)**

**Paper 3 Title: Is flexibility the answer? Older workers access to formal and informal flexibility in the workplace**

Access to flexible work options, including gradual or phased retirement, is routinely assumed to be a mechanism for encouraging older workers to delay retirement. The extension of the right to request consideration of a flexible working pattern to all employees in 2014 was widely expected to boost demand from older workers seeking to design their own work endings. This paper reports on research in 5 case study organisations in different sectors which interviewed HR and pension managers, line managers and a substantial number of employees. The paper concludes that there are many constraints on access to flexible work including: the nature of the job; line manager resistance; financial constraints on the employees' part and lack of interest from employees. It also found a range of informal arrangements that were being used and some of these were organised between employees without direct reference to management.

**Symposium Title: What could possibly go wrong?**

Symposium Lead: Christina Victor (Brunel University)

**Author: Christina Victor (Brunel University), Anthea Tinker (King's College London)**

**Paper 1 Title: What could possibly go wrong?**

Research in social gerontology is subject to all of the vagaries and challenges that characterise research with human subjects. Whether we are undertaking an M Sc. or doctoral project or a million-pound research grant we plan our project in accordance with established principles of research design and methods and in accordance with appropriate codes of conduct. To quote Donald Rumsfeld our research design and methods address the 'known knowns' (the things we think we know about the topic we are researching) and, to some degree, the 'known unknowns' (the things we don't know about the population we are researching). However, in many research projects there are many 'unknown unknowns' which can pose challenges for the research team or individual researcher in the successful implementation of the research project. The challenges posed by these areas of uncertainty and the practicalities of conducting research are rarely acknowledged and when research is written up it is usually the positive aspects that are emphasised. It is rare to find problems - what went wrong or what didn't go 'right' - discussed. In this symposium Tinker and Victor will discuss some of the anticipated and unanticipated challenges they have faced in their research and how they were (or were not) overcome. We will share insights from other key gerontologists giving illustrations from their research about problems and how they were overcome. They would like participants to come to the session to share their experiences.

## Symposium Title: Reimagining Loneliness?

Symposium Lead: Christina Victor (Brunel University)

**Author: Isobel. E. M. Evans (Exeter University)**

### **Paper 1 Title: Social connections and cognitive function: a scoping review**

Being socially well-connected has been implicated as an important factor for maintaining cognitive health in later life, although empirical evidence is inconclusive. One reason for this inconsistency may be the range of available concepts that are associated with being well-connected. This presentation will report on a scoping review that was conducted aiming to consider which social concepts are used within the literature and how they are defined and measured in empirical studies. Four online databases were searched (PubMed, PsycInfo, AgeLine, Web of Science) using the terms ("social isolation" OR "loneliness" OR "social network\*") AND ("cognit\*" OR "cognitive decline") AND ("later life" OR "older adults" OR "elderly"). This identified forty-two articles to be included in the review. Identified concepts were divided into structural (marital status, living situation, social networks, social isolation, social engagement), functional (social support), and appraisal (loneliness) aspects of social contexts. Overall there was considerable inconsistency across studies in approaches to defining and measuring these concepts. This was reflected in the findings of studies, which were mostly inconclusive in explaining the relationship between aspects of social connectedness and cognitive function in later life.

**Author: Warren Donnellan and Kate M. Bennett (University of Liverpool)**

### **Paper 2 Title: Why aren't all widowed people lonely: Risk or Resilience**

Loneliness may result from a lack of social contact: from the discrepancy between desired and actual social contact; or arising from the loss of the attachment figure. There is evidence that widows may experience these types of loneliness. One might expect that all older widowed people would be lonely since they have lost their attachment figure and may have reduced social contact. However, using data from a corpus of 236 qualitative interviews with widowed people, We find that 58% are lonely. Many of them discuss how they overcome or manage their loneliness. The remaining 42% do not report loneliness. We examine the factors that contribute to a) absence of loneliness, b) the reduction or removal of loneliness. These factors fit with an ecological, systems level model, adapted from resilience research. Widowers utilise resources at the individual, community and societal levels. Focusing on these resources offers opportunities to ameliorate the effects of loneliness.

**Author: Isla Rippon, Sharon Nelis, Yu-Tuz Wu and Christina Victor (Brunel University / Exeter University)**

### **Paper 3 Title: How Lonely and Isolated are Older People With Dementia and Their Carers?**

The IDEAL research project is a major national five-year (2014-2018) ESRC/NIHR funded longitudinal cohort study of 1570 people with dementia and 1300 family members or friends who provide support. The project aim is to identify what promotes (or inhibits) people living well with dementia. Loneliness and/or isolation are key indicators of quality of life and living well. For the first 1000 people interviewed 661 dyads provided complete information on our measures of loneliness and isolation. Loneliness was measured using both the six-item de Jong Gierveld (DJG) scale (range 0-6) and a single-

item self-report measure, and isolation by the six-item Lubben social network scale (range 0 to 30). Preliminary data analysis gives a self-reported prevalence of loneliness for people with dementia of 6.1% and 14.5% for carers. For the DJG scale 60.7% of carers were classed as lonely (as measured by a score of 2+) compared with 33.1% of people with dementia. In terms of isolation, mean network sizes were 15 for people with dementia and 18 for carers, and levels of isolation (a score of less than 12 on the Lubben scale) at 27.4% and 11.5% respectively. Carers, whilst reporting larger network sizes, have very much higher levels of loneliness, highlighting the importance of relationship quality for living well. In contrast people with dementia have lower levels of loneliness and smaller networks. These preliminary data also draw attention to discrepancies between the two measures of loneliness. Our future work will focus upon comparing levels of loneliness and isolation within dyads.

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**Author: Jitka Pikhartova and Christina Victor  
(Brunel University)**

#### **Paper 4 Title: Loneliness and widowhood: longitudinal analysis of the English Longitudinal Study of Ageing**

One of the key risk factors for loneliness in later life is widowhood. Research has consistently reported that the prevalence of older people who are widowed is twice that of their non-widowed peers. Although levels of loneliness among widowed individuals are high, the experience is by no means universal. Most studies are cross-sectional in nature and, as such, do not provide insight into how loneliness may vary with time since widowhood or help us understand why most widowed people do not report loneliness. Using seven waves of the English Longitudinal Study of Ageing we aim to explore the history of loneliness and widowhood over time and establish how levels of loneliness for those who are widowed change over time, and what factors may protect against loneliness. Using a self-reported measure the proportion of widowed reporting loneliness is approximately 36% with females having a slightly

but not markedly higher prevalence of loneliness. Cross-sectional research suggests that having a confident, close family ties and participation in civic activities is protective against loneliness in those who are widowed (as it is for the general population). If we follow those who are newly widowed longitudinally we see that the prevalence of loneliness amongst widows decreases over time from almost 50% in the wave when loneliness is first reported to approximately 20% at 8 years post bereavement. This suggests that cross-sectional studies overestimate the impact of bereavement as a risk factor for loneliness overall although those who are bereaved continue to show a higher prevalence of loneliness long term.

## **Symposium Title: Exploring the Role of Arts in Telling the Research Story with People with Dementia.**

Symposium Lead: Elaine Wiersma (Lakehead University)

**Author: Ruth Bartlett (University of Southampton)**

### **Paper 1 Title: Visualising Dementia Activism: Using the arts to communicate research findings**

Introduction: Although researchers are increasingly recognising and/or using the arts to communicate research findings, there has been an inadequate exploration of how art affects the scholarly endeavour. In this paper, I report on a completed project funded by the UK Economic and Social Research Council, which I led with a visual artist. It involved an installation artist, documentary filmmaker and research participants with dementia. Methods: The aim of the project was to communicate research findings from an original study on dementia activism, using art, specifically textile banners and documentary film - Agnes and Nancy (Director Anne Milne) - for a touring exhibition. Results: The session will involve displaying some of the art work, including a film scene from the documentary film and a photo slideshow, which explains and presents the creative process. Discussion and conclusion: It is argued that art is a powerful tool for communicating research knowledge but it can overshadow the scholarly endeavour to both positive and negative effects. Researchers need to be aware of what art can offer, and what it cannot, when it comes to research communication. The presentation is a version of a paper published in Qualitative Research by the author.

**Author: Elaine Wiersma (Lakehead University)**

### **Paper 2 Title: Using Visual Arts as Data to Tell the Story**

The arts are increasingly being used to communicate research findings. However, using visual arts as data collection methods have had less applicability with people with dementia. This paper presents on a study using photography and other visual arts methods as data. A four-week arts program was designed and led by a professional artist for people with dementia at a local art gallery. The program was held twice—once with four participants, and once with an additional three participants (for a total of seven participants). Photographs were taken during the art sessions, as were participant observations. After each session, a debriefing group was held. Participants created individual pieces that then contributed to collective art, including a paper quilt and a flag banner. Participants then assisted in curating the exhibit that was displayed in the local library and art gallery, including the artwork and photographs. Using photographs as well as participants' art as data tells the story visually of their experiences participating in an art program. Key themes, as captured through the data, include connecting with others, participating in a program that wasn't focused on dementia, expressing themselves, increased sense of confidence, and pride in their creations. Participants used the photographs as memory cues and as mementos of their experiences in the program. Visual arts provide important ways for people to connect with research data, but also tell a different story than through traditional textual data. It is important to recognize the benefits and limitations of using visual arts as data.

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**Author:** Charlotte Clarke (University of Edinburgh)

**Paper 3 Title: Arts and Research – Letting Go of the Final Authoritative Voice?**

The arts can have a disruptive influence on established social science research practices! Or so I conclude after several experiences of introducing a creative performative dimension into research that aims to illustrate the everyday sociology of living with dementia.

In one recent ESRC-funded study, we undertook the secondary data analysis of 156 interviews with people living with dementia and family members using two theoretical frameworks: Douglas' cultural theory of risk; Tronto's 'ethic of care' framework. We used a 9-stage model of analysis that involved cycles of presenting, interpreting, representing and reinterpreting the data and findings between multiple stakeholders. In the spirit of reflexivity and an understanding of knowledge as a provocateur which can have multiple, contradictory viewpoints, the analysis process was designed to incite dialogue with a range of stakeholders and create a space for dialogue with those voices most often marginalized and silenced by the dominant presence and understandings of researchers.

Conducting this innovative research required us to explore and develop an understanding of how to prepare the data, and how to work with people with dementia as partners (including attending to research ethics, determining how to present a large dataset to people with dementia in an accessible way, and questioning what data is). Michael's Map is a short film that has been produced from this research, in partnership with Skinstone Arts, illustrating the key findings of the work: <https://vimeo.com/channels/1148563> - it is the point at which the presumed authoritative voice of the academic researcher is abandoned and the interpretation of the viewer of Michael's Map is the only authentic voice in that moment.

**Symposium Title: Dementia and Imagination**

Symposium Lead: Gill Windle (Bangor University)

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**Author:** Andrew Newman

**Paper 1 Title: The connectivity and social capital of people in later life with dementia**

This paper explores the connectivity and social capital of people in later life living with dementia. The importance of social networks for the wellbeing of older people is well established in the literature for example, Gray (2009) and many others. However, despite associations between being embedded in social capital rich networks and reduced incidence of dementia being identified (Fratigioni et al. 2000), we know little about the lived experience of connectivity for those with the condition. The qualitative results indicate a reduction in the size of networks and changes in the balance of the sorts of relationships they represented and the resources they provided access to in comparison to when respondents were cognitively healthier. Some were lacking in opportunities for emotional relationships that they could contribute to as well as receive support from. This situation was more noticeable for those in care homes, with more advanced dementia. The arts enrichment activity provided an opportunity to provide and receive emotional support. As is noted by Ferlander (2007) emotional support has 'positive impacts upon health, especially mental health, mainly via psychological mechanisms, such as personal control and stress reduction' (p. 123).

**Author:** Gill Windle, Karlijn Joling, Peter M. van de Ven, Bob Woods, Teri Howson, Catrin Hedd Jones, Andrew Newman, Clive Parkinson

## **Paper 2 Title: Is a visual arts programme beneficial for the quality of life and well-being of people living with dementia? Findings from Dementia and Imagination**

Do well-being, quality of life and communication improve when taking part in a visual art programme? Are any effects purely 'in the moment' or do they persist over time? How do the participants perceive the impact of taking part? These questions were investigated in a mixed-methods longitudinal design. N=125 participants living with dementia were recruited from residential care homes, NHS wards and communities in England and Wales. A visual arts intervention developed for the purpose of the research was delivered as 1 x 2 hour weekly group session for 3 months. Quantitative data (including the DEMQOL, Holden Communication Scale) behavioural observation of well-being and qualitative data (participants' perceptions, memories and experiences) were collected at baseline, follow up and longer term follow-up. Changes over time were examined with linear mixed-effects models. The study successfully recruited and delivered 11 x 3 month blocks of the visual arts intervention in residential care facilities, NHS hospitals and community venues. The participants' mean age=81.4 (SD=8.5), 58% were female and CDR scores ranged from 0.5 (questionable) to 3 (severe). Improvements from baseline over time were found for observed well-being (interest, attention, pleasure, self esteem, negative affect and sadness) and the DEMQoL carer. There was no change over time for the DEMQOL. However this was contradicted by qualitative reports of well-being and inner strength, social connections, stimulating experiences and reflections, opinions and recall of activities. This study gives indications that people participating in a visual art programme improve on certain domains.

**Author:** Catrin Hedd Jones and Teri Howson-Griffiths

## **Paper 3 Title: The impact life cycle of Dementia and Imagination**

This paper shares the public engagement strategy implemented by the Dementia and Imagination team and the wider impact of this work. The study was funded by ESRC and AHRC through the Connected Communities programme. This ambitious study looked at the impact of introducing art to people living with dementia. Art created by participants and research artists were displayed in public arenas and used as a catalyst for change in encouraging communities to be Dementia Friendly. An open dialogue about the multidisciplinary research was integral to the study and the team used a range of platforms (website, newsletter and social media) to convey its plans and progress. Analytic metrics of engagements with the research will be discussed. The research has produced a number of outputs including exhibitions, films, workshops, installations, as a few examples. This paper will focus on outputs from two series of events for which the study received additional financial support: the development of a North Wales Dementia Network and a series of events looking at possibilities for creating Dementia Friendly Futures. The societal impact of Higher education research was included for the first time the 2014 Research Excellence Framework and it seems likely to remain in future evaluations (HEFCE, 2016). The work of the study team, in ensuring stakeholders and the general public were engaged throughout the study, will support the dissemination of the results both within and beyond academia and build the societal impact of the research.

## **Symposium Title: Ageing well in Wales: Findings from CFAS Wales**

Symposium Lead: Bob Woods (Bangor University)

**Author: Julia C. Teale, Yu-Tzu Wu, Fiona E Matthews, Carol Brayne, Bob Woods, Linda Clare**

### **Paper 1 Title: A cross-sectional study of potentially-modifiable lifestyle factors, cognitive reserve and cognition function**

We investigated the mediating effect of cognitive reserve on the association between cognitive function and lifestyle factors in a sample of 2315 participants from CFAS-Wales, a longitudinal population-based study of over-65s in urban and rural areas of Wales. Linear regression modelling was used to investigate the associations between lifestyle factors (physical activity, smoking, alcohol consumption, diet and cognitive/social activity), cognitive reserve (a composite measure based on education and occupational complexity) and cognitive function (CAMCOG). All lifestyle factors apart from smoking were positively associated with cognitive function, explaining 20% of the variance after adjusting for age, gender and chronic conditions. Cognitive reserve contributed 22% of the indirect effect on the overall association between cognitive function and four lifestyle factors. Cognitive reserve appears to be an important mediator in the pathway between lifestyle factors and cognitive function which may inform the development of dementia prevention or risk reduction strategies.

**Author: Kate Bennett (University of Liverpool)**

### **Paper 2 Title: Why I eat what I eat: Older Adults Knowledge and Attitudes Towards Nutrition**

Good nutrition is an important contributing factor to health in later life. As part of the large-scale CFAS Wales longitudinal study of health, well-being and cognitive function we interviewed 33 older adults: 17 women and 16 men. We explored older adults attitudes towards, and knowledge of, nutrition. We asked how their food choices had been shaped by changes such as retirement and poor health. Five main themes emerged. Participants reported the importance of tradition. We found that eating habits formed during the working life were carried on into life post-retirement. Breakfast was an important meal for participants and provided a means of increasing fruit intake. Participants were aware of healthy eating messages but often subverted them. Participants needed to modify their food choices to comply with medication advice. We discuss the implications for older people and for health professionals.

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Author: Helen Rawson, Vanessa Burholt (Deakin University / Swansea University)

## **Paper 3 Title: Exploring older people's expected sources of informal help with and without dementia in Wales**

Over a decade ago research on dementia and support networks suggested that in order for older people with dementia to remain living in the community they required support from a nearby relative. Indeed, twice the proportion of people with dementia lived with the younger generation than did those without dementia (Wenger, 1994), suggesting that the findings reflected the need for a family carer, and a tendency for older people with dementia to become increasingly isolated as they experienced reduced contact with people outside the household. Findings from the CFAS Wales study suggests that although there were similarities in older people's expected sources of help with and without dementia, the sources of help was dependent upon the type of assistance required.

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Author: Gill Windle, Zoe Hoare and Bob Woods (Bangor University)

## **Paper 4 Title: Mental health resilience and cognitive impairment in older age: A longitudinal perspective**

In older age, the onset of a dementia and changes cognitive function can be an extremely stressful time. Cognitive impairment is associated with a higher risk experiencing depression and anxiety in comparison to people with normal cognitive function (Yates, Clare & Woods, 2013). This study examines whether it is possible to experience mental health resilience despite cognitive impairment. It draws on the CFAS Wales dataset including 3,500 people aged 65 and over, randomly sampled from primary care and interviewed twice, two years apart. At baseline, N=664 scored <25 (indicating impairment) on the MMSE. We operationalise mental health resilience as the absence of psychological distress (depression and anxiety) and the presence of well-being despite a) the onset of cognitive impairment or b) deterioration in cognitive function over time (measured by the MMSE). Drawing on an ecological resilience framework, we hypothesise that psychological resources and social connectedness influence mental health resilience.



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**Paper Title: How adult child caregivers perceive and manage risk for their parents with dementia**

**Author:** Amelia Abbott, Ann Bowling, Rosalind Willis (University of Southampton)

**Abstract:**

With the ageing population, dementia prevalence is increasing. Most people with dementia prefer to remain at home with the support of their family caregivers, a lot of whom are adult children. These adult child caregivers often face burden and stress which in turn could lead to institutionalisation for their parents with dementia. One cause of stress for adult child caregivers is managing risk for their parents with dementia. There are two types of risk: physical harm to the person and psychological harm to the person's well-being. Sometimes, by attempting to reduce or eliminate physical risks, caregivers can increase psychological risks. At present, it is unknown as to whether adult child caregivers perceive and balance the management of both types of risks.

This study aims to discover how adult child caregivers perceive and manage risk for their parents with dementia. The study has three phases; each informs the next. For phase one examples of the most frequently discussed risks amongst adult child caregiver bloggers are used to produce a story writing guide. The participants in phase two will use the guide to write about their own experiences and then discuss them at interview in phase three. The written narratives and interviews will be analysed through a multistage narrative analysis to discover perceptions of risk and management strategies. I will present findings from the first phase of this study and demonstrate how these will inform the remaining study phases.

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**Paper Title: Blurred boundaries: home care workers' experiences of providing care for people with dementia up to the end of life**

**Author:** Ruth Abrams, Tushna Vandrevala, Kritika Samsi, Jill Manthorpe, I-Ling Yeh, Val D'Astous (Kingston university)

**Abstract:**

There is a lack of evidence on the experiences of the home care workforce on providing care up to the end of life for older people with dementia. Taking an inductive approach, this empirical study explored the subjective experiences and challenges facing the home care workforce caring for people with dementia, up to the end of life. Using semi-structured interviews and Framework Analysis, the experiences of 28 home care workers and their managers (n=12) were investigated in 2016 in a range of home care services in the South-East and London regions of England. The findings suggest that blurred boundaries, the need for communication, the constant flux of a home care worker's role and their perceptions of a client's death were important factors in their work. This paper elaborates on the theme of blurred boundaries. The nature of this work may result in personal attachments being formed with older clients and families beyond professional relationship. Many participants described experiencing a conflict between completing a task in the allocated time, alongside having the time to provide relationship-centred care to older people and often their spouses. Operating as a lone worker in situations of potential stress and distress creates environments where rigid employment relationships are hard to sustain. From the managers' perspective, cultural boundaries and the role of the supervisor in helping maintain boundaries at a distance are explored. The importance of applying these findings to home care practice and human resources management will be discussed.

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**Paper Title: Self-care assistive technologies: A systematic review of studies on efficiency and factors influencing their use.**

**Author:** Afsaneh Abrilahij, Thomas Boll, Ferring Dieter (University of Luxembourg)

**Abstract:**

A gradual decline in functional and mental capacity, as well as a growing risk of care dependency constitute major concerns of life in old age. These are expected to become more urgent in future, because the old-age dependency ratio in the EU is projected to nearly double until 2060 due to demographic change. On the other side, there is a strong desire to maintain the autonomy of older people as long as possible. In reaction to this, there have been strong health and social policy recommendations across Europe to develop and promote the use of assistive technologies (ATs).

Whereas systematic reviews already exist for several kinds of ATs, reviews about self-care ATs are still missing. Based on systematic literature search in PsycINFO, MEDLINE, and Google Scholar databases 203 papers were identified of which 13 were included according to our selection criteria. The methodological quality of all the reviewed studies is evaluated.

We reviewed findings on objective and subjective indicators of independent living as efficiency criteria as well as evidence about facilitating and inhibiting factors in the use of these technologies. Self-care ATs turned out to be efficient, with respect to care hours, independence level, and self-reported satisfaction. The actual use of these ATs was influenced by diverse personal, contextual, and device aspects.

Lack of randomized control trial studies and the need for a further research about ATs in the diverse subdomains of self-care activities is revealed. Based on the findings of the current review, we generate recommendations for future research.

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**Paper Title: Development and persistence of posttraumatic stress disorder in older adults after falling. A qualitative analysis of fallers' life stories.**

**Author:** Natalia Adamczewska, Samuel Nyman, Jonathan Parker, Peter Coleman (Bournemouth University)

**Abstract:**

**Introduction:** Falling is a major public health problem which is extremely common among older people. Given that posttraumatic stress disorder (PTSD) can occur as a consequence of exposure to trauma, falls have the potential to be defined as a traumatic event. Previous quantitative research on PTSD from a fall suggests that some fallers do indeed develop PTSD. However, it is unclear what predisposes someone to be at greater risk of developing PTSD from a fall.

**Methodology:** This study uses life story data collected from hospitalised fall patients in

Poland. Patients with and without PTSD symptoms were selected for the study.

Each participant was qualitatively interviewed twice. A chronological approach was applied. The thematic analysis focused on the life prior to falling and the impact that the incident had on participants' lives.

**Results:** Several aspects related to PTSD development: older age, greater number of chronic health problems, and reports of current pain and of previous trauma experience. PTSD participants showed maladaptive fear of falling, anxiety, expressed feeling that death was inevitable, and were less physically active.

**Conclusion:** From older people's story-telling of their fall experiences, a pattern emerged of shared characteristics of fallers who developed PTSD symptoms. The psychological wellbeing of older people who have fallen needs greater consideration, including realisation that PTSD can develop after a traumatic fall.

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## **Paper Title: cARTrefu - creating artists in residents**

**Author:** Katherine Algar (Bangor University), Bob Woods, Emma Robinson, Reg Noyes

### **Abstract:**

cARTrefu is an exciting Wales-wide project that aims to create and increase opportunities for care home residents and staff to participate in the arts by providing eight-week art residencies in one of four art forms: Performing Arts (Dance/Drama), Music, Visual Arts, and Words (Poetry/Prose). The project is being delivered by Age Cymru and is jointly funded by the Baring Foundation and Arts Council Wales. An independent evaluation was led by the Dementia Services Development Centre Wales, Bangor University, exploring the impact of the art residencies on care home residents, care home staff, the artist practitioners, and the wider community.

As the largest project of its kind in Wales, this project delivered 120 residencies with sixteen artist practitioners (four from each art form) delivering eight residencies each over two years.

This paper presents the evaluation results from the two-year project. As a pioneering project working at such a huge scale, we feel important implications have been learned for future projects. Following successful delivery of cARTrefu over the past two years, the project has been awarded further funding to continue until 2019. Along with the results of the evaluation, challenges and successes of this inspiring and significant project will be highlighted to enable the sharing of best-practice for large-scale art projects in care homes.

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## **Paper Title: A Social Network Analysis of Dementia Policies and Care Arrangements in Central America**

**Author:** Nereide Alhena Curreri (University of Stirling)

### **Abstract:**

It is estimated that as of 2015, 47 million people live with dementia worldwide and that over the next twenty years 80 million people will live with dementia. About two-thirds of people with dementia live in developing countries, yet only 10% of empirical research focuses on those regions (10/66 Research Group 2004). Data from developing countries are scarce (Prince et al. 2013). Fragmentation in health/social care delivery affects people with complex needs such as those with dementia. SNA allows an evaluation of health service delivery systems in developing countries (Nicaise et al. 2013, Provan and Milward 2001). Understanding how health systems are structured leads to improving health intervention in developing countries (Blanchet and James 2012). This study will perform social network analyses on the inter-organizational levels of the dementia service delivery systems to explore integration. Through semi-structured interviews, dementia policies and care arrangements will be mapped out. The Alzheimer's Disease Knowledge Scale survey (ADKS) will be administered to the National Association of Nurses in each country and the DemenzMonitor will be administered to a random sample of nursing homes. Data will be compared across at least three Central American countries. Primary data will be generated on system networks, policies and care arrangements. Knowledge gathered in this study will be used to inform and empower professionals, policy and related decision makers, public and non-profit service agencies, and service consumers to manage and improve dementia care services.

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**Paper Title: Towards good old age – let us know from seniors**

**Author: Anand P. Ambali & Nitin C Gudage (BLDE University)**

**Abstract:**

In India 8% of population is above 60 years as per census 2011. This phenomenon has huge impact on planning for the needs of growing number of senior citizens. This study is an attempt to know what elders wish to convey to us regarding their concerns towards good old age. AIM This study aimed to know the basic problems concerned to psychological, social, family and health aspects of senior citizens. MATERIAL AND METHODS Questionnaire printed in local language were distributed to five hundred literate senior citizens visiting geriatric clinic over period of twelve months. Out of which one hundred and thirty-three were completely filled and were included for analysis. The questions were concerned to the health, psychological and social aspects of the senior citizens life. RESULTS Out of 133 elderly participants, 121(91%) were males and 12(9%) were females. The results are 76% of senior are willing to volunteer for a program when called for, 69% utilize the benefits offered by government, 25% receive pension, 66% said "NO" to the part time job after retirement, 73% felt need of old age home, 99% said no to companionship after death of spouse, 51% said health issues bother them most, 44% of seniors wish to donate organs or whole body after death, 56% feel their decisions should be followed in house, 50% still want to control financial aspects, 13% of the participants are victims of abuse. CONCLUSION This study expresses the original views of the literate senior citizen regarding their problems related to social, health, psychological and family matters.

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**Paper Title: Engaging Older People: A Comparative Analysis of China and India**

**Author: Radoslaw Antczak (Beth Johnson Foundation) Asghar Zaidi (University of Southampton)**

**Abstract:**

Embracing the positive aspects of the longevity revolution and to portray older persons as a resource, they need to be encouraged to fulfil their potential through engagement in society. Its importance is well documented for benefits towards health outcomes and the overall life satisfaction. The literature hitherto has lacked a single quantitative measure, since most of the research is focussed on dimensions of social engagement.

Using WHO's SAGE survey data for China and India, this paper identifies dimensions of social engagement as well as their weights in constructing a single composite measure, and then assesses its relationship with socio-economic attributes of older people. We applied Structural Equation Modelling to construct the single latent construct of social engagement and linear regression with step-wise procedure to measure the relationships with socio-economic attributes of older people.

The analysis confirmed multidimensionality of social engagement, with participation in private and public meetings, as well as trust, self-perceived safety and civic engagement as key dimensions, with some differences in China and India. Despite different weights of the dimensions, we found that the same groups are excluded from social engagement in both countries, with significant relationship between life satisfaction, self-rated health and social engagement.

This study will serve the purpose of constructing a summary quantitative measure of social engagement, which will be of interest to developed as well as developing countries. The examination of how socio-economic attributes of older people influence their social engagement provides critical policy implications relevant for many countries around the world.

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## **Paper Title: Carers time use: Preliminary findings from time use diaries**

**Author:** Rosalie Ashworth, Alison Dawson, Alison Bowes (University of Stirling)

### **Abstract:**

'Unpaid care for older people: a study of carers' time' is a project funded by the Economic and Social Research Council through the Centre for Population Change ('CPC-II). The overall aim of the project is to improve our understanding of the patterns of carer time-use, to support the development of clear question foci in large-scale survey research, and to provide usable up-to-date data for exploring trends in caring for older people. In the first stage of the project, qualitative interviews with 62 carers of older adults across Great Britain explored how care partnerships involving older people are operating in diverse policy contexts, and what carers do, in particular taking account of policy divergence in the devolved UK context, and identifying the impacts of trends which have emerged in previous research. Together with feedback from a local panel of carers, this data has been used to design a time-use data collection tool in the form of an easy-to-use 'time use diary' available in paper, electronic and online versions specifically to collect information from carers about time that they spend caring and supporting. Time use diaries were disseminated at sites across the UK between January and June 2017. In this presentation preliminary analysis of the data collected using these diaries will be presented, with reflections on the diary method and implications for large-scale surveys.

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## **Paper Title: Care in the last days of life – initial findings from an analysis of linked census data**

**Author:** Iain Atherton, Anna Schneider (Edinburgh Napier University)

### **Abstract:**

Recent figures suggest a decrease in the proportion of deaths occurring in hospital in Scotland and an increase to deaths at home. These trends have also been observed in some – but not all – other western countries. They have notable implications for healthcare resource allocation. The reasons why this shift is happening, however, are not clear. Possible explanations include improved palliative care, hospital discharge policy, and the availability of informal care.

As part of an ESRC funded initiative to make more use of administrative data in social science research, this project utilises census data linked with data from hospital admissions, cancer registry, and other sources to understand factors influencing where people spend their last weeks of life. For this presentation, we focus on people who died within a year of the 2011 Scottish Census. We will discuss how people's place of death was influenced by their household structure and other socio-economic and demographic factors. Specifically, we will report on the extent to which living alone, living as a couple, and gender were associated with place of death after taking into account other potentially confounding variables.

The Health and Social Care Initiative in Scotland aims to tailor local services to the specific needs of their patients and enable them to remain in their homes, where possible. This study will highlight population groups with increased need for formal services, and it will, together with projections of future demographic development, allow to better anticipate future care needs.

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**Paper Title: Feasibility and acceptability of a new home-based health promotion intervention for older people with mild frailty: feasibility randomised controlled trial**

**Author:** Christina Avgerinou, Rachael Frost, Kalpa Kharicha, Benjamin Gardner, Federico Ricciardi, John Wood, Rachael Hunter, Steve Iliffe, Jill Manthorpe, Vari Drennan, Claire Goodman, Ann Liljas, Kate Walters (University College London)

**Abstract:**

**Background:** Older people with mild frailty can feel “slowed up” or fatigued needing help with instrumental activities of daily living. Health promotion interventions may help maintain independence and well-being, but we don’t know which approaches work. We tested the feasibility/acceptability of a new home-based health promotion service for older people with mild frailty.

**Methods:** Eligible participants from two regions were randomised to receive a new health promotion service over 6 months or treatment as usual. The service included up to 12 sessions with a trained support worker, tailored to their own outcome goals, using behaviour change techniques. Baseline and 6 month assessments included measurements of functioning, frailty characteristics, psychological wellbeing, cognition, health behaviours, quality of life, and service use. Feasibility/acceptability data included recruitment/retention and a mixed methods process evaluation (semi-structured interviews and questionnaires).

**Results:** Recruitment (n=51/50) and retention (n=48/51) were highly successful. No serious adverse events related to the intervention were observed. Findings on clinical outcomes will be presented. Results from process evaluation questionnaires (response rate 42/48) show that trial procedures were acceptable. Interviews with 16 intervention participants suggested most were satisfied with the service, found it helpful and made progress meeting their behavioural/outcome goals.

Conclusion: Overall, the new health promotion service for mildly frail older people was feasible and acceptable, with potential benefits that need to be tested in a larger-scale evaluation.

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**Paper Title: Researching with older people**

**Author:** Jenny Barke and Matthew Jones (University of the West of England)

**Abstract:**

Listening to and valuing the contribution of older people is fundamental to the Bristol Ageing Better (BAB) partnership. The BAB programme is a partnership of individuals and organisations working together over five years to reduce the isolation and loneliness in older people in Bristol through commissioning projects across the city. The partnership is led by Age UK Bristol and funded by the big lottery fund as part of their Fulfilling Lives: Ageing Better programme.

An integral aspect of the BAB programme evaluation is the Community Research Group. The BAB Community Researchers (CRs) are a group of 14 volunteers aged over 50 who meet regularly and work with researchers from the University of the West of England to evaluate and support BAB commissioned projects. This coproduced approach is employed as a way of meaningfully including older people in the research process, adopting this approach recognises the value of older people themselves. BAB and UWE propose that by co-producing research and evaluation in this way we can ensure it is carried out ‘with’ older people rather than ‘on’ them.

This paper considers our learning to date, in particular we underline the importance of ensuring that research is real and meaningful, relates to the skills and expertise of volunteers and that training is provided and is relevant and relatable. We outline why we think working with a group of older community researchers is improving our evaluation and why the community researchers themselves became involved in the programme and what they feel their input means.

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## **Paper Title: Lonely.**

**Author:** Jenny Barke and Helen Manchester  
(University of Bristol and Southville Community Development Association)

### **Abstract:**

As part of the Productive Margins: Regulating for engagement research programme, a group of community researchers aged over 60 have been working with academics from the University of Bristol and professionals from the Southville Community Development Association exploring the loneliness of older people in their community and considering ways of addressing the concerns and challenges uncovered.

The research group carried out a series of engagement events in the community, interviewed older people (n=14) and carried out focus groups with service providers (n=7). As a group we wanted to find a way of collectively analysing our data, we also wanted to show the community what we had found in a way that would be engaging. We hoped to provoke thought, conversation and action. In order to achieve this, we worked with a dramaturg to co-write a series of monologues based on our research findings. This was an iterative process that allowed the group to create narratives to enable new meanings and understandings. The monologues were presented as a play at the Tobacco Factory Theatre and have been performed at a festival and at University of Bristol events.

In this paper we outline the process of creating Lonely with older people and consider the value of coproducing and creating theatre as a method of data analysis and dissemination. We believe, and discuss how, arts projects can be research in themselves in terms of collecting, analysing and disseminating data.

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## **Paper Title: Is it possible to bridge the digital, cultural and generational divide simultaneously?**

**Author:** Teresa Barker, Erin Michaela Rice (SYNC International, PI University and Research Center)

### **Abstract:**

In an era of increasing cultural and generational divisiveness, few programs are designed for reciprocal learning and sharing between typically polarized populations. An American gerontologist working in the U.S. and an American international education specialist teaching in Abu Dhabi embarked on a quest in 2016 to create a virtual community that is intergenerational, cross cultural, interdependent and individualized.

Senior Youth Network Connection (SYNC International) is a personalized, technology-based program intended to increase interconnectivity through digital story-telling. Participating elders get to share stories about their own life experiences and help university students refine their English skills. Students pursuing English literacy, can share stories about their own culture and technology information, such as favourite apps, whilst working toward required learning outcomes. After the initial pilot program in 2016, the collaborating team decided to focus exclusively on U.S. and U.A.E. relationships, make suggested adaptations, refine the participant feedback methodology and re-run the pilot program, which is scheduled for Spring of 2017.

This presentation will explore the continuation of the case study and the innovative methods used to engage these two groups. Also included will be the results from the self-reported surveys, as well as observations made by the researchers during the program. Details regarding the unique interdisciplinary approach to cultural exchange will be share in the following areas: technology and applications used, session structure, security measures taken and feedback methodology.

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**Paper Title: Independent financial advice about funding social care in later life – findings from a scoping review of UK research evidence**

**Author:** Kate Baxter, Emily Heavey, Yvonne Birks (University of York)

**Abstract:**

There is limited research evidence about people who fund their own social care, often referred to as 'self-funders'. However, we do know that there are substantial numbers of self-funders and that they often feel they lack personalised advice about the financial implications of paying for care. Despite some insurance-type products being available, few people purchase them.

The Care Act 2014 made it a duty for local councils in England to provide people with information on how to access independent financial advice related to care and support. However, we do not know how this new system is working, the best time to seek financial advice or the relationships between local council financial assessors and independent financial advisers. In addition, we do not know what conflicts there may be between the financial interests of councils and those of people receiving independent financial advice in relation to paying for care. This qualitative study aims to explore existing research and current practice regarding independent financial advice about funding social care in older age, and to promote discussion and debate in an area that has received little attention to date but is a key element of the Care Act. This presentation will describe the methods and findings from the first phase of this project - a scoping review of published UK research evidence about access to, use of, and the provision and outcomes of independent financial advice relevant to the meeting of needs for social care.

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**Paper Title: Self-funders and Information Needs (the SlgN project): A summary of the findings and creation of a film and leaflet**

**Author:** Kate Baxter, Emily Heavey, Yvonne Birks (University of York)

**Abstract:**

The recently completed SlgN project was a qualitative research study about the information needs of self-funders – that is, people who fund their social care from their own resources. People might fund their care themselves because they do not meet the eligibility criteria for local council funding, or because they choose not to approach their council for help.

The SlgN project aimed: (a) to provide evidence about how self-funders go about getting the information and advice they need, and how staff from social, health and voluntary organisations can best support this process to ensure they are able to make informed decisions about their care wherever possible; and (b) to develop a short film and leaflet about key information and advice issues, for use by self-funders.

The study comprised interviews with 40 self-funders or their relatives and 19 practitioners, about their experiences of seeking and providing information about care, respectively. The interviews were followed by a workshop with self-funders/their relatives and another with practitioners. The purpose of each was to feed into the development of the film and leaflet through presentation of the emerging findings, discussion of scenarios in which potential self-funders might need to seek information about care, and suggestions for the preferred look and format of the leaflet and film.

This presentation will:

- briefly summarise the findings from interviews
- describe using the study findings to create the film and leaflet
- show the six minute film (or part of it as time permits)
- discuss early dissemination and response to the film and leaflet among local authorities and other organisations.

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## **Paper Title: Drink Wise, Age Well: Alcohol Use, Work, & Retirement among People Aged 50+ in the UK**

**Author:** Brian Beach, George Holley-Moore, Cesira Urzì Brancati (International Longevity Centre - UK)

### **Abstract:**

This paper presents results from work in the second year of the Drink Wise, Age Well campaign, which examined the relationship between alcohol use and labour market participation among older people in the UK. Through a series of three inquiries with stakeholders from government and the private and voluntary sectors, as well as survey data analysis, this work identifies a number of challenges that differentially affect older people depending on their labour market position: those employed, seeking employment, or transitioning into or currently in retirement. Key findings include:

- People aged 50+ looking for work are more than three times as likely as those still in work to be a higher risk drinker (AUDIT score 16+);
- Nearly 30% of those 50+ in the professional occupational class drink 5-7 days a week, the highest of any occupational class;
- Recent retirees are more likely to drink almost every day than those still in work or longer-term retirees, and retiring before 60 (early exit) is associated with being a higher risk drinker.

Survey findings are also supported and elucidated through further evidence presented at the stakeholder inquiries and subsequent discussions.

The findings suggest that people aged 50+ suffer multiple levels of stigmatisation due to their age, history of alcohol problems, and employment status. The research concludes with recommendations for government, employers, medical professionals, and the third sector to address these barriers in order to reduce and prevent alcohol-related harm among older people in the UK.

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## **Paper Title: Tenuous Tenancy? Examining Current and Historic Trends in Renting among Older People**

**Author:** Brian Beach (International Longevity Centre - UK)

### **Abstract:**

Despite the prevalent perception of prosperous pensioners living in spacious homes they own, around 1 in 4 people aged 65+ in England live in rented accommodation. Most of these live in social housing, but a growing proportion resides in the private rental sector. Given their relative small size compared to homeowners, there is a risk that their experiences might be overlooked in policy debates about housing in later life. Indeed, for many, the experience of living in a rented property is characterised by serious concerns about their living conditions and ability to live a life secure in retirement.

This research examines the situation of older people in England with respect to housing tenure, looking at owners, social renters, and private renters. It draws on data from multiple waves of the English Housing Survey (EHS) and the English Longitudinal Study of Ageing (ELSA) to explore associations between housing tenure and various indicators related to health, social connections, residential environment, and finance. Logistic regression analyses also assessed significant differences between the tenures along multiple sociodemographic characteristics, finding e.g. higher likelihood of loneliness among private renters compared to owners. In addition, sequence analysis examined the complete adult housing histories of ELSA respondents, exploring elements such as length of residence and average age of first home ownership for different age cohorts.

Overall, the findings suggest that current policy approaches to housing in later life may be drastically inadequate for the future needs of older people – particularly renters – in terms of suitability, security, and affordability.

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**Paper Title: Being a Gerontologist: intersections between the professional and the personal in the 'Ageing of British Gerontology' project**

**Author:** Miriam Bernard, Jackie Reynolds (Keele University), Mo Ray (University of Lincoln)

**Abstract:**

This paper reports on findings from a two-year (2015-17) study exploring the evolution of British gerontology from the founding of the British Society of Gerontology (BSG) in 1971, up to the present day. Our mixed method study charts the growth and development of gerontological knowledge over the last 40-50 years through an examination of the BSG's archives and by means of filmed, in-depth biographical interviews with circa 50 senior British gerontologists. The interviews have explored in detail: people's gerontological careers; their thoughts on the evolution of gerontology as a field of study; their involvements with the British Society of Gerontology; and their reflections on their own ageing and the ways in which this has intersected – or not – with their professional career. In this paper, we concentrate on what ageing is like for those who have researched and written about ageing for most of their careers, and consider whether or not they feel this has equipped them for dealing with their own ageing and that of others close to them. We draw upon people's accounts to highlight key themes such as transitions to retirement; maintaining health and wellbeing; family relationships; caring responsibilities; dealing with loss; and connections to place. We focus, in particular, on what being a 'professional gerontologist' has meant to participants, and on the ways in which their personal ageing has intersected with their professional identity.

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**Paper Title: Challenging assumptions: collaborating with people with dementia in research**

**Author:** Linda Birt, Georgina Charlesworth, Claudio di Lorito, Jacob Waite, Paul Higgs, Phuong Leung, Fiona Poland (University of East Anglia)

**Abstract:**

Opportunities to participate in the research process as an autonomous and agentic person can diminish following a diagnosis of dementia. Access to research studies may be mediated by medical ethics and care relationships which are designed to 'protect' the potentially vulnerable person. We draw on our experiences of liaising with gatekeepers to recruit participants and peer researchers into a qualitative interview study exploring the experience and meaning of social independence in community-dwelling people, with mild dementia. Peer research or co-research is theoretically under-explored as a research method with people with dementia.

Data were developed through the ongoing ESRC/NIHR-funded Promoting Independence in Dementia (PRIDE) research programme. Empirical literature and two primary data sources are used:

- 1) Researcher journal entries made while implementing the qualitative study.
- 2) Interview data from people with dementia and those who support them. Data were thematically analysed to explore social structures which enable or restrict agency in people living with dementia.

Our findings suggest that the research procedures designed to protect people with dementia may limit opportunities for them to take part in research. Nonetheless there are important ethical issues to consider when considering collaborative research with people with dementia.

As society seeks to be more inclusive of people with dementia we need to critically review protective research structures. It may be that in trying to protect people with dementia we may also restrict opportunities to continue to be active citizens in both research and social communities.

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**Paper Title: Spending time:  
Understanding leisure in later life**

**Author:** Mary Breheny & Christine Stephens  
(Massey University)

**Abstract:**

The promotion of active ageing has driven enquiry into which leisure activities best promote physical, cognitive, and psychological well-being. However, focusing on active ageing can exclude older people who cannot meet ideals of activity in later life. To understand the place of leisure in later life, we examined how older people talked about spending time in interviews with 153 older people. Two discourses were identified. The 'productive time' discourse constructed time as best used to promote personal and societal wellbeing. This discourse provides a positive identity for older people who use their time productively but potentially constrains the types of activities they pursue, and segregates them when they can no longer maintain the level of health and contribution required of a good ageing citizen. The 'personal time' discourse focuses on enjoying time for its own satisfaction, explicitly acknowledging the limited time remaining. The 'personal time' discourse incorporates the inevitability of decline and supports participation and pleasure while there is still time. These discourses have a contradictory orientation to time: the 'productive time' discourse is oriented to maximising time through strategies of active leisure; the 'personal time' discourse to maximising pleasure in the context of limited time. Policy attention to active ageing should take into account both the opportunities and constraints of active leisure in later life. Recognising enjoyment as a valued pursuit in its own right, and acknowledging changing priorities and inevitable decline as people age will enable a more nuanced approach to active ageing.

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**Paper Title: Social isolation among older  
people: Is it a public health issue?**

**Author:** Mary Breheny & Christina Severinsen  
(Massey University)

**Abstract:**

Social isolation is an important health issue recognised in research, in policy and in the media. Recently, social isolation has been framed as a public health issue in the media. In this paper, we examine media discussion of social isolation among older people to see how the media frame social isolation and how the public respond to this framing. Using rhetorical analysis, we examined the online article, the embedded video content, and the 369 comments posted in response to this article. The article used a recognisable public health framing to understand the causes of social isolation as structural. The online comments largely resisted this framing. The commenters mainly argued that social isolation was an individual deficit best remedied through individual actions such as joining groups, contributing to the community, or having a positive attitude. Families were also commonly viewed as responsible for the social lives of their members and social isolation was attributed to neglectful families. These two arguments accounted for 69 percent of the comments. Much less commonly, commenters suggested that alleviating social isolation was the responsibility of the wider community or reflected the march of Western civilisation. This analysis shows how the public are active in their response to, and largely rejection of, framing social isolation as a public health issue. Although the health impacts of social isolation were accepted, this was insufficient for structural explanations to prevail. Public health campaigners need to understand such individual and family explanations of health issues so as to effectively challenge them.

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**Paper Title: Formal and informal care in the community: experiences of people aged 95 and older**

**Author:** Jackie Buck, Rehana Ratnatunga, Morag Farquhar, Carol Brayne, Jane Fleming (University of East Anglia)

**Abstract:**

**Background:** The 'oldest old' are amongst the largest utilisers of social care services yet are underrepresented in research or service user experience surveys.

**Objectives:** To describe patterns and explore experiences of social care use amongst people ( $\geq 95$ ) living in the community.

**Method:** Interviews with population-based Cambridge City over-75s Cohort study participants ( $n=24$ , aged 95-101) and informants. Descriptive quantitative and qualitative analyses using framework approach.

**Results:** 40% lived alone. 50% were disabled, 17% severely cognitively impaired. 33% had no formal care services, >85% had at least weekly contact with relatives. Daughters were the most frequent informal care providers. Informal care mainly supported instrumental activities of daily living, though substituted for and complemented formal care at low and higher disability levels respectively.

Imprecise service delivery and lack of awareness of social care processes and entitlements caused unnecessary distress. Lack of meaningful social interaction, difficulties with bathing and management of continence were key areas of unmet need. Relationships with informal carers were highly valued and displayed reciprocity. Poor continuity of service and frequent changes of formal carers posed a threat to older peoples' autonomy, dignity and safety.

**Conclusions:** This study revealed a rich complexity of responses and attitudes towards social care that are not adequately captured in national surveys. In light of the Government's plans to restructure the social care system, there is a valuable opportunity

to integrate the views of the oldest old into service design and delivery and to honour the policy directives for 'person-centred care' and improved quality of life.

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**Paper Title: 'The older I get, the worse I get': televisual old age, intergenerationalism and 1960s folk music**

**Author:** Simon Buck (Northumbria University)

**Abstract:**

The US folk singer and political activist Pete Seeger may not be the first name to come to mind when considering the history of intergenerational work. Yet, in 1964 Seeger presented *Rainbow Quest*, a television series which showcased older and younger folk musicians trading songs and stories in a faux-rustic New York studio. This paper will critically investigate the complex history of this pioneering example of cultural gerontology.

Humanistic gerontologists and historians have begun to deconstruct the many coexistent experiences and perceptions of old age and ageing across historical periods, regions and cultures. Scholars have highlighted television as a powerful medium in the representation and consumption of age identities. Typically, older persons have either been underrepresented or negatively stereotyped in the media. *Rainbow Quest*, however, rejected this trend by televising active ageing and generational cultural exchange during a period of heightened intergenerational conflict in the US. Seeger's programme provides a unique historical case study of mediated intergenerationalism.

This paper will dissect how *Rainbow Quest*'s producers envisioned older performers as repositories of oral and musical traditions, and defined their "good old age" by their ability to bequeath wisdom, experience and folkways to younger generations. The limits of the show's vision will also be interrogated, specifically in how Seeger elided the realities of his older guests' frailty, senility and senescence, and instead adulated their supposed profundity and

antiquity. Finally, this presentation will question what relevance this historical study has for those working in cultural gerontology and music therapy today.

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## **Paper Title: An evidence-based evaluation tool for Age-Friendly Cities: pilot-testing in different contexts**

**Author:** Stefanie Buckner, Louise Lafortune, Calum Mattocks, Melanie Rimmer, Dan Pope (University of Cambridge)

### **Abstract:**

Recent years have seen a proliferation of efforts to ensure that urban environments foster healthy ageing and a good quality of life in older age. Among these, WHO's Age-Friendly Cities and Communities initiative has played a leading role. These developments have been accompanied by the need for tools to monitor and evaluate relevant work.

We developed an evaluation tool designed to provide a flexible framework for synthesising and presenting evidence that captures the interlinking factors in a complex urban system aimed at promoting healthy ageing. This paper presents the application of the tool in three settings that differ in size, as well as in terms of priorities and stage of implementation of their age-friendly initiatives. The first is Liverpool, where the tool was used to test its suitability for monitoring the city's progress after an initial assessment of its age-friendliness. The second is Sheffield, where the tool was applied to the city's work on dementia-friendliness. Finally, the tool was used to support the integration of age-friendly principles into the development of Northstowe/Cambridgeshire Healthy New Town. Piloting the tool in diverse settings served a dual purpose: i) to refine it and enhance its ability to capture aspects that are key for the evaluation of age-friendly initiatives, and ii) to ensure its adaptability to diverse contexts. A brief account of how the tool is being adapted and developed further into an evaluation instrument specifically for dementia-friendly communities in an on going study will be given.

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## **Paper Title: Supporting shared decision making for older people with multiple health and social care needs: a protocol for a realist synthesis to inform integrated care models**

**Author:** Frances Bunn, Claire Goodman, Jill Manthorpe, Marie-Anne Durand, Isabel Hodgkinson, Greta Rait, Paul Millac, Sue Davies, Bridget Russell, Patricia Wilson (University of Hertfordshire)

### **Abstract:**

Although there is evidence that shared decision (SDM) making can improve patient satisfaction and self-care skills there is a lack of evidence about how to consistently and effectively implement SDM across health and care settings, particularly for older people with complex health needs. This NIHR funded synthesis draws on the principles of realist inquiry, to explain how, in what contexts, and for whom, interventions that aim to strengthen SDM among older patients with multiple health and care needs, carers and practitioners are effective. There are three phases: 1) development of programme theory/ies that will be tested through a first scoping of the literature and consultation with key stakeholder groups; 2) systematic searches of the evidence to test and develop the theories identified in phase 1; and 3) validation of programme theory/ies with a purposive sample of participants from Phase 1. Five potential theory areas have been identified from Phase 1: reflecting patient and carer values, preparing patients and carers for the SDM encounter, sharing the communication of a decision and fake vs real SDM. The propositions arising from this review will be used to develop recommendations about how to tailor SDM interventions to older people with complex health and social care needs in an integrated care setting. The synthesis is due to be completed in June 2017.

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**Paper Title: Dementia case-finding in acute hospitals: impacts on care for people with dementia**

**Author:** Anne-Marie Burn & Frances Bunn (University of Hertfordshire) Jane Fleming (University of Cambridge)

**Abstract:**

Dementia case-finding in hospitals aims to improve the recognition of dementia amongst hospital patients and support timely diagnosis of dementia. Currently, hospitals carry out cognitive assessments on all patients aged 75 years or older with an unplanned hospital admission and inform the patient's GP of the results. This study has explored how hospitals across the East of England are implementing dementia case-finding, how results are communicated to GPs and the impacts on patients and their subsequent care.

Telephone interviews and focus groups were carried out with 23 hospital staff and 36 primary care staff (including 30 GPs). Thematic analysis revealed that hospitals had very different approaches to dementia case finding in terms of how, when and by whom cognition is assessed and also in the ways which outcomes were recorded and communicated to GPs. Although hospital IT systems were set up to ensure mandatory completion, non-compliance was still a problem particularly within specialties who did not prioritise it. Overall staff in secondary care were more positive than those in primary care about the benefits of case-finding, including its awareness-raising, although there were concerns about impacts on resources and workload. GPs raised concerns about duplication of effort, the lack of an evidence base for case-finding, lack of access to information, limited post-diagnostic support services and the appropriateness of dementia case-finding in the hospital setting.

Interviews with patients and their family carers are currently underway and results will also be presented.

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**Paper Title: Evaluating Dementia Friendly Communities (DFCs) in England: Insights from Phase 1 mapping of DFCs with an online presence. (DEMCOM Phase 1)**

**Author:** Marina Buswell, Claire Goodman, Louise Lafortune, Antony Arthur, Andrea Mayrhofer, Stefanie Buckner, Christopher Skedgel, Elspeth Mathie, Anne Killett, Nicole Darlington (University of Hertfordshire, University of East Anglia, University of Cambridge)

**Abstract:**

A DFC can involve a wide range of people, organisations and geographical areas. A DFC recognises that a person with dementia is more than their diagnosis and that everyone has a role to play in supporting their independence and inclusion.

The overall evaluation (starting Jan 2017) aims to establish dominant approaches to the creation of DFCs, the range of methods used, populations reached and evidence of effectiveness including their potential as a resource for public health. A key deliverable for policy makers is a dementia specific evaluation tool to measure benefits accrued to people living with dementia and progress made by DFCs.

A 3-phased multi method approach is proposed. Phase 1 will complete a review of online information about DFCs. This will provide a comprehensive overview of the range, development process and focus of different initiatives, the population targeted, resources used to establish and maintain them and how impact is conceptualised. It will confirm the sampling frame for phase three. Phase 2 will refine a validated evaluation tool (from age friendly cities) that is dementia specific. Phase 3 will purposively sample 4-6 DFCs using this tool.

We will present the emerging results from Phase 1. Presenting at this early stage to an audience of people who form a key part of delivering DFCs means that evidence can be shared in a timely manner and key insights can be incorporated.

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## **Paper Title: The Utility of Network Typing Older People in Rural Australia: Implications for Health Policy and Practice**

**Author:** Suzanne Byers, Sam Davis (Flinders University), Vanessa Burholt (Swansea University)

### **Abstract:**

In Australia, like many countries, health and community service planning does not routinely include data about social support arrangements or the social networks that exist within communities. This is important because the availability of local informal support is likely to impact on formal service utilisation in later life.

The aim of this Australian doctoral research is to explore the utility of the Wenger social support network typology, developed in Wales UK, in health and community service planning for older people living in rural and remote Australian communities.

A novel postal service delivery methodology was utilised to distribute 6,306 surveys on a limited budget across ten locations (capturing 21 local communities) selected on five criteria: age distribution profile; location type (rural farming, coastal area, alpine area); distance from regional centre (within 20km, 20-40km or greater than 40km); travel time (rurality of location); and direction (geographic distribution) from the regional centre.

This paper presents the results of the survey identifying the Wenger network domains and associated demographics of the study cohort (N=410) in relation to network type characteristics. Importantly, 94.5% of the study cohort was successfully allocated into one of the five Wenger network types (n=402): family dependent (10.0%), locally integrated (17.1%), local self-contained (10.2%), wider community focused (36.8%) and private restricted (20.4%). The implications of the dominance of the 'local friends/distant kin' network type, identified by previous research as an 'unusual artefact' of Australian communities, and the high proportion of people with a 'private restricted' network type, will also be discussed.

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## **Paper Title: The Lively Project: using material objects to communicate the lived experience of longevity**

**Author:** Gemma Carney, Paula Devine, Leonie Hannan, Gemma Hodge and Lorraine Calderwood (Queen's University Belfast)

### **Abstract:**

Research on ageing tends not to be undertaken from those with direct, lived experience of longevity. As such, it differs from gender and race studies which are founded on the writings of women and people of colour. However, some older women, including ageing feminists, have begun to write about the experience of longevity. These new forms of 'situated knowledge' potentially help us to gain a greater understanding of ageing in social and cultural terms.

The Lively Project took its inspiration from Penelope Lively's memoir, 'Ammonites and Leaping Fish: a life in time.' Lively's description of how six personal possessions tell the story of her life and of how lifecourses are shaped by socio-historical change. The objects place her 80 years on Earth in context. Our project replicated this experiment, asking six people (aged 61 to 80) to choose six objects that articulate something of their lives. This pilot project tested multiple methods from the arts, including a public exhibition. The paper shares learning from the project. It will be of interest to those working in the arts and those interested in informing public debates on ageing.

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## **Paper Title: End of Life Care - Who will start the conversation?**

**Author:** SH (Harrie) Cedar (London South Bank University)

### **Abstract:**

In the ancient Hebrew Scriptures, rather than a slow process of dying, deaths come fairly rapidly. Nowadays, due to increased clinical knowledge and technology many of us do not die suddenly, but fade out gradually. We become increasingly ill and dependent on others. But we are still the

people we were and, if cognisant, we still wish to be heard.

Clinicians are trained to repair lives and restore us to health, but the terminally ill will not repair. Ultimately, the constant offers of medical interventions will not prevent death. We need to face this challenge and talk about the inevitable. To do that, we need someone to start these difficult conversations.

In recent years National Health Service (NHS) health care chaplaincy has evolved into a multi-faith practice. This is in response to meeting changing needs as the UK becomes increasingly culturally diverse concomitant with an increasing secularisation of the population.

Multi-faith health care chaplaincy offers compassionate and spiritual care distinct from palliative care medicine. It allows the person receiving the care to be acknowledged and heard by promoting therapeutic communication, listening and giving space to the dying.

This paper looks at the history of chaplaincy care, how it has evolved to meet the demands and expectations of contemporary British society, how it can serve as a model for meeting the needs of a diverse population while opening difficult conversations and advocating for the individualised wishes of the dying and their personhood.

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### **Paper Title: Learning from potential future social care users in Northern Ireland**

**Author: Alexandra Chapman (Ulster University)**

#### **Abstract:**

A plethora of government policies impacting on older people in the UK have been strongly influenced by the rhetoric that service users should be actively involved in their social care decisions and delivery. User involvement is integral to the government's current drive to make services more 'person-centred' or 'personalised' in adult social care. However, those who are not in receipt of

social care but could potentially be in the future have been widely neglected in social care debates, particularly in Northern Ireland. There is increasing recognition that future social care users should be considered in policy debates to provide them with greater opportunities to plan their future social care provision. It has been suggested that knowing preferences for the type of future care and where it could be provided can be valuable for service users, providers, and policy-makers. Advance social care planning and preparation for the possibility of needing some form of care provision may also enable older people to manage more effectively with such changes in their life. The paper draws from three focus groups with people over fifty who are not currently in receipt of social care. The paper will present their views, opinions, and expectations of social care provision in Northern Ireland.

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### **Paper Title: Pathways to residential care for older people in Tamil Nadu**

**Author: Karen Charles (Swansea University)**

#### **Abstract:**

The joint family in India has historically been the sole care provider for older people but research shows this family-based system of care is eroding. Demographic shifts impacting on social transformations means that attitudes toward older people have changed, resulting in rising numbers of older people seeking residential care. In response, India, especially Tamil Nadu, is witnessing an unprecedented rise in fee-charging care homes that target older people from upper castes. The implications are that many vulnerable older people from lower castes are denied access which has led to charities calling on the government to develop more free care homes. Older people belonging to lower castes, predominantly widows, make up the majority of residents in free care homes but these homes are associated with poor living conditions, lacking basic amenities where the quality of care is poor. Despite this, the free homes offer refuge for destitute and disabled older people who are denied access to fee-charging care

homes. Notwithstanding rising demands for free residential care, policy-makers remain steadfastly focused on promoting family-based care for older people whilst ignoring the plight of destitute people.

Little is known about the decision-making or pathways leading to residential care in Tamil Nadu nor about the lived experiences of older people residing in care homes. This is because their voices are missing from extant research. This research addresses these gaps, aiming to inform future social work practice in a climate which remains largely unaware of social work with older adults.

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**Paper Title: The role of executive function and emotion regulation in dealing with everyday problems experienced by older adults**

**Author:** Gary Christopher, Nancy Zook & Phil Morgan (University of the West of England)

**Abstract:**

Understanding how people are able to approach and deal with everyday problems is an important predictor of independence and overall well-being among older adults. Success depends on a number of things, including general cognitive function, how well-defined the problem is, and what coping strategies are activated. When problems are seen as having little personal relevance, people tend to adopt a problem-focused approach. Of interest, for problems perceived as emotionally significant, older adults often adopt a more passive response, indicating a higher level of emotional control. The findings reported here will explore everyday problem solving among older adults within the wider context of general cognitive functioning and mood. A battery of measures tapping into the different components of cognition associated with real-world performance was administered to a sample of self-reported healthy, community-dwelling older adults. Measures were a mixture of objective performance tasks (e.g., Tower of London-Revised) and subjective questionnaires (e.g., Social Problem Solving Inventory). As

would be predicted, mood played a key role in determining the types of strategies people adopt in such situations. Objective measures of cognitive function were also found to be related to problem solving style. It is clear that viewing problems as a challenge, rather than as a threat, links to a greater sense of well-being. These findings will not only be discussed in terms of the literature on social cognition and emotion regulation, but also in terms of practical implications in terms of quality of life for older adults.

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**Paper Title: Protecting against dementia: how internal processes affect the recall of people with dementia for information about dementia**

**Author:** Gary Christopher, Richard Cheston & Emily Dodd (University of the West of England)

**Abstract:**

Dementia is a progressive illness that results in increasing dependency on others. Dementia represents a threat to both self and identity. Previous research has shown that we process material that is threatening to self in a different way to non-threatening material. Recall of statements, which are highly threatening to identity, are recalled better when they relate to another person than when they are about self: the mnemonic neglect effect (MNE). The MNE has been demonstrated in healthy participants. The aim here was to test whether people affected by dementia show a similar response when presented with self-threatening dementia-related information. Sixty-two participants with dementia and fifty-two healthy volunteers were read twenty-four dementia-related statements. These consisted of twelve statements previously rated as high-threat and twelve as low-threat. Participants were randomised into one of two conditions: one group were instructed to imagine that the statements related to themselves, the other group were asked to imagine them relating to another person (non-self). Participants with dementia recalled significantly more highly threatening statements when these referred to another person than when

they were related to self. For healthy volunteers, there was no difference in recall. These results suggest that people with dementia are more threatened by dementia statements, so process this information less efficiently, and thus recall the highly-threatening, self-referent material less well. The clinical implications of this will be discussed, alongside potential ways to counteract this effect, thereby encouraging more open discussion of threatening information between patient, clinician, friends, and family.

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**Paper Title: Investigating “optimal time”. Multiple perspectives on the timing of moving into care homes for people with dementia: Findings from a systematic review.**

**Author:** Laura Cole, Kritika Samsi, Jill Manthorpe (King’s College London)

**Abstract:**

Deciding to move into a care home may be a difficult decision for people with dementia and their family carers. There is limited evidence regarding how the decision for a person with dementia to move into a care home evolves; often it appears to be made by carers and family members on the advice of professionals, with little involvement from the person with dementia (Thein et al, 2011). The factors leading to the decision of when might be the right time to consider moving into a care home also remains unclear. This review of existing literature aims to identify what the drivers of these decisions are, and to identify if there is an ‘optimal’ or best time (if any) for a person with dementia to move into a care home. Six electronic databases were searched up to December 2016, along with references of included papers. Papers were screened, and included articles were rated for quality. Data were thematically analysed. Findings from the review identified three overriding themes: 1) precursors to placement, 2) the decision-making process, and 3) evaluation of the decision post-placement. ‘Time’ of the move to a care home was absent from much of the literature, although inferences were

made. Overall, the decision-making process was reported to be cyclic, with family carers constantly re-evaluating when might be the time to make the move. Further research is therefore required to understand the ‘best’ timing (if any) for when a person with dementia moves to a care home

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**Paper Title: Gender, stress, and social support in older Americans**

**Author:** Leeda Copley, Vanessa Burholt, Paul Nash, Douglas Reed (University of Central Oklahoma & Swansea University)

**Abstract:**

In the United States, the number of adult aged 65 or older is set to increase by over 135% from 2000 to 2050, and research has regularly found benefits of social support. Understanding the effect of social support on the wellbeing of older Americans necessitates a consideration of potential gender differences because ageing is still gendered in America despite several gender gaps narrowing over the last several decades. This study examines gender differences in relationship qualities, stress and wellbeing using rich data from the 2012 Health and Retirement Study. More specifically, given the multifaceted nature of wellbeing, this study will focus upon gender differences in four specific measures of wellbeing; satisfaction in life, sense of purpose in life, depressive symptomology, and loneliness. Weighted ordinary least squares regression results show that there is far more in common between older men and older women in the states as far as wellbeing is concerned, suggesting more gender equality than has been seen in previous studies. Policy implications are also discussed.

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**Paper Title: Mental health resilience: Early childhood adversity and mental distress in later life**

**Author:** Theodore D Cosco, Rachel Cooper, Diana Kuh, Mai Stafford (UCL/University of Oxford)

**Abstract:**

Childhood adversity is associated with increased risk of poor mental health throughout the life course. Mental illness is a major public health concern with significant individual and societal implications. Using data from the National Survey of Health and Development, a nationally-representative birth cohort, data on early childhood adversities and later life outcomes were examined in relation to protective individual, social, and environmental resources. Psychosocial and socioeconomic adversities were captured in individuals up to age 16. Later life mental distress was captured using the General Health Questionnaire (GHQ) at age 53, 60-64, and 68-69. Interactions between childhood adversities and protective individual, social, and environmental resources were examined in relation to GHQ caseness trajectories, i.e. having never had a GHQ score that would indicate a case of mental distress or indicating mental distress at one or more data collection waves. These analyses revealed the strength and direction of resilience fostering resources with respect to later life mental health outcomes.

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**Paper Title: How can volunteering maintain occupational identity and help to improve wellbeing in retirement?**

**Author:** Alice Coulton (University of Cambridge)

**Abstract:**

Overview: A wealth of literature provides evidence that wellbeing may decline significantly after retirement, and many studies promote volunteering as a practice for improving wellbeing in later life. However, research often fails to examine why the relationship between volunteering and wellbeing exists. My research

explores how life course factors impact the volunteering experience, purpose in life, and satisfaction in retirement.

**Methods:** A multi-method approach was used, collecting and analysing quantitative and qualitative data to identify and explain relationships. 106 retired volunteers were surveyed to determine their level of occupational identity before and after retirement. Participants were thematically skill-matched to establish whether their voluntary role was utilising skills developed during their working life, and results were compared to self-reported levels of health, satisfaction, and purpose in life using validated measures. Data was analysed using SPSS; bivariate correlation identified significant relationships in the dataset. **Findings:** The data revealed numerous trends for discussion, however the most significant findings were:

1. Individuals volunteering in skill-matched roles reported less loss of occupational identity in retirement.
2. Retained occupational identity in retirement was significantly correlated with higher levels of satisfaction and purpose in life.

**Conclusions:** The findings were insightful, and carry significance for both volunteers and organisations alike. The study can help volunteers reap maximum benefit from their voluntary role, and allow organisations insight to drive recruitment and optimise the wellbeing of their volunteers. Additionally, I hope to inspire further research into volunteering and wellbeing; aiding our continued understanding of the retirement experience.

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**Paper Title: Hydration, cognition and endothelial functioning in older adults**

**Author:** Alecia Cousins, Hayley Young, David Benton (Swansea University)

**Abstract:**

The number of adults aged 65 or above in the UK is set to rise by 12% by 2020. With one in three people over 65 developing with dementia this presents society and public services with a significant challenge. As such, understanding factors that may protect against age-related cognitive decline and dementia aging is essential. Diet can strongly influence the incidence of cardiovascular and neurodegenerative diseases and thus a healthy diet is crucial for healthy ageing. However, little research has addressed the cognitive consequences of hypohydration in older populations. It is estimated that one third of older adults do not drink enough water. Therefore, the present study aims to establish the association between changes in fluid intake and neuropsychological performance of older adults. Evidence also suggests that hypohydration may compromise endothelial function; a major risk factor for cardiovascular disease. Thus, a second aim is to determine the link between hydration and endothelial function. In addition, endothelial dysfunction has been linked to the development of dementia and Alzheimer's and so, it will be further explored as a mechanism linking hydration and cognitive performance. In this RCT older adults receive either 1.25L or 2.25L of water per day for seven days. Measures of endothelial functioning, neuropsychological performance and urine osmolality are obtained at baseline and following the intervention. Anticipated findings include an improvement in cognitive and physiological functioning of those consuming 2.25L water relative to those consuming 1.25L of water. Public health implications of these potential findings will be discussed.

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**Paper Title: Supporting the digital inclusion of older people**

**Author:** Jacqueline Damant, Martin Knapp, Paul Freddolino (London School of Economics)

**Abstract:**

**Introduction:** Older people lacking access to digital technology risk being excluded from many aspects of British society. In Britain, over 4.1 million people aged 65 years and older have never used the internet. Older people living alone, those aged over 74 years, and those living in care settings are most at risk of digital exclusion.

**Methods:** Combining a realist review and semi-structured interviews with 14 older people and 11 technology experts, we explored various sources of support for older people to adopt - and to sustain their use of - digital technology.

**Findings:** While many older people teach themselves the skills they need, a large number rely on various sources of support for funding, training and guidance. Many depend on relatives and peers. Third sector organisations, in partnership with local councils and corporate sponsors, also provide skills development and advice services.

However, a large number do not have supportive family networks and only a minority gain access in public venues. Moreover, third sector activities are available mainly in areas with adequate broadband speeds and which are supported by a vibrant digital champion network. Experts also suggest technology companies should take direct responsibility for meeting older adults' digital needs, as they indirectly create many barriers to access.

**Conclusion:** For many older adults, digital access is impeded by inaccessible, unaffordable, poorly marketed technologies, compounded by inadequate support. Continued cross-sector efforts are needed to ensure that digital resources are fairly distributed, and that Britons of all ages can meaningfully participate in today's digital society.

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## **Paper Title: Perceptions and experiences of direct payments for older people in residential care**

**Author:** Jacqueline Damant, Raphael Wittenberg, Daniel Lombard, Lorraine Williams, Margaret Perkins, Stefanie Ettelt, Nicholas Mays (London School of Economics)

### **Abstract:**

**Background:** Direct payments are cash transfers made by councils to eligible individuals in order to purchase care services. In 2012, the Law Commission recommended that direct payments, which were limited to community care, be extended to residential care. We conducted an independent evaluation of direct payments in residential care in 18 Local Authorities between January 2014 and October 2015. Three models of direct payments emerged: "full", "part" and "additional" care home fee payments.

**Methods:** Our evaluation included semi-structured telephone and face-to-face interviews with family members and service users and explored topics around uses and management of – and satisfaction with – direct payments. Interviews pertained to 31 direct payment offers; 20 offers were accepted and 19 offers were to people aged over 64 years. In most cases, older people received "full" fee direct payments.

**Findings:** Views on direct payments varied. Stated benefits included a sense of continuity of community-based arrangements, simplification of the fee-payment process, and family members' sense of contributing to their relatives' care. Several family members also expressed an enhanced sense of choice of care provider and control over council decisions. Criticisms included a lack of flexibility in the use of funds and the difficulty of self-management for older people. Some also perceived direct payments as a threat to the quality of services in the care home.

**Conclusion:** Direct payments can benefit families committed to managing them. However, some perceived that direct payments may adversely affect local care home markets and may apportion

unequal advantages to residents with supportive informal networks.

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## **Paper Title: The prevalence and correlates of depressive symptoms in Chinese elders with mild cognitive impairment: A cross-sectional study**

**Author:** Song Dan, Doris Yu (The Chinese University of Hong Kong)

### **Abstract:**

**Objectives:** Depressive symptoms commonly go neglected and unattended among elders with mild cognitive impairment (MCI). A better understanding of its extent and factors relating to this problem would provide insights on how to enhance the psychological care for this population. This study was to compare the prevalence of depressive symptoms among people with MCI and the cognitively healthy controls, and then to examine the correlates of depressive symptoms among MCI population.

**Methods:** Participants were recruited consecutively from June to September 2016 in a community healthcare center, Hangzhou, China. Montreal Cognitive Assessment and Geriatric Depression Scale were used to screen for MCI and depressive symptoms respectively. Participants' characteristics including social-demographic factors, lifestyle factors and health-related factors were also collected. Chi Square test was used to compare the prevalence of depression between those with or without MCI. Correlates of depressive symptoms in MCI patients were explored using multiple linear regression.

**Results:** A total of 355 elders (mean age =73.7, SD =7.1 ) met the inclusion criteria, among which 154 were identified as MCI. The prevalence of depressive symptoms among MCI patients (31.8%) was significantly higher than that in cognitively healthy controls (4.9%) ( $p < 0.01$ ). Among MCI participants, social network ( $\beta = -0.243$ ,  $p = 0.035$ ) and functional status ( $\beta = 1.664$ ,  $p < 0.001$ ) was significantly correlated with depressive symptoms.

Conclusion: The increased risk of depression among people with MCI warrants a prompt attention in managing this disease. Particular attention has to direct to those with impaired daily function and limited social network.

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**Paper Title: A friendly Face –Peer support after diagnosis – “All I wanted after my diagnosis was to have a cup of tea and a chat with someone living with dementia”.**

**Author: Teresa Davies, Catrin Hedd Jones (Bangor University)**

**Abstract:**

Dementia is one of the greatest challenges of the 21st century (ADI, 2015). A Poll by Saga (2012) found dementia was the most feared condition for people over 50 years of age. Feelings of being lost or not knowing which way to turn after a diagnosis can lead to people becoming increasingly isolated and disengaged from post diagnostic support. The recent increase in dementia activism has encouraged some people diagnosed with dementia to challenge the prevailing stigma and offer new hope through openly talking about their diagnosis in the media, Dementia Friends sessions and attending conferences. Coping strategies after diagnosis can be found in “conversations with other people who are living well with dementia” (Norris, 2016). The need for everyone affected either personally or professionally with dementia to work together prompted the establishment of a Dementia Network in North Wales. Members included people living with dementia and those working to support them after a diagnosis and the members agreed that greater Peer support would be appreciated at diagnosis. This resulted in partnership with people living with dementia, service providers and academics formulating a way to work alongside current post diagnostic support by introducing an individual peer support. The paper will discuss the Peer support initiative, how it complements post diagnostic support for people living with dementia and how this relates to the new Dementia Strategy for Wales.

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**Paper Title: Building a multi-disciplinary research programme in ageing: reflections of an accidental gerontologist**

**Author: Paula Devine (Queen’s University Belfast)**

**Abstract:**

In 2013, I received funding to develop and run the ARK Ageing Programme. This was a three-year programme of activities based in Queen’s University Belfast and Ulster University, aiming to strengthen the evidence base of the Age Sector in Northern Ireland. A parallel aim was to build up interest and research activity on ageing issues within the two universities. The only problem was that I had little experience in ageing research.

In this presentation, I will reflect on the issues, highlights and challenges of this task. This will include how our diverse team came together, as well as how we developed multi-stand mechanisms to transfer knowledge between and within sectors. We have had many successes. Several of these were unexpected or unintended, especially the increasing focus on creative arts. At the same time, some of the great ideas in our proposal did not work in practice. Drawing upon the final evaluation report, I will discuss how well the Programme has helped to challenge what it means to be older in Northern Ireland. Finally, I will lay out our plans to continue this journey.

These reflections are timely, given the impetus to develop multidisciplinary research teams, members of which often don’t speak the same ‘language’. They are also pertinent to the ethical imperative, and REF-driven push, to maximise research impact, and to strengthen our community links

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**Paper Title: Using Photo Diaries as a Participatory Approach in Spouse Care Research: The Case of people with Dementia and their Caring Spouse**

**Author:** Denise de Waal (University of Bradford)

**Abstract:**

Photo diaries enable participants to be actively involved in the research, gathering data themselves. Nowadays photos can be taken with several different devices enabling people with cognitive impairment to choose a device that they can use, either using a device they are used to or being introduced to another device that is easy to handle.

Not only do photo diaries give participants the opportunity to become co-researchers by gathering their own data it also enables them to influence the focus of the project by giving them the control to picture the topics they find important. This makes the relationship between the participant and researcher more equal. This equality is fostered by creating an opportunity for reflexivity through doing photo elicitation interviews using the pictures the participants took themselves.

Six couples were asked to keep a photo diary for a week, four times in different months over a period of six months. They were asked to take pictures of the daily life routines at home that are influenced by the health condition and caring role. They were given the freedom to picture anything they found important to include in the project concerning their daily routine. Afterwards photo elicitation interviews were held to make the participants reflect on their daily routines offering them an opportunity to develop a deeper awareness of sense of self and place and the influence of their health conditions on daily life.

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**Paper Title: Associations between cognitive functioning and quality of life in Alzheimer's disease: Comparing patient reports with residential care staff reports**

**Author:** Laura Dewitte, Mathieu Vandebulcke & Jessie Dezutter (KU Leuven)

**Abstract:**

Previous accounts of quality of life (QoL) in people with dementia have not only demonstrated patients' ability to meaningfully report on their own QoL, but have also revealed consistent discrepancies between patient reports and proxy-reports by family, caregivers, or residential care staff. Patients tend to rate their own QoL higher than others and their self-rated QoL seems associated with and predicted by different factors than proxy-ratings. While some studies have found positive associations between patient's cognitive functioning and proxy-reports of QoL, the specific role of cognition in these ratings remains unclear.

In contrast to most studies up to now, which only relied on cognitive screening, our study offers a more thorough investigation of different aspects of cognitive functioning and their relation with QoL-ratings. Within a longitudinal project on well-being in Alzheimer patients in residential care settings in Belgium, first wave data on QoL, information retention, confrontation naming, working memory, executive functioning, word comprehension, and abstract reasoning are being collected by means of structured interviews with residents. Staff reports of QoL are obtained by means of written questionnaires. We hypothesize that staff reports will be significantly more associated with patients' cognitive functioning than patient reports, because of different evaluation standards, with staff members possibly overvaluing cognitive abilities. Multivariate analyses will clarify which cognitive abilities are stronger predictors for QoL (for both patients and staff reports). In order to gain insight in the QoL of Alzheimer patients, relying predominantly on proxy-reports might be misleading, warranting a more patient-centred approach.

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**Paper Title: Supermarkets, food security and ageing.**

**Author:** Angela Dickinson, Wendy Wills, Faith Ikioda, Amy Godfrey-Smythe, Ariadne Kapetanaki, Sue Halliday. (University of Hertfordshire)

**Abstract:****Background**

We know very little about how older people interact with the UK food system or how this affects their food security. This paper will draw on data from a study funded by the ESRC in collaboration with the Food Standards Agency (FSA), to explore when, how and why older people's interactions with the UK food system, in particular supermarkets, might impact on their vulnerability.

**Methods**

Ethnographic methods included explorations of kitchens, interviews, video 'go-along' tours with 25 older households acquiring food via a range of food systems (including retail outlets, gardens and allotments, services such as meals-on-wheels and lunch groups).

**Findings**

Supermarkets were the main source of food for most of the older people in this study. Older people used supermarkets in a range of ways, with some older people using a wide range of shops and markets to seek out 'bargains and offers'; and some who were frailer (with health and mobility issues) struggling to shop.

**Conclusions**

Shopping in supermarkets presents a number of challenges for older people. However, there is scope for supermarkets to better support older people and improve the way they provide services. A model of 'kindness' (Ferguson 2016) is proposed as a possible way forward and could be mutually beneficial. Older people could maintain their independence and dignity in food acquisition and

possible reduced malnutrition, and supermarkets could benefit through increased trust sales to this growing group of the population.

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**Paper Title: The impact of the new media on the social adaption of the aging people in Shanghai**

**Author:** Zhuojing Ding, Qin shen (Shanghai University of Engineering Science)

**Abstract:**

As the diffusion of information and communication technology (PC, Mobile phone, and the like), the so-called "new media" plays more and more important roles in People's daily life. This has given rise to the concern of digital exclusion and in turn social exclusion of aging population in particular. Social learning is commonly accepted as an efficient way of increasing social adaptability facing digital challenges. This study focuses on aging people in Shanghai to examine how their daily life has been changed by the use of new media. Data was collected through questionnaire which was circulated in person to the randomly selected residential neighbourhoods (linong) with quasi-interviews. The study has found: firstly, the social adaption of aging people in Shanghai is generally good. Secondly, demographic factors and the use of new media are more likely to influence the social adaption of the aging people. Thirdly, the use of new media has a positive effect on the social adaption of the aging people, which means the use of new media will help to improve the social adaption of the aging people.

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**Paper Title: Represent Against the Dying of the Light – A critical appraisal of advocacy with older people with dementia**

**Author:** Andrew Dunning (Swansea University)

**Abstract:**

This paper explores the development of independent advocacy with older people with dementia from the turn of the twenty-first century. Dunning (1997) in Mary Marshall's progressive publication, *The State of the Art in Dementia Care* highlighted the significance of independent advocacy in securing and exercising the rights, choices and interests of older people with dementia. It outlined some key considerations in thematic terms of the conceptualisation of advocacy with older people with dementia; the capacity of individuals and organisations; the communication requirements both public and interpersonal; and the need for greater "clout" in terms of power and the legal status of advocacy in operationalizing human rights. Revisiting these themes, this paper critically reflects upon the evolution of ideas and initiatives regarding independent advocacy with older people with dementia in the UK over the past 20 years. It will draw upon the emerging academic and "grey" literature within the field as well as legislative and policy developments, including the Mental Capacity Act 2005, Mental Health (Wales) Measure 2011, Care Act 2014 and Social Services and Wellbeing (Wales) Act 2014. It calls for greater clarity in conceptualisation, enhancing the capacity of individuals and organisations, extending communication and calling out the power relationships, contradictions and limitations of present policy and provision. Finally, the paper will outline an agenda for future research, policy and practice in representing older people with dementia against the dying of the light.

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**Paper Title: Detecting frail older adults in the community: the role of not-evident local key figures**

**Author:** Daan Duppen, Deborah Lambotte, Liesbeth De Donder (Vrije Universiteit Brussel)

**Abstract:**

When older adults become frail, their informal network has a crucial role in avoiding the worsening of frailty and the prevention of adverse frailty outcomes such as lower quality of life, institutionalisation, exclusion and more. When informal carers are not capable anymore to give the necessary care or when an informal network is absent, formal caregivers ideally complement this shortage of care. Unfortunately, there are older adults without any type of care network in their immediate environment while being frail or having (multiple) care needs. This study focuses on the potential role of 'not-evident key figures' for detecting frail older adults without an informal network and potentially leading them to formal care. These not-evident key figures are pharmacists, local small-business holders, postmen, pub owner, cashier and others who are frequently in contact with community-dwelling older adults. Using data from 3 focus groups in 3 different municipalities, the possible role in the detection of frail older adults was identified using thematic content analysis. Results indicate that not-evident key figures are often in contact with frail older adults having not sufficient care. They are willing to direct frail older adults towards the right care and express their own need for a strong collaboration with care organisations. The discussion will highlight the final outcomes and recommendations for local policy.

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**Paper Title: Employer Responses to Dementia in the Workplace in Scotland**

**Author:** Valerie Egdell, Jill Stavert (Edinburgh Napier University), Louise Ritchie, Debbie Tolson (University of the West Scotland), Mike Danson (Heriot Watt University),

**Abstract:**

It is estimated that approximately 90,000 people across Scotland have dementia. Dementia is most common in people over 65 years but it can also affect working age people. As the statutory retirement age rises it is likely that more over 65s could still be working. Thus the potential impact of dementia on the workplace could be substantial.

To date, there has been little research on dementia in the workplace, especially from the point of view of employers. Under the law employers have to ensure that their employees are treated fairly regardless of age and disability. Employees are able to ask their employer to make 'reasonable adjustments' to help them continue working. However, research has shown that while many working age people with dementia are still in employment, they are often on sick leave and/or given early retirement or made redundant before, or at the point of, diagnosis. This is likely to have considerable implications in terms of their financial position and family relationships. Employers therefore need to be better prepared to support their employees with dementia.

This presentation explores how employers in Scotland support their employees with dementia. Drawing on ongoing mixed methods research, the presentation will examine whether employers are meeting their legal duties; policies employers have to support employees with dementia; and the attitudes of employers towards supporting employees with dementia.

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**Paper Title: The Impact of an Ageing Workforce on Hong Kong's Service Sector**

**Author:** Valerie Egdell, Vanesa Fuertes, Tao Chen, Nathalia Tjandra (Edinburgh Napier University)

**Abstract:**

The population in Hong Kong is ageing. This population ageing will have a significant impact on the makeup of the labour market and employment practices. Nevertheless, research shows that employers in Hong Kong are little prepared for the ageing of the workforce; workers in Hong Kong retire much earlier than in many other countries; and older workers may experience age discrimination in the workplace. However, in order to maintain productivity, address skills shortages and meet market demand there may be the need in future for the extension of working lives.

The aim of this presentation is to explore the impact of the ageing population on employers in the Hong Kong service sector (the fastest growing sector in Hong Kong). Drawing on ongoing mixed methods research undertaken with employers and key stakeholders in Hong Kong, we will examine employers' opinions of current demographic trends, and whether they perceive that population ageing affects them. We explore whether employers support older workers - do they see them as an asset or a liability? Conclusions will be made regarding the opportunities and challenges for older workers to extend their working-lives.

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**Paper Title: Experiencing commonality and difference: older friends narratives of defying stereotyping through intergenerational friendship formation and maintenance.**

**Author:** Catherine Elliott O'Dare (Trinity College Dublin)

**Abstract:**

Extant quantitative research (Dykstra and Fleischmann, 2015) had purported that intergenerational friendships were prevalent in most European countries, yet they remain poorly understood in academic literature. This study set out to explore and understand intergenerational friendships from the perspective of the 'older' friend.

This study adopted a qualitative approach using Constructivist Grounded Theory methodology. This method was considered best suited to explore and understand the meaning and experience of intergenerational friendship to the older friend. 23 in-depth interviews were conducted with community dwelling men and women aged 65 and over.

'Commonality' and 'difference' defined the intergenerational friendships of these older friends. In engaging in intergenerational friendships, the friends emphasised the 'commonalities' they shared and enjoyed with their younger friends, regardless of age. This is significant, as there is a tendency in the literature on older age to emphasise how different older adults are when compared to younger adults, being a separate group with distinct characteristics. That is not to say that these older adults did not iterate 'difference' in the form of different priorities or experience challenges to maintaining and conducting their intergenerational friendships.

The influence of the social construction of ageing and older people in contemporary society on intergenerational friendship formation and maintenance was evident in the narratives of these older friends. Aware of the stereotyping of older adults along with the perceived 'otherness' of how

older adults are 'expected' to behave, these older friends defy these stereotypes and constructs with, and through, intergenerational friendship formation and maintenance.

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**Paper Title: Older students' perspectives on life-long learning and 'serious study' in later life: reflections from the Ransackers Research project 2016-17**

**Author:** Hilary Farnworth, Caroline Holland (Ransackers Association)

**Abstract:**

Supported by the Averil Osborn fund, a team of older (55+) researchers from the Ransackers Association (RA) have investigated the value of serious study in later life. For 10+ years RA has promoted serious education for older people. Established 2006 with support from UK BGOP, RA supported older students without academic qualifications to undertake ten-week residential courses at several further education colleges. Over 700 students participated 2004-14, many completing dissertations on a topic of their choice. Policy changes and the withdrawal of public funding terminated these courses, but RA continues as an unstaffed, user-led body. Since 2015 we have concentrated on research: initially a small group analysed students' choices of topics, and the developing trends across 10 years' courses.

In this follow-on study, we looked further into personal and societal effects of serious study in later life through both Ransacker courses and other means. Supported by academics, we ran four workshops and communicated by email and phone throughout the 12-month project. We shaped the questions, identified 'serious' older learners, interviewed them, drew out emerging themes from the scripts, and presented findings at the end of project event. Analysis of interviews and accounts drew out themes including: gender discrimination in the education system and how it may be redressed by later life study; motivations for elective study in later life; family influences on choices to return to study; attitudes to IT; and the benefits of having a study room of one's own.

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**Paper Title: Ethnic social relations over life course.**

**Author: Jennifer Fietz & Judith Kaschowitz. (TU Dortmund University)**

**Abstract:**

Western modern societies, such as Germany, are changing in the form of a shifting age structure, pluralizing ways of life, and an increasing share of migrants. Simultaneously, welfare states cut back services and social benefits all across Europe. These developments especially challenge the German social and financial policies as well as the German population. Marginalized groups, essentially older migrants, are adversely affected by the reduction of social benefits because compared to locals, they are more often socially deprived regarding income, education, occupation, housing, and health status. That is why social networks become more important to compensate for deficiency. The socioemotional selectivity theory and the convoy model postulate a reduction of social relationships across life course. However, it is still unclear how immigrants' social networks change over life course, nor is it clear whether assumed kin support potential affects immigrants' satisfaction with family life. Using the Socio-Economic Panel (SOEP), we examine the structure, and cohesion of social support networks among Germans and seven immigrant groups. Beside various methodological advantages, utilizing panel analyses allows us to capture the dynamics of intra-individual modifications over time. We focus on changes of social relationships and social support over life course, and attribute this to the context of country of origin, age, and in distinction from immigrants' descendants. Finally, we show that network structures and ageing apart from origin affect expectations of kin support which in turn has unequal effects on satisfaction with family life.

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**Paper Title: Robots and the commodification of care**

**Author: Malcolm J Fisk (De Montfort University)**

**Abstract:**

This presentation places robots in the broader arena of assistive technologies. It explores some of the practical and ethical dilemmas that relate to the operation of different technologies to assist in the provision of care and support to older people. Robots are posited as offering a particular challenge - not so much because of the (perhaps welcome) practical assistance that they can give but of the claims (largely untested but increasingly idealised) about their potential to afford companionship. Some 'evidence' regarding the role of robots in both spheres will be drawn upon and, where appropriate, challenged. A hypothesis will be put forward arguing that robots and robotics, by virtue of that aspect of their operation which is mechanical, contribute to the commodification of care. In other words, robots may play a part in the support of supporting tasks related to daily living (in a way that is or may be accepted by older people and others). However, their potential to provide companionship will be questioned - both from practical and ethical points of view. A linked imperative will, however, be explored that relates to the need for technologies, including those associated with robotics, to be harnessed (by both care providers and recipients) if care and support services are to promote different means of developing and sustaining the family, social and other networks that can help put (or keep) companionship in place.

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## **Paper Title: Age-related changes in lexical retrieval behaviour: a consequence of cognitive decline or accumulated learning?**

**Author:** Tess Fitzpatrick, Alison Wray, David Playfoot (Swansea University)

### **Abstract:**

In a persuasive challenge to conventional scientific explanations of cognitive decline, Ramsar et al. (2014) claim that age-related changes in information processing result from accumulated learning, rather than from the attrition of cognitive ability. The evidence they cite is from analysis of word frequency distributions, and lexical decision task protocols. The current paper reports two studies in which we investigated this contended "myth of cognitive decline" by profiling participants' responses to a lexical retrieval task according to i) word frequency, and ii) the type of link between word association cue and response (e.g. semantic, collocational, orthographic/phonological word form). The first study (n=631) is cross-sectional, and compares the lexical retrieval behaviour of young adults (16 year olds) and older adults (over 65s). The second study (n=54) is longitudinal, and uses data elicited over a 4 year period from participants in the older adults group, for within-subject analyses. Findings relating to lexical frequency profiles indicate support for Ramsar et al.'s claims regarding the dynamics of lifelong learning. Interpretation of findings relating to word association response types is less straightforward, but suggest age-related changes to individuals' preferred lexical retrieval routes.

## **Paper Title: Not getting out and about as much as you would like to? Physical and psychosocial correlates of feeling housebound in older old age**

**Author:** Jane Fleming, Cherie Chua, Morag Farquhar, Carol Brayne (University of Cambridge)

### **Abstract:**

**Objectives:** To explore the perceptions of "the

oldest old" towards getting out and about, reported levels of outdoor activity in the older old population, and the physical and psychosocial correlates of feeling dissatisfied with one's level of outdoor activity in very old age.

**Methods:** Mixed methods within a prospective population-based observational study, Cambridge City Over-75s Cohort Study (CC75C): descriptive statistics and analyses of association at two interview waves when participants were all aged a) >80 (n=713) and b) ≥95 (n=44), with qualitative methods introduced in the later survey analysed using a framework approach. Outcome of interest – dissatisfaction with one's level of outdoor activity – was determined by participants responding "No" to the question "In general, do you get out and about as much as you would like to?" Information on demographic, family and social support, physical and mental health and participation in activities was collected through interviews with respondents or proxy informants.

**Results:** When the sample were aged 81-102 44% reported being dissatisfied with how much they were getting out and about; this proportion rose to 53% when participants were all aged 95-101. Older age, perceptions of lacking family and social support, poor physical health – both in terms of self-rated health and disabling conditions, disability and poor mobility, poor mental health and wellbeing – such as not enjoying life, feeling lonely, depression and cognitive impairment, and low levels of participation in outdoor physical and social activities were significant correlates of being dissatisfied with one's level of outdoor activity. In-depth interviews illustrated individual impacts.

**Conclusion:** Unmet need for outdoor activity is common among the very elderly population, even among individuals who are relatively active and may not be deemed homebound. Poor physical and mental health is likely to be a major reason for older old persons not getting out and about as much as they would like to. In addition, this study suggests that the lack of strong family and social support – quality rather than frequency of contact – may be hindering the very elderly from achieving their desired level of outdoor activity.

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**Paper Title: Issues arising from experiences of using the research provisions of the Mental Capacity Act 2005**

**Author:** James Fletcher, Suzanne Snowden (King's College London)

**Abstract:**

In this paper, we employ examples from our own research projects to highlight issues regarding use of the research provisions of the Mental Capacity Act 2005 (MCA) when conducting capacity-to-consent assessments. The MCA is a key consideration when conducting participatory research with people with dementia. It outlines conditions to be satisfied before individuals with cognitive impairment can be deemed to have legal capacity-to-consent to participate, and steps to enable participation should those conditions not be satisfied. In principle, the research provisions of the MCA regarding capacity-to-consent assessment facilitate participation whilst providing protections for historically disenfranchised groups such as people with advanced dementia. However, there is a lack of literature discussing issues arising when conducting capacity-to-consent assessments in practice. Our experiences of using the MCA reveal that the research provisions cannot always be easily applied when conducting capacity-to-consent assessments in actual research scenarios. We will present experiences of conducting capacity-to-consent assessments during two research projects involving people with dementia. The first study assessed capacity-to-consent of non-institutionalised people with early-to-moderate dementia. The second study assessed capacity-to-consent of institutionalised people with moderate-to-severe dementia. We consider experiences of conflicts between researcher/assessor roles, and family and professional involvement during assessments. We conclude that the MCA research provisions regarding capacity-to-consent assessment are an imperfect but ultimately useful tool. This discussion contributes to debate around operationalising capacity-to-consent assessment in research. We hope that our

experiences will inform practice-based knowledge exchange to support researchers engaging with the MCA, particularly those without practical experience of capacity-to-consent assessments.

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**Paper Title: Evaluation of a falls prevention Community of Practice in Residential Aged Care - Translating evidence into practice**

**Author:** Jacqueline Francis-Coad (University of Notre Dame Australia) Christopher Etherton-Beer, Caroline Bulsara, Nicole Blackburn, Paola Chivers, Anne-Marie Hill

**Abstract:**

Falls are a major socio-economic problem among residential aged care (RAC) populations. Multifactorial prevention strategies are recommended for implementation but these require translation into clinical practice. A community of practice (CoP) was selected as a suitable model to support translation of evidence into practice, as it could bring together like-minded people with falls expertise and local clinical knowledge to pursue a common goal of falls prevention. The aim of the study was to evaluate the impact of a falls prevention CoP on translating falls prevention evidence into practice.

A mixed methods evaluation design, based on a realist approach, used surveys, audits, observations and semi-structured interviews. Participants were 20 interdisciplinary staff nominating as CoP members representing 13 facilities (779 beds) of a RAC organisation.

Staff participating as CoP members gained knowledge and awareness in falls prevention ( $p < 0.001$ ). At RAC facility level there was an increase in the proportion of residents supplemented with vitamin D ( $p = 0.002$ ) and development of falls prevention education. At RAC organisation level a falls policy and new falls risk assessment procedure with aligned management plans were designed and implemented. A key disempowering mechanism identified was limited time to engage in translation of evidence into practice

whilst enabling mechanisms included proactive behaviours by staff and management.

A falls prevention CoP was able to facilitate the translation of falls prevention evidence into practice. Support from RAC organisational and facility management to make the necessary investment in staff time to enable change in falls prevention practice is essential for success.

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**Paper Title: Evaluation of older people's knowledge, motivation and perceptions about falls and falls prevention in residential aged care homes across continents: "A tale of two cities"**

**Author:** Jacqueline Francis-Coad, Tessa Watts, Christopher Etherton-Ber, Gerwyn Panes, Howard Griffiths, Michelle Anderson, Tracy Williams, Beth Griffiths, Debbie Nobre, Anne-Marie Hill (The University of Notre Dame Australia & Swansea University)

**Abstract:**

**Objectives:** Depressive symptoms commonly go neglected and unattended among elders with mild cognitive impairment (MCI). A better understanding of its extent and factors relating to this problem would provide insights on how to enhance the psychological care for this population. This study was to compare the prevalence of depressive symptoms among people with MCI and the cognitively healthy controls, and then to examine the correlates of depressive symptoms among MCI population.

**Methods:** Participants were recruited consecutively from June to September 2016 in a community healthcare center, Hangzhou, China. Montreal Cognitive Assessment and Geriatric Depression Scale were used to screen for MCI and depressive symptoms respectively. Participants' characteristics including social-demographic factors, lifestyle factors and health-related factors were also collected. Chi Square test was used to compare the prevalence of depression between those with or without MCI. Correlates of depressive symptoms in MCI patients were explored using

multiple linear regression.

**Results:** A total of 355 elders (mean age =73.7, SD =7.1 ) met the inclusion criteria, among which 154 were identified as MCI. The prevalence of depressive symptoms among MCI patients (31.8%) was significantly higher than that in cognitively healthy controls (4.9%) ( $p < 0.01$ ). Among MCI participants, social network (beta = -0.243,  $p = 0.035$ ) and functional status (beta= 1.664,  $p < 0.001$ ) was significantly correlated with depressive symptoms.

**Conclusion:** The increased risk of depression among people with MCI warrants a prompt attention in managing this disease. Particular attention has to direct to those with impaired daily function and limited social network.

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**Paper Title: Designing and delivering health promotion services for older people with mild frailty: What works well?**

**Author:** Rachael Frost, Kalpa Kharicha, Christina Avgerinou, Benjamin Gardner, Ann Liljas, Rekha Elasarapu, Ana Jovicic, Celia Belk, Steve Iliffe, Jill Manthorpe, Vari Drennan, Claire Goodman, Kate Walters (University College London)

**Abstract:**

**Background:** Mild frailty is common and associated with increased risk of functional decline, hospitalisation and mortality. Though mild frailty may be reversible, few health promotion services are targeted to this population. We summarise key recommendations for content and delivery of new services, arising from development and evaluation work for a home-based health promotion service.

**Methods:** We undertook two systematic reviews, six focus groups and 17 interviews with 53 older people with mild frailty, carers, community health and social care professionals and homecare workers to develop a health promotion service. We piloted the service, which included 3-12 sessions with a support worker over six months encouraging behaviour change in personalised

domains, particularly mood, nutrition, social isolation and mobility. To explore potential service refinements, we interviewed 16 service recipients and 3 providers and thematically analysed the data.

**Results:** Our systematic reviews showed evidence on effective intervention components was limited. Qualitative developmental data suggested services should be personalised, support behaviour change across a broad range of domains and be delivered by non-specialists over a sustained period. Preliminary post-intervention findings suggest most recipients were positive about their experience. Valued components included goal-setting and emotional, practical and case management support. Providers recommended further training for some service components (e.g. food diary feedback, addressing low mood). Service coordination was helpful to people with dementia, but goal-setting required carer involvement.

**Conclusion:** Health promotion services for people with mild frailty may work well when focussed on behaviour change across personalised domains and provided by trained non-specialist support workers.

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### **Paper Title: Ageing, Identity and Education – The Role of Educational Guidance in Third Age**

**Author:** Vera Gallistl, Anna Wanka, Franz Kolland (University of Vienna)

#### **Abstract:**

Research on late-life learning emphasizes its contributions to wellbeing, autonomy and inclusion in older age (Jenkins & Mostafa 2015), and even though participation rates in adult education in most European countries are rising (UNESCO 2013), senior education can't yet be considered a fundamental part of older adults' lifestyles. Policy has discovered the concept of educational guidance to attend to this challenge (CEDEFOP, 2009), but its role for retired adults is yet to be researched.

Taking a cultural gerontological approach, this paper analyzes how older adults perceive and construct the role of education and guidance for their own doing of age. Analyzing 15 qualitative interviews with retired adults (57-75 years), we explore the role education and activity play in identity management and how guidance can open possibilities for new forms of education and ageing.

Results show an ambiguity of ageing as an experience of 'late freedom' on the one hand and fear of health decline, often accompanied by social and spatial disengagement on the other. Older age as a time of freedom is perceived as a life-stage of self-management. This perspective opens potential for guidance as individual coaching. Older age as physical decline is perceived as a biological determination that needs to be postponed as long as possible. This perspective opens potential for guidance as preparation for the transition to fourth age. Both perspectives follow, however, a determinist logic that calls for a third potential of guidance, namely the reflection of images of ageing that facilitate a humanization of older age.

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### **Paper Title: 'Making of Me': A longitudinal mentoring programme in multiple care homes involving three creative arts forms**

**Author:** Claire Garabedian (University of Worcester)

#### **Abstract:**

Previous studies suggest that creative arts specialists should be trained to develop interpersonal skills in order to gain the confidence of older care home residents - particularly those residents living with dementia. It is also important that arts specialists are aware of the potential barriers and communication issues inherent within this population (Dobson 2000; Mottram 2003; Coaten et al. 2013). This presentation summarises the findings from a two-year evaluation exploring the effects of a unique mentoring model involving three creative art forms (dance, drama, and poetry)

within a large number of care homes. Primary aims of this longitudinal evaluation focused on how specialised mentoring informs the trained artists and the directly involved staff regarding future delivery of similar creative arts sessions. This presentation also discusses barriers and limitations involved in establishing this type of creative arts programme within multiple care home settings as well as sustainability issues.

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## **Paper Title: A Good Life in later years: Reflections on coproduced research methods with older people**

**Author: Grant Gibson, Corinne Greasley-Adams, Vikki McCall, Jane Robertson (University of Stirling)**

### **Abstract:**

This paper discusses the A Good Life in Later Years project that is funded by the Life Changes Trust and has been conducted in partnership with Age Scotland. It aims to enable older people (including people living with dementia and carers) to voice their opinion on the essence of a "good life". The project utilised a coproduction approach to explore the essence of a good life in older age, what older people think is needed to achieve/maintain this and how that might diverge for different groups. In exploring these topics, a unique and innovative methodology was established that centred on developing 5 community research teams across Scotland that made older people equal partners throughout the research process. The community research teams were central to capturing visual and artistic representations of quality of life, running focus groups, developing questionnaires and analysing the data they had captured hand in hand with university researchers. The retention rate was high with community researchers fully buying into the process and also requesting further involvement. Some reflections from using this methodology include the complexity around the ethical implications, data protection and volunteer agreements of community researchers, the need for a longer period of time for research

and participants protectiveness of research outputs. Overall, this was an inclusive and positive methodology that produced quality, in-depth and rich data that was not only about older people but made by older people.

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## **Paper Title: Ageism: Ideology or Imaginary?**

**Author: Chris Gilleard, Paul Higgs (University College London)**

### **Abstract:**

The construct of ageism has played a key role in social gerontology ever since the term was introduced by Robert Butler. The present paper addresses the question of whether ageism as represented by Butler and those who have followed his lead can be understood as an ideology. While ideology can be understood in various ways, we argue that ageism – as a set of negatively framed beliefs about ageing and old age – does not constitute an ideology however that term is interpreted. Rather we suggest that collective [social] representations of old age and ageing can better be viewed as social imaginaries, in the sense of that term as used by Castoriadis. Adopting such a position allows us to explore the symbolic organisation of different social imaginaries of ageing and old age and how each may be constituted in both historical and contemporary discourse, without imposing any normative vision of later life or treating age as a kind of culturally essentialist identity.

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## **Paper Title: Engaging communities as equal partners**

**Author: Richard Gilpin, Charlie Williams (Aneurin Bevan University Health Board)**

### **Abstract:**

Co-production, where people who use a service are equal partners in the design and delivery of that service, is a priority for the NHS in Wales. We know services work better when those using them are involved in their design. The aim of this project

was to increase the resilience of older people by identifying preventative measures that can keep them safe and independent in their own homes, and using co-production to design and deliver it in a meaningful way.

The Newport Integrated Partnership Board (NIP) is a collaboration between the Health Board, Council and third sector. The Board is delivering this project aimed at helping the older people of Newport stay well in their own homes. Trained Care Facilitators from Age Cymru will make contact with over four thousand older people in Newport, Gwent.

Our priority was to incorporate co-production into the design of this project. Older people and their carers were contacted and invited to open 'co-production events' in the community and asked to contribute what they felt it was like to live and work in Newport, and what they felt were the barriers and aids to community wellbeing. They then discussed what they thought services could do to help tackle these problems. A reference group is now established, jointly chaired by two citizens, who report directly to the NIP board – people who use the service are now equal partners at Board level.

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**Paper Title: Mobility experiences of older People with Sight-Loss: Is there a blind spot in our understanding and responses?**

**Author: Rose Gilroy (Newcastle University), Bryan Matthews (University of Leeds)**

**Abstract:**

Against a background of an ageing UK population, there are now 4 million adults living with age related vision impairment. In addition the increasing number of adults living with diabetes (currently more than 4 million) includes 1.2 million diagnosed with diabetic retinopathy (RNIB, 2016) It is evident that for the future a growing proportion of adults will spend more of their years with limited sight. The paper considers the narratives of experience from adults adapting to sight loss with a focus on the mobilities of everyday life that

explore the limitations of the streetscape and transport and the attitudinal issues of others. The paper considers the possibilities for making more inclusive responses to mobility that recognise visual impairment and considers the possibility of achieving "a society in which people with sight loss can fully participate"( UK's Vision Strategy, 2013)

The paper draws on interviews with local stakeholders and longitudinal qualitative research with a sample of people aged 55 or over in the cities of York and Leeds and the Northumberland market town of Hexham who had experienced one or more critical but common life transitions in the year prior to recruitment. The 'Co-Motion' project was led by the University of York, with other university partners. This project is, in turn, one of a set of seven projects supported by the Engineering and Physical Sciences Research Council's 'Design for Wellbeing: Ageing and mobility in the built environment' programme. The project commenced in 2013 and completed in early 2017.

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**Paper Title: Older people with dementia on acute wards: accomplishing 'person-centered' care**

**Author: Mary Godfrey, John Young, Rosemary Shannon, Ann Skingley (University of Leeds)**

**Abstract:**

**Background:** Improving hospital care for people with dementia is a policy priority, reflecting both the dominance of older people among in-patients and the high prevalence of dementia among older patients. In policy and in research 'person-centred' care is conceived of as synonymous with care quality. Interventions to improve care quality need to consider what person-centred care is, and how one might recognise it in practice. In health policy discourse, the concept 'person-centred' has become a portmanteau term with multiple meanings; and different dimensions have assumed more or less emphasis in different policy contexts and over time.

**Study:** This paper describes how care was accomplished for patients with dementia in the

real life context of NHS acute wards. It draws on data from a process and outcomes evaluation of PIE (Person; Interaction; and Environment), aimed at improving care practices in respect of people with dementia on acute wards.

**Design:** A longitudinal mixed-method comparative case study design was used in 10 wards across 5 NHS Trusts. Data collection employed participant observation of routine care, interviews with staff and patient case studies.

**Results:** We identified a continuum of practices supportive of, or inimical to sustaining personhood and the organisational, spatial and care environment factors that shaped them. Three areas of practice are considered: communication; bodywork care with toileting and continence; and managing distress. Although the literature contrasts person centered with task focused communication and care we discerned more differentiated styles of practice. Whether responding to personal care needs, embodied communication or distress providing appropriate support to people with dementia required knowledge about how the dementia affected the person; inter-personal skills to engage at a sensory, emotional and cognitive level with them; and a problem solving approach to practice that built on learned, experiential and biographical knowledge of the person, acquired skill and experience in dementia and empathic connection with the person in 'their world'.

**Conclusions:** The study contributes understanding of person-centred care in an acute context, elaborates on the factors required to effect improvement in care quality.

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## **Paper Title: Moving residence to secure capabilities: insights from a qualitative study of experiences of place and wellbeing among older people living in Scotland**

**Author: Manik Gopinath (Open University), Vikki Entwistle (University of Aberdeen)**

### **Abstract:**

Housing, health and social care policy in the UK, including Scotland, has emphasised the value of ageing in place in a long term domestic home. However, some older people do not and perhaps cannot continue to live in their long term domestic home and alternatives might have some advantages for their wellbeing. We were interested in exploring how changes in place of residence are shaped by and shape the capabilities that older people value.

This paper focusses on older peoples' reasons for and experiences of moving residence from domestic to other domestic or formally supported settings. We conceptualised moving residence as a complex, and dynamic process and used relationally theorised notions of 'capabilities' and 'place' to explore it. In-depth interviews incorporating a biographical perspective were carried out with 26 participants aged between 65 to 96 years living in a range of domestic, sheltered and residential care settings across more and less affluent areas of Dundee.

Our thematic analysis suggests that a change in place of residence can be a way to secure and stabilize some capabilities. But moving residence to secure some capabilities can have mixed implications for other capabilities. Findings also highlight that peoples' opportunities for moving residence might be more or less restricted and for a variety of reasons. Our findings confirm some advantages of exploring experiences of moving residence using relational notions of capabilities and place and that can be useful in making informed interventions about how to support older people.

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**Paper Title: Arts activities for people with dementia: Are they particularly challenging to evaluate?**

**Author:** Karen Gray, Simon Evans, Amanda Griffiths, Justine Schneider (University of Worcester)

**Abstract:**

The arts are widely used in dementia care in hospitals, day centres and care homes, primarily in the belief that they enhance the wellbeing of people with dementia. It is acknowledged that arts-based activities are challenging to. As with complex interventions generally, researchers and evaluators may struggle to fulfill the rigorous requirements of experimental methods. Qualitative evidence may not always be acceptable to funders and commissioners. And, as with much dementia research, evaluators of arts activities face problems around communication and ethics. But is there anything specific to the arts that might make the delivery and outcomes of these activities difficult to assess?

This presentation will explore this tricky question. It will focus on two areas:

- (1) Practical elements relating to the context and delivery of arts-based activities in care and in community settings.
- (2) Issues relating to the idea of 'value' as it relates to perceptions of the arts and of dementia.

These themes are amongst those emerging from a wide-ranging critical narrative review conducted as part of ongoing doctoral research into the methodological challenges facing evaluators of arts-based activities for people with dementia. I will be further investigating these and other issues in qualitative interviews with expert stakeholders, March – June 2017. As this is work in progress, I particularly welcome debate and discussion from across the spectrum of gerontological research.

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**Paper Title: Experiences of social care: focus groups with older carers from diverse ethnic groups**

**Author:** Nan Greenwood, Jess Holley, Theresa Elmers, Geoffrey Cloud (St George's University of London and Kingston University)

**Abstract:**

Informal, unpaid carers play a vital role in supporting people with long-term conditions. As populations age, the numbers of carers are rising, especially carers from black and minority ethnic groups. Evidence suggests that all carers, but particularly those from minority groups often fail to access social care. Using 7 focus groups, this qualitative study explored the experiences of 41 older carers from five ethnic groups (Asian Pakistani, Asian Indian, black Caribbean, black African, white British) in accessing and engaging with social care. Thematic analysis focused on similarities and differences between ethnic groups. Several interconnected themes were identified including: the service gap between hospital discharge and home; carers as the best people to care and cultural aspects of caring and using services. Many themes were common to all the included ethnic groups but some only related to specific ethnic groups. In conclusion, accessing services demands persistence and considerable efforts from carers. If they find services unsatisfactory or believe that they, rather than formal services, should be providing support for the person they care for, they are unlikely to persist in their efforts. Cultural and language differences add to the challenges older carers from BME groups face.

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**Paper Title: Dementia cafés: the experiences of carers of people living with dementia.**

**Author: Nan Greenwood, Ray Smith, Angela Richardson, Farukh Aktbar (St George's University of London and Kingston University)**

**Abstract:**

Usually provided in the voluntary sector, dementia cafés or Alzheimer's cafés are a place where people with dementia and those supporting them, often unpaid, family carers, can meet with others in similar situations. Using semi-structured interviews, this qualitative study explored the experiences of 11 carers attending dementia cafés in and around London, England. Thematic analysis resulted in the identification of several key themes. Carers and those they support look forward to attending cafes and often enjoy both the activities provided and socialising with others in similar situations. Cafés give a focus to their day and provide a relaxed, welcoming atmosphere where carers can feel supported and accepted. Café attendance can bring a sense of normality to carers' lives allowing them to 'be themselves'. Other highlighted benefits include peer support from other carers, information provision and support from the volunteers and café coordinators. Despite diversity in café structure organisation and in the activities offered, there were many similarities amongst carers in the value ascribed to attending the cafés. These perceived benefits must not be underestimated but it is important that the activities offered are meaningful and appropriate for café attendees.

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**Paper Title: Frailty in late life: Exploring systemic, embodied and relational inequalities**

**Author: Amanda Grenier (McMaster University)**

**Abstract:**

Guiding discourses and care practices in late life remain organized around constructs of frailty that are measured via functional assessments of older people's bodies. Despite ten years of critique focused on the biomedicalization of frailty, the narrative of decline, and the 'fourth age', dominant approaches to frailty continue to gain ground based on the measurement and treatment of frailty as an objective bodily phenomenon. This paper re-examines contemporary understandings and representations of frailty in light of emergent inter-disciplinary debates that include risk/vulnerability, embodiment, and social and cultural relations. To do so, I return to my analysis of literal and cultural definitions (OED) of frailty, narratives interviews with older people from a series of research projects over the last 15 years, and key position papers (Age UK, British Geriatrics Society). I discuss three central positions that continue to be overlooked in dominant articulations of frailty: frailty as a political and economic condition; frailty as universal and shared fragility and vulnerability; and frailty as an embodied practice and relational construction. I conclude by underscoring the need to recognize the politics of frailty, the embedded power relations, embodied practices of care, and to re-organize care practices in order to address inequalities and incorporate understandings of vulnerability and relationality into policies and practices of care.

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**Paper Title: A realist review to understand the efficacy and outcomes of European frailty interventions in the country, healthcare organisational and patient contexts.**

**Author:** Holly Gwyther, E. Bobrowicz-Campos., M. Marcucci, J. Apóstolo, R. Cooke, S. Santana, A. Cano, and C. Holland. (Aston University)

**Abstract:**

The aim of this study was to compare, using a realist review approach, frailty intervention methods used across the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) with findings from literature reviews conducted as part of a larger study, known as FOCUS, supported by the European Commission. Results indicated that in the context of frail or pre-frail adults and tailored care or geriatric evaluation and management (GEM) interventions, neither hospital nor community delivery was more successful than the other. However, client centred participatory programmes worked well and those with a theoretical grounding in health psychology were particularly successful. In the healthcare organisational context, a lack of standardisation between health practitioners created a challenge to intervention success. Further, baseline differences in the quality and effectiveness of standard care between different countries, meant that the effects of GEM interventions were more pronounced in less wealthy countries. In the context of participant conditions, interventions worked well when: participants were frail or pre-frail but not disabled; when participants were from a lower SES or were less well educated; when participants had a positive affective reaction to the programme; when participants had choice or autonomy over intervention components, activities and timings; and when participants were involved in social or group activities which reduced isolation. It was recommended that initial frailty levels and full person contexts are included as components of intervention design, and strategies to enhance the social and psychological aspects of interventions are included even in physically focused interventions.

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**Paper Title: The social networks of involuntary childless older man**

**Author:** Robin Hadley (Manchester Metropolitan University)

**Abstract:**

The global trend of an increasingly ageing population and a declining fertility rate has been widely accepted. Moreover, as men's mortality rates are predicted to soon equal women's, the gender profile of the UK's ageing population is predicted to change. Childless men are, compared to women, missing from gerontological, sociological, infertility, and psychological research. These fields have all mainly focussed on family and women, with the fertility intentions, history and experience of older men being overlooked. Involuntary childlessness may be seen as a complex bereavement formed by multiple losses with distress levels in both men and women in this population have been found to be as high those with grave medical conditions

This paper aims to provide some insight in to the social networksexper of involuntarily childless older men. Drawing on 27 in-depth biographical interviews (lasting 1-5 hours) conducted with 14 men aged between 49 and 82 from across the country. This paper highlights the complex intersections between men's experience of involuntary childlessness and agency, structure, and relationships. It was found there are diverse routes of entering involuntary childlessness of which interpersonal skills, partner selection, timing of relationships, and the assumption of fertility are important factors. The accounts also demonstrated the importance of relationships: the centrality of it to those in them and the desire for one for those not. Grand fatherhood was referenced through four routes: Latent, Adopted, Surrogate, and Proxy. This paper demonstrates how men's involuntary childlessness affects their social networks.

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## **Paper Title: Mobilising Dementia Counselling in Rural Areas – Findings from an Evaluation in Germany**

**Author:** Sarah Hampel, Monika Reichert, Verena Reuter, Veronique Wolter (TU Dortmund University)

### **Abstract:**

Studies show that comprehensive and accessible counselling for people with dementia and their informal carers can improve the informal care setting in many ways, e.g. improve the use of professional care services. Nevertheless, many informal carers do not use counselling due to various reasons such as a lack of (regional) accessibility of counselling.

The Rhine-Erft district, a rural area in Germany, improved its network of dementia care services by establishing a mobile gerontopsychiatric counselling with special focus on dementia. A specially equipped bus offers free counselling at several public places in towns and villages of the district. The counselling-team consists of a qualified full-time staff member from one of the co-operation partners (e.g. welfare associations) and a qualified honorary consultant. The main objectives of the counselling service are to give informal carers an individual and neutral overview about local care services and to raise awareness for people with dementia. Using a multi-method approach, the concept of the service was evaluated with the aim to determine how mobile dementia counselling has to be designed and implemented to meet the needs of the target group.

Results show, that mobile dementia counselling is a low-threshold and successful way to reach informal carers and to inform them about different aspects of dementia care. Additionally it also improves the cooperation and communication of local stakeholders regarding dementia care. Based on these and other data from the evaluation, recommendations for an effective and successful implementation of a mobile dementia counselling service will be derived.

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## **Paper Title: “Are We Really Listening?” Searching for Older People’s Voices in Responses to their Mistreatment**

**Author:** Joan Harbison (Dalhousie University)

### **Abstract:**

Twenty-five years ago Jane Aronson asked “are we really listening?” to what older people say about their needs (1992, p. 73). She suggested that “stepping back from the dominant discourse” is necessary in order to grasp both the “complexity” and “variability” of such needs (p.82). This paper takes a similar approach, beginning from the position that the longstanding lack of older people’s voices regarding their mistreatment constitutes “a vacuum at the centre of the debate” (Biggs and Lowenstein, 2011, p.97). I search for those voices drawing upon examples from the expanding field of qualitative and participatory research studies in Canada, the United Kingdom, and Ireland that solicit older people’s views on their mistreatment and how to address it. I examine how, by whom, and in what contexts questions are developed and asked, and the extent to which they represent the dominant discourse in the field. I then reflect on if, when, and how, the participants give voice to perspectives outside of views contained in mainstream constructions of “elder abuse and neglect”.

The findings indicate that in searching for older people’s views on their mistreatment most researchers employ longstanding professional frameworks. When participants voice opinions outside the mainstream, these may be reframed within the dominant discourse. However some researchers pursue the authentic voices of older people to “unsettle assumptions” (p. 82) in the field and urge acceptance of what they say. I conclude that this “listening” should be extended in work on mistreatment with diverse older people.

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**Paper Title: Neighbourhoods & Dementia Programme Study: Core Outcome Set (COS) for People with Dementia living at home – Phase 2**

**Author:** Andrew Harding, Hazel Morbey, Faraz Ahmed, Paula Williamson, John Keady, Iracema Leroi, Caroline Swarbrick, Fiona Holland, David Reeves, Ingrid Hellström, Siobhan Reilly (Lancaster University)

**Abstract:**

Many systematic reviews of effectiveness of interventions for people with dementia have highlighted the variability in the outcomes assessed. This prevents comparisons of effectiveness across studies. This study, embedded in the Neighbourhoods and Dementia programme [www.neighbourhoodsanddementia.org](http://www.neighbourhoodsanddementia.org), seeks to develop a COS for use within non-pharmacological intervention studies aimed at people living with dementia at home.

Public involvement in COS research is a developing area, to which this study is significantly contributing. The 4-phase study design includes: qualitative interviews/focus groups (including people living with dementia) and literature review; Delphi process; systematic review; and stated preference survey. This presentation will provide an overview of phase 1 and report on the development of a 'long list' of outcomes for the design of the Delphi (phase 2). This presentation will focus on how the experiences of people with dementia have been privileged in the development and design of the Delphi survey.

Phase 1 involved interviews and focus groups with people living with dementia (n=17), care partners (n=18), health care professionals (n=18) and policy makers, service commissioners and research leaders (n=5). Thematic analysis 80 outcomes were extracted from this qualitative dataset. 89 outcomes were extracted from wider literature. Through on-going group based analytical exercises, these 169 outcomes have been reduced to form the Delphi survey round 1 'long list' that is accessible to enable the participation of people living with dementia and other key stakeholders. The Delphi consensus approach will identify what should be the core outcomes of community based non-pharmacological interventions.

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**Paper Title: Telephone housing options service for older people considering specialist housing: A Realist Evaluation**

**Author:** Andrew Harding, Ann Hemingway, Jonathan Parker, Sarah Hean (Lancaster University)

**Abstract:**

The home environment is often a key determinant of independence, wider health and wellbeing in later life. On account of the challenges associated with ageing, it is common for older people to reassess their home. One common option is specialist housing. While terminology varies, most specialist housing can be categorised as either sheltered (housing with support) or extra care (housing with care).

In the context of increased marketisation of wider welfare provision, through the Care Act 2014 UK governments have obligated local authorities to provide information and advice (I&A) on welfare (including housing). Funding has also been made available to key third sector I&A providers. With resources an important consideration in the third sector, there is evidence that telephone services are more financially efficient when compared to face to face support. Although little is known around efficacy, telephone services have an assumed importance. This presentation discusses the current state of the specialist housing market in the UK and reports on a realist evaluation of a key third sector telephone housing options service.

The problematic conceptualisation of the welfare consumer (Harding et al. 2014, 2016) is compounded by critical supply-side issues that are present in both social and private specialist housing sectors. On this basis, the wider context within which older people are assumed to be active agents can be described as complex, unresponsive and lacking transparency. But how, why, for whom and in what circumstances does a telephone housing options service (dis)empower older people to navigate through this maze?

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**Paper Title: British Pathé News: The Potential of a Film Archive for Gerontology Education and Research**

**Author:** Catherine Hennessy (Bournemouth University)

**Abstract:**

Archival materials are a generally underutilized resource in gerontology. A major archive with significant possibilities for educational and scientific use by gerontologists is British Pathé News, a collection containing 85,000 historical film clips covering the years 1910 to 1970. The entire archive is now available in digital format and on a dedicated YouTube channel. A search of the archive using the term 'elderly', for example, produced results across the following categories: lifestyle and culture (434); religion and politics (308); sport and leisure (280); historical figures and celebrities (258); entertainment and humour (241); war and revolution (254); travel and exploration (241); trade and industry (161); science and technology (154); and fashion and music (59). Browsing these search results reveals national and global news reports and footage across an extensive range of topics of enduring gerontological relevance.

Some examples include: longevity ('Old people live long in mountain villages', 1963); the British pension system ('Remember the old folk', 1954); social participation and inclusion ('Granny's Club', 1938), and older people's work and skills ('Making cricket balls...How's that?', 1937). The topic of older people's care including the conditions in care homes is extensively covered in entries such as 'Britain neglects her old people...This system must go' (1947). Also of contemporary comparative interest is a series of reports on the hospital care of elderly patients in Britain in the 1970s. This presentation will use archival film clips to illustrate the scope and applicability of this resource for gerontological education and research from a critical perspective.

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**Paper Title: A frailty profile for use in the community: Adding psychological variables improves prediction of care needs.**

**Author:** Carol Holland, Stuart Wallis, Richard Cooke & Danielle Clarkesmith, (Aston University)

**Abstract:**

Frailty is defined as a state of high vulnerability for adverse health outcomes when exposed to a stressor, that is, an absence of resilience. Previous studies have described accumulated deficits profiles of frailty and their use in terms of predicting mortality and institutionalisation is well evidenced. However, community use of frailty assessment in non-medical facilities to inform social care support decisions, lifestyle and prevention strategies has been less explored. This paper describes a community based frailty index based on self-declared diagnoses, perceived health and objective assessments. Importantly, it includes psychological variables as well as physical. Prediction of outcomes was examined: level of homecare, functional impairment, limitation in social engagement, health service use (GP visits, hospital admissions, duration of stay), falls and death, examining extent to which measures of frailty that include psychological as well as physical aspects of frailty were more predictive of adverse outcomes than physical frailty alone.

Area under the curve (AUC) compared goodness of fit to compare with other published frailty indices, comparing favourably. Care level and whether or not someone received social care 12 months later was reliably predicted accounting for 53% of the variance, positive predictive value of 75% and negative predictive value 91.57%. Impact of cognitive frailty, depression and self-perceived health on prediction of care needs at baseline was calculated to determine the utility of using a model of frailty that included these measures., baseline Physical Frailty predicted 33.5% of the variance in care needs 12 months later but Cognitive frailty added 11.4% and Depression and perceived health a further 2.5%. Acceptability of use of the tool is being explored with local well-being advisors.

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**Paper Title: Moving from successful to harmonious ageing in place; A new three-dimensional conceptual model and the contrapuntal action of ICTS in supporting harmonious aging in place.**

**Author: Ruth Hopkins (Swansea University)**

**Abstract:**

Ageing in place (AIP) has been the United Kingdom's policy solution to housing an increasingly ageing population. Services to support older people as they age within their home focus on their health and social care needs, described as a two-dimensional approach that equates to Maslow's lower two tiers of safety and physiological needs. A new three-dimensional conceptual model of harmonious ageing in place is introduced. Taking a multidimensional approach to facilitate fluctuations in capabilities that older people experience as they age, the new model proposes a third dimension of needs, which equate to Maslow's higher tiers of need in his hierarchy; the need to self-actualise. The new three-dimensional conceptual model is influenced by Maslow's hierarchy of need (1943), Sen (1999) and Nausbaum's (2003) capabilities and freedom approach, Selwyn's (2006) typology of technology user, and the ecological theories of place attachment and person-environment fit.

Some older people are using a variety of technologies in innovative ways to meet their third dimension of need. The musical concept of counterpoint (meaning point against point) is introduced into the field of gerontology to describe the potential action of ICTs in creating a state of harmony as older people experience fluctuations in their capabilities. A qualitative study of older people (N=40) undertaken in two South Wales city demonstrated that ICTs were supporting some participants to re-create a state of harmony when they experienced fluctuations in their capabilities; facilitating harmonious ageing in place.

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**Paper Title: Social aspects of communication training for carers of people living with dementia**

**Author: Maxine Horne (University of Salford)**

**Abstract:**

When reviewing the literature on recent educational interventions for carers of people living with dementia (PLWD), it became noticeable that many interventions are targeting family carers in their own home. This raises issues if we consider the social nature of carer training interventions important.

Six Degrees Social Enterprise has been running courses to support the communication skills of carers of PLWD. Our offer differs from other providers as we teach strategies to engage with PLWD as equals, we propose a new way of thinking about communication that can reduce frustration, and, finally, we offer a supportive, reflective space where attendees can work through the difficult feelings that being around dementia can bring up. Our experience suggests that this reflective space is key to enabling (particularly family) carers better cope with the demands of caring for a PLWD. However, even though we are depending on this space of care to be a catalyst for transformative learning, this aspect of the course has not been explicitly designed.

In this paper I will describe how the training maps to Wenger's "Community of Practice". I will then present the views of the facilitators and the participants on the social learning aspects of the course and suggest future actions we can take to develop the course to match the well-being for carers outcomes we are hoping to achieve.

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**Paper Title: "I've got more get up and go": Older adults' progress narratives after a falls prevention programme.**

**Author:** Joanne Hudson (Swansea University), Emily Oliver (Durham University), Melissa Day (Chichester University)

**Abstract:**

The aim of this study was to explore changes in older adults' personal narratives as a result of participating in a falls prevention exercise programme. We conducted longitudinal case studies of six previously physically inactive participants' experiences, who were aged between 68 and 89 years. Participants took part in multiple semi-structured interviews at the start, during and following completion of their 32 week programme to discuss their attitudes towards themselves and physical activity. We conducted a structural narrative analysis to establish the plot progression of each participant's story. Two divergent narratives emerged. The first focused on deceleration of an inevitable decline in physical health, assimilating the exercise programme into the individual's existing life narrative but drawing little personal meaning from the experience. The second, in contrast, reflected a restorying of the individual's personal narrative, shifting from an acceptance of an ageing body to an increase perception of personal control. Whilst experienced as a positive shift, this did present personal challenges in changing one's narrative. As well as improving functional fitness, a falls prevention programme could, with support from professionals delivering the programme to manage the turbulence this creates, help older adults to restory typically dominant narratives of age related decline.

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**Paper Title: Do, Think, Share - A Book of Me**

**Author:** Jo Hunter, Katherine Brown (64 Million Artists and Beauty and Utility Arts)

**Abstract:**

64 Million Artists and Beauty and Utility Arts have combined two core pieces of work: unlocking the potential of everyone in the UK through self led everyday creativity and empowering people newly diagnosed with dementia through through A Book of Me.

64 Million Artists is a national campaign using a simple, fun and free process: Do, Think and Share supports people who would like to use creativity to express themselves, add spring to their step, or connect better with others. They are recent funding recipients from Baring/Nominet Trust to run a digital Do, Think, Share campaign with Leicester Ageing Together and partners in BBC Get Creative and Hull 2017.

Beauty and Utility Arts is an Arts, Heritage and Health social enterprise and Leicester Ageing Together partner. We recently launched A Book of Me, a portable folder containing life story prompts, narratives from others living well with dementia and links to national support organisations. A Book of Me responds to a basic need for people to take creative control of their own diagnosis in amongst all the practical demands of treatment and care; a reminder both to self and others that the individual must always be at the forefront. Together, during 2017, we will work with groups on A Book of Me themed Do, Think, Share creative digital challenges, similar to those already running, but tailored to this theme. The process will comprise an initial face-to-face session, followed by the creation of closed social media groups and 12 weeks of tailored Do, Think, Share.

At the Art of Ageing Conference we will share: qualitative data from participants; how challenges were received; wellbeing outcomes and what's next.

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**Paper Title: Allow Natural Death: Do Words Matter?**

Author: E Kamp, J Wright, R Saad, E Mucci (East Sussex Healthcare NHS Trust)

**Abstract:****Background**

There has been numerous anecdotal reports from doctors in East Sussex Healthcare Trust (ESHT) about the difficulties in discussing escalation and resuscitation with patients. We feel the wording of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) is negative and detrimental to these discussions. The Gold Standard Framework and the GMC recognise an alternative wording: Allow Natural Death. Our project was looking to change the wording of these forms to Allow Natural Death (Do Not Attempt Cardiopulmonary Resuscitation). An online survey was emailed to all doctors at ESHT over a four week period. We received 132 responses from FY1 to consultant.

**Results**

43% felt the wording of DNACPR forms contributed to poor discussion outcomes. Other factors included: poor understanding of CPR prognosis (82%), poor understanding of their prognosis (67%) and family member influence (55%).

On a scale of 0 (very negative) - 5 (very positive) the wording of DNACPR scored on average 2.55 compared to a score of 3.74 for AND, a 48% improvement. 66% felt that substitution of DNACPR with AND (DNACPR) would help counteract poor patient response to discussion. Perceived barriers to this change included: difficulty changing established protocol (34%), confusing for medical staff (44%) and no obvious change in discussion (27%).

**Conclusions**

There are numerous contributing factors to patient resistance to resuscitation decisions. The wording of DNACPR forms was felt to be a significant contributing factor. Doctors felt that re- wording of these forms to Allow Natural Death (DNACPR) and increased education would help improve discussions.

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**Paper Title: Care homes on film: critical discourse analysis of specialised long-term facilities for people living with dementia and transitions into these**

Author: Andrea Kenkmann (University of East Anglia)

**Abstract:**

There has been a growing interest in experiences of older people amongst film makers. Representations of care homes have become more frequent in main stream feature films. This paper uses critical discourse analysis to explore how specialised long-term facilities for people living with dementia are portrayed in eight films and how characters experience transitions into such facilities. A stark contrast between specialised facilities for people living with dementia and more generic ones can be observed. Transitions into specialised long-term care facilities are caused by crises and planned moves are difficult to achieve. Films suggest that people living with dementia and their families interpret experience of transitions differently.

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**Paper Title: Exploring the role of caregiving experiences with dementia patients and its impact upon the formal caregiver's quality of life and relationships with family and friends.**

Author: Zaynah Khan (University of Nottingham)

**Abstract:**

Caregivers for persons with Dementia are faced with a unique set of challenges. Whilst the literature focuses upon caregiver burden in informal Dementia caregivers, there is a lack of research into the implications of Dementia caregiving for formal caregivers. The purpose of this study was to explore the impact of caregiving experiences for Dementia patients upon the formal caregiver's quality of life and relationships with family and friends. Thirteen participants took part in semi-structured interviews that were transcribed and analysed using the interpretative

phenomenological approach. Six superordinate themes were identified: good standard of living; what life brings to you; feeling rundown; when will things get better? ; Emotional yo-yo; and caring is what I have become. These themes have significant implications for helping to design interventions which can improve the QOL of formal caregivers and therefore, reduce the negative impact of Dementia caregiving upon the formal caregiver's life and promote positive factors associated with Dementia caregiving.

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## **Paper Title: Cultures of connection? LGBT\* people and housing in later life**

**Author: Andrew King (University of Surrey)**

### **Abstract:**

Housing is central to well-being and a 'good old age'. Yet, lesbian, gay, bisexual and trans\* people have a number of concerns about housing as they age that are, in part, a legacy of living in a prejudicial society. In this paper, I draw on several research projects I have conducted over the past few years that explore these concerns and ways that these can be addressed by policy makers and service providers. In order to do this, the paper draws on ideas about social capital – that is, the connections between individuals, their social networks and the norms of reciprocity and trust that they give rise to. Using my research, I show how social capital can help us to explain the choices that older LGBT\* people make regarding housing later in life, but also how social networks can be used to raise awareness, amongst younger LGBT\* age groups and others about this issue. I argue that taking ideas about social capital and older LGBT\* people seriously means we need to establish 'cultures of connection', between different groups of LGBT\* people and others, in order to foster more inclusive housing that recognises difference and diversity in later life.

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## **Paper Title: Innovative Gerontology Nurse Specialist intervention for community dwelling older people: A comparison of two population groups**

**Author: Anna King & Michal Boyd (University of Auckland)**

### **Abstract:**

Older people are increasingly being supported to remain living in the community, placing greater pressure on primary care services. New models of care to meet the demands of this population are essential. This study outlines an innovative model with case finding to determine high needs older people as well as gerontology nurse specialist (GNS) assessment and care coordination.

A one group quasi-experimental design involving two phases to encompass different geographical areas and demographic groups was used. Phase 1 (October 2010 – June 2011) included older people enrolled at three General Practitioner practices (largely European population), while phase 2 (December 2012 – September 2013) covered one large General Practitioner practice with a more ethnically and socioeconomically diverse population. High needs older people were identified using the Brief Risk Identification for Geriatric Health Tool (BRIGHT) and then received GNS comprehensive assessment and care coordination.

Qualitative interviews were undertaken with older people and health professionals to ascertain the model's acceptability and feasibility from their perspectives. Demographic, BRIGHT, and comprehensive assessment findings focus on similarities and differences between the phase 1 and 2 populations. In phase 1, 416 older people were posted the BRIGHT screen with a 70% response rate, compared with 328 screened in phase 2 and a 37% response rate, highlighting differences in the two population groups. Interviews revealed older people and health professionals in both groups were largely satisfied with the new model. The GNS provided valuable in-home assessment, support, and education for older people.

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**Paper Title: Ageing well with chronic pain in rural environments: a mixed methods exploratory study**

Author: Tom Kingstone, Carolyn Chew-Graham, Bernadette Bartlam (Keele University)

**Abstract:**

The UK has an ageing population with rural populations ageing at a faster rate than urban populations. Over half of adults aged 75+ years report chronic pain (CP). The impact of CP can negatively affect activities of daily living, quality of life and an individual's ability to maintain an independent lifestyle. However, there is a dearth of research on the experiences of older adults living with CP in rural environments. This study seeks, through in-depth mixed methods, to explore CP experiences of rural older adults to inform health and social care policy and service provision. Three interview types were used: in-depth interviews (includes 'lifegrid' and CASP-19), photo-elicitation interviews, and 'go-alongs'. Recruitment was via third sector/community groups. Interviews digitally recorded with consent and transcribed for analysis, which was inductive (constructivist grounded theory principles) and deductive (framed by CASP-19). 15 interviews with 8 participants (65+ years, rural located, self-reporting CP). CP negatively impacted on control and autonomy. A process of "carrying on" was described, underpinned by a range of self-care strategies, psycho-social responses, and environmental adaptation. A process of "living inwards" described the restrictive nature of CP. Pleasure in life was maintained but self-realisation was impacted by loss of control, autonomy, activities and perceived lack of opportunities. Ageing with CP in rural environments presents challenges to maintaining control and autonomy in later life, which can restrict self-realisation (and sense of meaning in life). Understanding and supporting individual self-care strategies is essential so to are the roles of rural health and care outreach services.

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**Paper Title: The role of informal care in the mastery of frail older people**

Author: Deborah Lambotte, Martinus J.M. Kardol, Liesbeth De Donder, D-SCOPE consortium (Vrije Universiteit Brussel)

**Abstract:**

Frail older people in need of care and support are often approached as individuals at risk for a decreased sense of mastery. Different authors however approach mastery in a more relational way and define mastery as a moral capacity that can only be developed in relation to others. Informal caregivers become important actors in supporting frail older people to maintain mastery over their lives. This study explores how frail older people receiving informal care experience their sense of mastery on different dimensions of the care process (attentiveness, responsibility, competence, responsiveness). Therefore, semi-structured qualitative interviews among community-dwelling older people (N = 121) from the D-SCOPE study are analysed. D-SCOPE is an international research project that focuses on prevention and detection of frailty in older people. Results indicate that older people receive informal care from various persons (partner, daughter, neighbour), which provide help within different domains of frailty (physical, cognitive, psychological, social en environmental). Some older people who receive care and support experience losses in their mastery. However, informal caregivers consider and stimulate in different ways the mastery of older people within the different phases of the care process. Since stimulating one's mastery is a crucial aspect for realising community care objectives, this study will discuss how informal caregivers can support older people within the care process to maintain and stimulate their sense of mastery.

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## **Paper Title: Risk, safety and assistive technology in the context of ageing-in-place**

**Author:** Mathilde Lamotte, Dieter Ferring, Isabelle Tournier, (University of Luxembourg)

### **Abstract:**

When speaking about ageing in place, risk of accidents and subsequent injuries is an important part of individual worries, and risk avoidance or risk minimisation are main concerns of older people and their caregivers. Findings show that older people are more at risk of unintended injuries than younger people (i.e. falls, foodborne diseases). Moreover, individual concerns and associated worries to avoid specific risks may even lead to the decision to move to an institution. In this context it is important to consider that being "as safe as possible" with respect to objective parameters does not necessarily indicate the subjective feeling of being safe. The feeling of safety and the objective degree of safety are not linearly related in a way that increasing one factor will increase the other and conversely. Furthermore, some factors that can contribute to objectively enhance safety may even lead to greater feeling of unsafety.

Our review aims to investigate the relationship between objective and subjective safety in the context of ageing in place as well as the underlying mechanisms that help to explain the different links between objective and subjective safety. A further goal is offer a heuristic model presenting factors that may help to enhance older people's consciousness of safety and thus quality of life. These include individual as well as social and macro-social factors. This paper focusses individual factors and will especially highlight the role of older people's daily routines and their impact on technology acceptance.

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## **Paper Title: Being involved in the real world: stroke survivors' views on intergenerational engagement**

**Author:** Kathleen Lane (University of East Anglia)

### **Abstract:**

Maintaining social contacts and participating in the community contribute to quality of life and life satisfaction among older people (ILC-UK 2015). Opportunities to sustain participation may become restricted by several factors or challenges, including the experience of long-term conditions such as stroke. An intergenerational event held at an Infant school in Norfolk aimed in part to address social isolation among community-dwelling stroke survivors with communication and language impairment known as aphasia by bringing them together with Year 2 school-children.

Participants in the event were four older stroke survivors living with mild aphasia and twelve Year 2 pupils. In four groups of one adult plus three children, they engaged in activities of hand-tracing, writing and talking about pictures.

Afterwards, all participants reported enjoying and deriving specific benefits from the intergenerational event. For the older stroke survivors, a key benefit of their lively interactions with the pupils was "being in touch with the real world", in contrast to the isolation stroke survivors sometimes experienced or the feeling that "no one is interested" in them. This paper discusses their experiences of engaging with the school-children and the value the stroke survivors felt in being included "in the real world" through intergenerational engagement.

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**Paper Title: More than Impairment: How the disability experience of older people is physically based but socially constructed: A lifecourse perspective on the experience of physical and sensory disability amongst community-dwelling older people in Ireland**

**Author: Ann Leahy (Maynooth University)**

**Abstract:**

Disability in older age is often discussed as if it were just a personal characteristic or a permanent attribute (something a person has rather than experiences) not something experienced in and contributed to by the environment. By contrast, disability scholars have long since rejected a view of disability as the sole result of individual differences or biology in favour of one that encompasses social causes, including physical environments, social structures and cultural representation. This qualitative study explores the experience of physical and sensory disability amongst community-dwelling older people in Ireland, including those who have experienced disability for the first time in late life and those who are ageing with lifelong disability. Findings suggest that people understand their functioning within the particular world in which they live. That is, with its social/family aspects, as impacted upon by the socio-cultural meanings made of impairment, by resource and public policy issues, and by their home and external environments. People can experience less disability the more these factors support their functioning, their connection with others and their participation in society. The study points to a need for more connection between scholarship in disability and ageing, for more understanding of the meanings that older people make of disability, for social constructions of disablement processes in older age to be more widely understood, and for more attention to commonalities and differences in the experience of those ageing with disability and those experiencing disability with ageing.

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**Paper Title: Inequality in care for frail older people**

**Author: Myra Lewinter (University of Copenhagen)**

**Abstract:**

A growing corpus of information indicates that inequality in care for frail older people is becoming a pertinent issue in Europe and North America. In countries with national subsidies for care, those people who can afford it choose to have this care delivered by formal (paid) caregivers. The poorer frail people and/ or their families must resort to care being delivered by family members. In countries with virtually little public subsidy for care, more family members are employed, even full time, and find paid caregivers for their frail relative (whether they pay themselves and/or the recipient pays). In the Nordic countries, cutbacks in formal care have meant that those frail elders who can afford it are purchasing care services. In this paper I wish to explore this development and argue the need to shift attention from “informal caregivers” or “informal care” to this inequality. The paper will argue that we must reconsider the concepts of “informal care” and “informal caregiver”. These generic concepts have been used to highlight important social issues. But over time, they have begun to slur important socio-economic developments and in particular inequality. We must ask ourselves who are the “caregivers” today or maybe more relevant, how can we develop new concepts to retain the importance of care, but also highlight this inequality.

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**Paper Title: Reducing loneliness and social isolation in older people? The role of the third sector in Wales**

**Author:** Mark Llewellyn & Rhiannon Yapp  
(University of South Wales)

**Abstract:****Background:**

Many older people (50+) experience feelings of loneliness and social isolation. It can be caused by any number of reasons, many of which are beyond an individual's sense of control. Feelings of loneliness and social isolation can have detrimental effects upon an individual's health and wellbeing. This in turn has cost implications for health and social care services. Third sector organisations have responded to this by implementing a number of interventions, to try and address the issues.

**Aims:** The presentation will outline the evidence from third sector projects, which were funded to address loneliness and social isolation amongst older people, and assess whether each of the programs has been effective in their own terms.

**Data:** This presentation will draw on data from the evaluations of four separate third sector organisations, independently collected and analysed by the Welsh Institute for Health and Social Care, University of South Wales. These mixed methods studies gathered a range of survey and interview data, and this presentation will focus on the perspective of beneficiaries.

**Findings:** Findings will be discussed in the context of the role that third sector organisations play in alleviating loneliness and improving the quality of life amongst older people. This is increasingly important as reducing dependency upon more costly services is a significant issue within health and social care services. Consideration will be given to the effectiveness and impact of these projects and will be discussed in the context of the Welsh Government 'National Outcomes Framework' and other policy areas.

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**Paper Title: Common Ground: experiencing community living at the intersection of ageing and disability**

**Author:** Emily Loughlin (National University of Ireland, Galway)

**Abstract:**

Community living is a multifaceted concept, which encompasses both an inherent need and desire to connect with others. Social connectedness is an essential expression of the human experience and is fundamental to living and ageing well. However, for persons with disabilities and older people, their ability to maintain independence and exercise autonomy can become compromised. Policy responses to their changing needs and circumstances are often developed from silo-specific perspectives that prove inadequate in supporting meaningful community living. This can lead to negative outcomes including increased risks of social isolation and institutionalisation.

Documentary analysis of relevant community living policy is being combined with an empirical study using a qualitative design in a doctoral project exploring community living from a lifecourse perspective. As part of the study, narrative style interviews were conducted with twenty older people living in the community with a physical or cognitive disability in order to capture their voice in conceptualising community living. This paper presents the results of analysis of these interviews. Evidence suggests that people ageing with and ageing into disability express a shared desire to live and age well in their communities. Social inclusion, support networks, interdependence and choice are commonly expressed key components of successful community living. This evidence supports a move towards more holistic lifecourse policy frameworks that incorporate the ageing-disability nexus. It also provides rationale for greater cooperation between actors in each sector to advance policy innovation that supports the realisation, enhancement and continuation of meaningful community living across the lifecourse.

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**Paper Title: Everyday health decisions made by older people living in the community**

**Author: Melanie Lovatt (University of Stirling)**

**Abstract:**

This paper presents the findings of a literature review that explores how older people living in the community make everyday decisions relating to health and illness, and proposes how gaps in knowledge might be addressed in future research.

A narrative review revealed that older people's health-related decisions are informed by temporal factors such as life course experiences and chronological age, and relational influences such as familial networks. What is under-explored is how these temporal and relational influences intersect, and how they are also informed by broader socio-historical processes and events, which might include the formation of the welfare state, recent cuts to health and social care, and technological innovations.

This paper concludes by presenting an outline for a research proposal that seeks to better understand how life course and relational influences inform everyday health decisions. This would enhance theoretical understandings of how health and illness are conceptualised in older age, and also provide practical guidance for healthcare professionals, carers and policy makers for how to support older people who choose to live at home.

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**Paper Title: A conceptual framework to assess the unmet travel needs in later life**

**Author: Carlo Luiu, Miles Tight (University of Birmingham)**

**Abstract:**

This study investigates a conceptual framework for improving the evaluation of the unmet travel needs amongst the older population. Unmet travel needs can be defined as mobility needs that remain unfulfilled due to inability of accomplishing needed or wished trips and activities.

Gerontological research is putting increasing focus on the role that mobility plays in later life. Analysis of studies investigating the relationship between ageing and mobility reveals that these are generally characterised by relying only on realised mobility. However, very little has been investigated so far in terms of unrealised mobility, and often with different approaches and results.

The present study is aimed at describing and analysing the topic, as well as reducing the gaps on studies assessing unmet travel needs. Through a review of approaches existing in the literature, this study develops a conceptual framework designed to understand how to investigate which mobility needs remain unfulfilled in later life. We first assess the concept of mobility needs in later life. This concept is then used to evaluate the best method to investigate factors and barriers leading to unmet travel needs. Six main domains are identified as necessary to be considered: experience and attitude towards mobility; built environment; type and importance of activities, well-being and quality of life; health conditions and socio-demographic background characteristics. This concludes that relying only on transport attitude is not enough and a more inclusive approach is needed to better define the full dimension of mobility needs among the older population.

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**Paper Title: The ethics of mHealth: consent, privacy and trust**

**Author:** Jennifer Lynch, Malcolm Fisk, Hannah Marston, Shannon Freeman, Charles Musselwhite (University of Hertfordshire)

**Abstract:**

mHealth – defined by the World Health Organisation as medical and public health practice supported by mobile devices – is part of a digital health revolution instigating disruption of the ethos and manner of health service provision. Facilitated through greater access to technologies over recent years, mHealth is often grouped with telehealth and other assistive technologies as one 'solution' to challenges posed by ageing populations. However, mHealth is helping people throughout the lifecourse to manage their health and wellbeing. Whilst the focus of many health related apps (that is, downloaded software for use on mobile devices) relates to the needs of chronically ill people, much else is targeted at a market embracing aspirational lifestyles and fitness.

mHealth has been lauded for its potential to transform healthcare into provision that is more personalised, participatory, preventive and less expensive; it nevertheless also creates challenges for the structures, operational procedures and culture of traditional health services. Questions of privacy, safety, regulation and ethics abound, leading to more fundamental concerns about trust in the technology. In this paper, we highlight vulnerabilities in current mHealth development – such as potential for data breaches – and focus on the issues of managing consent and privacy over time, particularly in relation to users with diminishing cognitive ability.

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**Paper Title: Namaste Care for people with advanced dementia living in care homes: early findings from a realist review**

**Author:** Jennifer Lynch, Rachel Sharpe, Claire Goodman, Frances Bunn, Girvan Burnside, Jo Coast, Anne Davidson Lund, Katherine Froggatt, Julie Kinley, Guillermo Perez Algorta, Nancy Preston, David Scott, Catherine Walshe (University of Hertfordshire)

**Abstract:**

Namaste Care is a programme designed to improve the quality of life for people with advanced dementia living in care homes. Based on a person-centred philosophy that acknowledges the person first, not the disease, it focuses on the person's need for physical comfort and care; emotional, social and spiritual well-being. It also aims to remove the isolation of residents in care homes. It takes place in a specially designed room where staff provide both physical and sensory stimulation through meaningful activities, such as hand massage, gentle hair combing and pet therapy. The programme is provided 7 days a week for at least 4 hours a day. The programme is being adopted in many care homes, but there is currently limited evidence for its efficacy.

This paper presents findings from a realist review which is phase 1 of a 3-phase study examining the feasibility of undertaking a full trial of the Namaste Care intervention. The review draws on the principles of realist inquiry to explain how, in what contexts, and for whom the intervention is effective. We will present hypotheses ('Context-Mechanism-Outcomes Configurations') derived from the literature and expert stakeholder interviews about how the Namaste Care intervention achieves particular outcomes, and in what circumstances. Early findings suggest reminiscence-promoting activities are a key mechanism for a positive response from residents.

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**Paper Title: Seeking assistance in later life: A qualitative investigation of service non-use.**

**Author:** Catherine MacLeod, Krysia Canvin, Amanda Sacker, Gill Windle (Bangor University)

**Abstract:**

Existing health behaviour models inadequately explain individuals' behaviour prior to or in the absence of contact with services yet understanding why older people do not seek assistance is crucial to the development of policies and services that enable local government to meet their obligations to provide preventative care packages. In this presentation, we report findings of a qualitative study in which we explored older adults' explanations of why they do not seek or receive assistance from services or other sources. We conducted semi-structured interviews with 40 adults aged >65 in North Wales and Northwest England. We asked participants about their experiences and views of needing assistance in later life, and if, how, why and when they acted upon the needs that they identified. We identified a recursive process whereby participants assessed their need for assistance on an issue-by-issue basis. Participants described responding to emerging needs with avoidant behaviours, modified expectations and their own solutions, only pursuing assistance when these strategies were no longer possible, and crucially, when they were prepared to admit that they needed assistance. The fragility of such strategies sometimes led to emergency interventions. Our findings demonstrate how older adults' responses to emerging needs might deter them from taking-up assistance, putting them at risk for emergency intervention and presenting a serious challenge for local authorities' planning and development of appropriate policies and services.

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**Paper Title: Developing a demographic assessment of health literacy (DAHL) for the CFAS (Wales) cohort**

**Author:** Carol Maddock, Vanessa Burholt, Michelle Edwards, Sarah Hillcoat-Nallétamby (Swansea University)

**Abstract:**

This research explores the level of functional health literacy and cognitive lifestyle scores distributed per social support network type in the older population in Wales using data from the Cognitive Functioning and Ageing Study (CFAS) Wales. Health literacy (HL) relates to cognitive and social skills determining motivation and ability to understand and use information to promote and maintain health[1]. Research has shown that HL is a strong predictor of health status and inadequate HL is associated with poorer physical and mental health[2]. Dementia literacy (DL) is a component of this overarching concept relating to knowledge and beliefs about dementia. Cognitive Lifestyle Scores (CLS) are a composite of cognitive activity including education, occupational complexity, and social engagement and are an independent predictor of dementia.

Three data sources[3] were used to create a demographic assessment of health literacy (DAHL) [4] to estimate HL across social support network types (classified according to the Wenger typology) [5]. CLS were generated for each CFAS participant using previously developed methodology and associations between CLS and an imputed HL measure are explored and presented here.

An ability to predict Health Literacy and associations with Cognitive Lifestyle Scores in populations may better inform interventions aimed at improving HL (specifically DL). A reliable predictor of HL from routinely collected data expands the scope of HL research to a wider range of measures of health status and a better understanding of the needs of populations.

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**Paper Title: Exploring personhood visually with care home residents – a co-design pilot study**

**Author:** Marianne Markowski (University of Greenwich)

**Abstract:**

Premise of research in this area is that the visuals portraying residents' preferences, likes and aspirations facilitates meaningful interaction between staff and residents as well as family members and residents, thus supporting person-centred care. Visuals to express the personhood of care home residents are underused in their surroundings. Our use of the term personhood builds on Kitwood's (1997) notion to treat each person as unique and with respect as well as to consider the lived and felt experience (Dewing 2008). Visuals are likely to be particularly helpful with care homes specialising in dementia care and where especially new staff has rarely time to get to know the resident in depth. This presentation will provide early findings of a pilot study conducted by the University of Greenwich, NHS Oxleas Trust and a care home specialising in dementia care. Researchers will have worked with 3 residents, their key staff and family members to co-create a visual board portraying the residents' personhood with images chosen by the resident. These (royalty free) images will have been downloaded and printed from the internet or provided by a family member and made durable by laminating them. The felt board will be installed in the resident's bedroom, where he / she can take ownership of arranging and displaying the visuals according to their mood or taste. The co-design approach has been chosen to carry out the research with the view that the research process is as valuable as the outcome of a visual board.

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**Paper Title: Protecting participants from harm while researching vulnerable populations: Exploring the substance use of older women who have been victims of domestic abuse.**

**Author:** Elizabeth Martin (Queen's University, Belfast)

**Abstract:**

It is important that research is carried out amongst those who are most vulnerable to gain a better understanding of the complexity of issues they face. Without this, there is a possibility that certain populations within our community will remain hidden, and thus largely neglected by policy makers. Often, older people are marginalized within our society, and for the women in this study, the intersection of age, gender and substance use has rendered them virtually invisible to those who plan services. For them to have an opportunity for a 'Good Old Age', their voices, and experiences, must be heard. However, asking those who are known to be at risk, such as victims of domestic abuse, to participate in such research, may serve to expose them to further violence. It is vital, therefore, that safety concerns are at the forefront during every stage of the project, from initial planning through to the dissemination of results.

This paper sets out protocols established throughout the research strategy to reduce the potential for harm to respondents. Concerns regarding recruitment and data collection are addressed, and issues such as obtaining informed consent from a population of self-reported substance users are explored. Attempts to minimise the unequal power imbalance between interviewer and interviewee, particularly in this situation where women may have been victims of an abusive relationship for many years, is considered. The paper also examines how results of a highly qualitative study such as this can be used to help inform future policy.

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**Paper Title: The fabric of Life: anecdotal history from the touch of cloth**

**Author:** Ezinma Mbonu (University for the creative arts , Epsom)

**Abstract:**

Universally the hierarchy of the senses predicates visual dominance. Hearing is largely perceived as second in line, in the West, followed by, the “subordinate senses of touch, taste and smell”. This paper will argue the efficacy found in the transitional object for persons living with dementia is largely due to the surface of the object – the tactile quality, perhaps even more than the physicality and presence of the object itself. Using garments as transitional objects and focusing on its key component, cloth, this paper aims to explore new possibilities in how people living with dementia experience the world they live in.

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**Paper Title: The role of volunteers in services for people with dementia**

**Author:** Louise McCabe, McCall, V, Rutherford, A, Bu, F, Wilson, M, Woolvin, M (University of Stirling)

**Abstract:**

Recent changes in public policy such as the promotion of self-directed support alongside funding restrictions promote the role of the voluntary sector and the role of volunteers in providing support to people with dementia. However, little research has been completed to date specifically about the role of volunteers in dementia care. The research presented here is part of a study that set out to discover the role of volunteers in supporting people with dementia in a range of settings from their own homes to care homes. The research involved secondary data analysis, a survey of organisations where volunteers work with people with dementia, and interviews with people with dementia, family carers and volunteers. The findings suggest that volunteers play an important role in supporting the social networks of people with dementia, filling

in the gaps that often appear in social networks as dementia progresses. Volunteers also enable innovative projects such as those promoting the arts for people with dementia, poetry, dancing, singing, to continue to provide support and enjoyment. However, it is important that volunteers working with people with dementia receive appropriate training and support and that volunteers and people with dementia are ‘matched.’ This research suggests huge potential for volunteers to contribute positively to the lives of people with dementia.

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**Paper Title: Companion-guided therapy for people with Parkinsonian dementias: Adherence, barriers and facilitators**

**Author:** Sheree McCormick, McDonald KR, Vatter S, Orgeta V, Poliakoff E, Smith S, Silverdale MA, Fu B, Leroi, I. (University of Manchester)

**Abstract:**

**Introduction:** Adherence to home-based rehabilitation programmes can be challenging. Over half of people with long-term conditions do not successfully adhere to recommended treatments. This study investigates participant adherence and engagement to a novel home-based, companion-guided cognitive stimulation therapy adapted for people with Parkinsonian dementias (CST-PD; McDonald et al., 2017). The therapy was specifically designed to be flexible, adaptable and of low intensity compatible with lifestyles and limitations of the therapy participants.

**Methods:** Using participant feedback diaries, we assessed therapy adherence, engagement and reach in people with Parkinsonian dementias and their study companions recruited to the intervention arm of an ongoing single blind pilot trial of the feasibility and effectiveness of CST-PD. Companions received training to deliver the protocol-guided therapy and were asked to complete 3 x 30 minute therapy sessions with their study partners each week. Measures included frequency and duration of use and therapy satisfaction. A post-therapy interview explored

barriers and facilitators to implementing the therapy in the recommended way.

**Results:** Interim analysis reveal that 1.8 (SD 0.8) sessions were completed each week, each session lasting 34.0 (SD 5.0) minutes. Not all participants completed therapy each week. Participants appreciated the flexibility of the intervention and the opportunity to involve other family members and friends. Reported barriers to adherence included: ill health, availability of companion, and competing commitments.

**Conclusions:** The complex needs of the person with Parkinsonian dementia and their companion challenges adherence. This suggests the need for flexibility and extra support during implementation.

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**Paper Title: Financial health and preparations for old age among Jamaicans: Will going into the good night be gentle?**

**Author:** Julian McKoy Davis, Denise Eldemire-Shearer, Kenneth James (University of the West Indies)

**Abstract:**

Formal financial retirement planning is traditionally the purview of persons in the upper socio-economic stratum and is far less understood among other strata in Jamaica. Life expectancy post-retirement is approximately 20 years, and pension coverage is comparatively lower than in other developing countries.

Financial health and preparation for old age was examined among 462 Jamaicans 30 - 80 years. Sixteen communities were randomly selected from the parishes surveyed in the Older Persons in Jamaica 2012 study. That study was cross-sectional and representative of Jamaican communities. Households were identified from the census data and 1 in 3 were selected for participation using systematic sampling with a random starting point. Eligible participants for interview were selected using the Kish selection grid method. The InCharge

Financial Wellness and Distress Scale was used to assess financial health and financial preparation ascertained by an interviewer-administered questionnaire.

Approximately 59.2% respondents made preparations for retirement and 92.8% of those retired, exited the labour force by age 60. Overall 28.2% of the respondents experienced high financial distress and low financial wellbeing. Respondents 30-59 years old more commonly experienced high financial distress and low financial wellbeing (30.6%) in comparison to person 60-80 years old (21.6%). Respondents 60-80 years more commonly experienced low financial distress and good financial wellbeing (40.5%) in comparison to 30-59 year olds (22.8%).

Overall only 27.5% respondents experienced low financial distress, thereby pointing to the need for strategies to improve financial planning across all ages for better financial independence in old age.

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**Paper Title: Challenges for Transgender Older People in Cambodia**

**Author:** Glenn Miles (Swansea University)

**Abstract:**

Southeast Asia has a relatively small population of elders against children compared to Europe/USA. However, the elderly are generally valued and nurtured and looked after by family members until they die. For transgender this is not always so. Transgender are often expelled from their family homes at an early age. While they may be accepted by the transgender/lady-boy community for a while this may be more limited than the large hijira family groups in India. In Cambodia many transgender conflate their identity with prostitution. So what happens when they are no longer desirable? Finding a partner has in itself challenges and may make finding a place to live harder. If she is 'lucky' enough to survive sexual violence and disease and be accepted/tolerated in a village community then loneliness may be her only option.

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**Paper Title: Lifelong learning and the activism of everyday life: Conversation into Action**

Author: John Miles

**Abstract:**

While 'activism' has come to be identified with radical protest such activity has had only a minor role within age advocacy movements in the UK. Recently, various observers (eg. Scott, 2013; Stewart et al, 2015) have positively identified the assertive everyday behaviours of some older people - informal activities which can be associated within the sociology of everyday life (Pink, 2012). Incorporating such phenomena within the mutual support frameworks of small associations operating at neighbourhood level represents a challenge. Here we describe the development of Conversation into Action (CiA), one of a number of attempts (Miles, 2016) to nurture and sustain such activism by drawing on the life-long learning frameworks proposed by educational gerontology (Formosa, 2006). CiA is a programme intended to explore the links between enhanced group conversation, classroom learning techniques and online resource banks. In its first phase the programme focused on housing policy, linking personal experience with wider policy debates using 'housing histories' and 'neighbourhood geographies'. Here we identify the constraints and affordances of trying to blend curiosity with a practical focus, balance the diversity and conflicts of interest among participants, while operating with very limited financial and administrative support. We also explore the nature of a pedagogy within which we ourselves must engage reflexively as older educators and mentors.

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**Paper Title: Elders of the fracturing tribe**

Author: John Miles (Independent Scholar)

**Abstract:**

The use of the term 'elders of the tribe' by older communitarians in the USA and UK indicates a form of public discourse obliquely related to academic commentary but not co-terminous with it. By focusing on evidence of generational cooperation critical social gerontology tends to reinforce its own belief systems and to obscure the incoherent political forms taking shape among the older populations of faltering twenty-first century democracies. In the UK surveys and exit polls during the General Election of 2015 and the two referenda of 2015 and 2016 suggest huge divergences in thinking across older age-groups with respect to austerity, public debt, generational solidarity and immigration. Drawing on a range of small case studies I explore the discourses recently evident through the work of older authors, commentators, and journalists in both the mainstream media and online. I indicate some of the conflicting shapes these voicing's have already started to take and link these phenomena to both changing age structures and the crisis in progressive values. I consider the provocative suggestion that new forms of cultural capital may emerge within later life and discuss whether this may foster an unprecedented kind of 'generationalism'.

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**Paper Title: "The half cold cup of tea": Using photovoice and poetic inquiry to understand nursing homes residents' lived experience**

**Author:** Evonne Miller, Laurie Buys & Geraldine Donoghue (Queensland University of Technology)

**Abstract:**

At age 65, the lifetime likelihood of an older Australian entering permanent residential aged care is 46 per cent, with the median length of stay 700 days. Yet, surprisingly little is known about residents' day-to-day lived experience. Guided conceptually by an active ageing framework, this semi-longitudinal qualitative study tracked the experiences of ten new aged care residents in Brisbane, Australia through repeated in-depth narrative interviews and the participatory visual method of PhotoVoice. As well as resident's narratives and photographs, the under-utilised arts-based technique of poetic transcription (poems created from interview transcripts) provides deep and emotive insight into resident's positive and negative experiences. The photographs and the poems ("Scream the place down", "Life's different, over 80" and "The half cold cup of tea"), provide a uniquely authentic and vivid representation of daily life in aged care, offering an almost visceral, intimate richness. However, as there are few precedents for using PhotoVoice or poetic transcription as an analysis, interpretative and communication tool in the aged care context, this presentation will highlight the challenges and opportunities of utilising creative arts-based approaches to better communicate and engage with policy-makers, practitioners and the wider community.

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**Paper Title: What matters to older carers: Taking account of lived experiences**

**Author:** Alisoun Milne (University of Kent)

**Abstract:**

Despite an enhanced policy focus on family carers and a growing emphasis on outcomes in health and social care limited attention has been paid to 'what matters' to older carers. Services tend to construct caring as an instrumental activity and 'support' as practical and task oriented. The care system also assumes that carers will unproblematically define themselves as carers and ask for help. Research suggests that we understand little about the lived experiences and what actually matters to older carers. Emerging work identifies that older carers tend to be reluctant to identify as carers, especially if they are spouses, that they resist framing their activity as caring to protect the identity and independence of the cared for person and promote 'couplehood'. They work hard to resist threats to the dyad often minimising the impact of caring on themselves and their well being. There is growing evidence that older carers are engaged in at least different types of care work: 'emotional work', 'illness specific work' and 'everyday work'. This work, especially emotional work is embedded in the relationship and is opaque and subtle. If we are to respond meaningfully to the needs of older carers and offer support that concords with their - and their partners' - experiences a significant shift is required in thinking, policy and service construction and the way we conceptualise 'care' and 'need'.

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**Paper Title: Caring after Caring:  
Reflections on how we understand &  
conceptualise older former carers**

**Author:** Alisoun Milne, Mary Larkin (University of Kent)

**Abstract:**

A review of former carer literature highlights the marginal role played by sociological analysis in shaping research and in generating knowledge. Key themes emerging from the review are limited definitional consensus; that there are seven different former carer subgroups; the legacy of financial and health-related problems in post-caring life; and the pivotal role played by support services. Importantly, the review highlights that current research is underpinned by a traditional carer research paradigm dominated by profiling former carers and defining their needs. Current knowledge generation not only reinforces a bifurcatory model of carer/former carer but fails to capture formerality's dynamism, conceptualise caring as embedded in a lifecourse, reflect former carers' lived experiences or accommodate diversity. The authors argue that sociological constructs such as role identity, liminality, hybridity, biographical disruption and lifecourse analysis have the potential to extend conceptual and experiential understanding of former caring as a process and generate new knowledge. A move to employing a more sociologically infused research paradigm not only has the capacity to capture 'formerality' as a rich, complex and nuanced phenomenon but also to engage with an experience that affects a growing number of people, primarily older people, nationally and internationally.

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**Paper Title: Internet use among  
older people and difficulty accessing  
information**

**Author:** Tara Moore, Sarah Gibney, Mark Ward, Sinéad Shannon (Irish Department of Health)

**Abstract:**

**Background:** The provision of accessible information is a core element of an age-friendly environment and is important for staying connected with people and events, managing later life transitions and meeting individual needs. The internet is a great source of information and as more and more services move online it is important that older people do not get left behind. This study investigates 1) the demographic and socio-economic characteristics of internet users and 2) the associations between difficulty accessing information (on local activities and health care services and entitlements) and internet use, demographic and socio-economic variables. **Methods:** The Healthy and Positive Ageing Initiative (HaPAI) survey data was used ( $n = 10,540$ ) which is a random-sample, population representative survey of people aged 55 and older, living in 21 local authority areas in Ireland (2015-2016). Stata 14 was used to carry out three mixed-effects logistic regressions. **Results:** Internet use was significantly higher among the 55-69 age group ( $OR=0.33$ ,  $p<0.001$ ), the educated ( $OR=5.9$ ,  $p<0.001$ ), urban dwellers ( $OR=1.3$ ,  $p<0.01$ ), those living with a spouse/partner ( $OR=3.4$ ,  $p<0.001$ ) and the employed ( $OR=2.1$ ,  $p<0.001$ ). Difficulty accessing information on local activities and events was significantly higher among females ( $OR=1.21$ ,  $p<0.05$ ), the less educated ( $OR=0.69$ ,  $p<0.001$ ), those living alone ( $OR=1.68$ ,  $p<0.001$ ) and those who are out of work ( $OR=2.41$ ,  $p<0.001$ ). Difficulty accessing information on health care services and entitlements was significantly higher among the 55-69 age group ( $OR=0.84$ ,  $p<0.05$ ), the less educated ( $OR=0.61$ ,  $p<0.001$ ), non-internet users ( $OR=1.39$ ,  $p<0.01$ ), those living alone ( $OR=1.45$ ,  $p<0.001$ ), and those out of work ( $OR=2.48$ ,  $p<0.001$ ). **Conclusions:** Internet use is important for accessing health service information whilst other information modalities such as social contacts are more important for accessing local information.

## **Paper Title: Are experiences and perceptions of ageism barriers to community participation in later life?**

**Author:** Niamh Moran, Sarah Gibney, Mark Ward, Sinéad Shannon (Department of Health)

### **Abstract:**

**Background:** At present, the majority of research and policy aimed at combatting ageism have focused on paid employment and the labour market. Ageism as a barrier to community engagement is largely overlooked. This is a short coming which needs to be addressed as it is well established that ageism can have detrimental effects on older people's quality of life. Ageist attitudes can result in self-internalised stereotypes and therefore has the propensity to affect an individual's experience of social inclusion. **Method:** The current study analysed data collected as part of Healthy and Positive Ageing Initiative (HaPAI) survey (n=10,500). This was a random-sample, population representative survey of people aged 55 and older, living in 21 Local Authority areas, in Ireland between 2015 and 2016.

A mixed effects logistic regression was conducted to analyse the association between experience of discrimination and perceived ageist attitudes in the community (perceived ageism) and community participation. **Results:** Living in an urban area (OR = 1.32, p=.00), having less than good health (OR = 2.87, p=.000) and being out of work (OR= 1.98, p=.000) or being a homemaker (OR=1.26, p=.030) significantly predicted an increase in experience of discrimination. In addition, living in an urban area (OR= 1.43, p=.000), having less than good health (OR=2.52, p=.000) or being out of work (OR= 1.62, p=.00) significantly predicted an increase in perceptions of ageist attitudes in the community. A higher level of education (OR=.69, p=.001) was significantly associated with a decrease in perceptions of ageism. Perceived ageism, but not experience of discrimination, was significantly associated with lower odds of weekly participation (OR= .35, p=.000). **Conclusion:** These findings illustrate that individuals who perceive ageism are much less likely to participate regularly in community events than those who do not perceive ageism and even those who have actually experienced ageism.

## **Paper Title: Out and About: Experiences of engaging with the wider community for people living with dementia**

**Author:** Rahena Mossabir (Lancaster University)

### **Abstract:**

In 2012, the UK prime minister launched a personal challenge to develop dementia friendly communities, since a third of over 850,000 people diagnosed with dementia live at home (Alzheimer's Society, 2007; 2014). Despite findings that ageing in place is important for a healthier and better quality of life, for people with dementia experiences of memory loss, confusion and disorientation can have a significant impact on their ability to engage with places outside. The emergent body of dementia literature concerned with experiences of place have invariably focused on the home. They have also paid little attention to the notion that experiences of place are often multidimensional (physical, social, psychological and symbolic).

The aim of this PhD study is to explore experiences of place in the context of the wider community and their contribution to the wellbeing of people with dementia. The pilot study involved 2 participants with dementia and 2 family carers, whilst 8 further participants with dementia and 6 family carers were included in the main study. Adopting a sensory ethnographic approach, innovative interview methods and participant observations were used to capture people's multidimensional and multi-sensory experiences. The concept of therapeutic landscapes is used as a framework for understanding the relationship between place and wellbeing (Gesler, 1992; 1993). Findings from the pilot study pertain to three key themes 1) how people with dementia and their family members make decisions about places they engage with, 2) purpose and characteristics of places engaged with and 3) ways in which people with dementia engage with place and their benefits. These themes along with some preliminary findings from the main study will be presented in this paper.

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**Paper Title: The role of a Public and Patient Involvement and Engagement (PPIE) group in a qualitative study exploring how older adults self-manage distress.**

**Author:** Alice Moulton, Carolyn Chew-Graham, Heather Burroughs (Keele University)

**Abstract:**

**Background:** Older adults are more likely to self-identify as 'distressed' rather than depressed or anxious. Older adults may also feel responsible for addressing and self-managing their own 'distress.' This study explores the self-management strategies 'distressed' older adults employ and the role of the Internet in supporting these strategies. A PPIE group has helped to shape the study.

**Methods:** Semi-structured interviews with older adults recruited from community groups will be used to generate the data, and will incorporate innovative 'think-aloud' methods (including 'storyboards' and extracts from online forums). Two PPIE meetings have been held to develop the research questions, methods and documents for the application for ethical approval.

**Results:** The PPIE group gave feedback on the research questions: they agreed that 'distress' was an appropriate topic for investigation and that exploring self-management would be useful. The group agreed that a transcript taken from an online forum and 'storyboards' would be a good way to generate discussion within the interview, and members of the PPIE group provided advice on what pictures and text to use.

The group gave feedback on the interview topic guide by suggesting changes to the wording and recommending additional prompts. The group made suggestions which led to modifications to the content and layout of public facing documents such as the information leaflet and the poster advertising the study.

**Conclusion:** PPIE has been integral to the development of the study and the group will reconvene to discuss and help with interpretation of the data, and dissemination of results.

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**Paper Title: Homecare and Older People in Ireland: The Case for Reform**

**Author:** Lhara Mullins & Margaret Hodgins (National University of Ireland, Galway)

**Abstract:**

The number of older people in Ireland is steadily increasing with older people expected to make up one fifth of the Irish population within the next five years. People are living longer and the majority of older people want to remain living in their own homes and communities. This increase in longevity requires a societal response to enable and support older people to remain at home. The homecare sector in Ireland is a fast growing industry with an estimated 63,000 older people availing of homecare in 2013. The number of older people in receipt of homecare is expected to increase by 100%, by the year 2021.

Yet currently the homecare sector in Ireland is unregulated, with no legislation in place to standardise care and protect older people in receipt of homecare. This has resulted in incidents of untrained, unqualified and unsuitable homecare workers providing care in the home to vulnerable older people on a one to one basis. As a discretionary service, there is no transparency in relation to the allocation of homecare hours, which further detracts from the accountability of service providers and equity in care provision.

The lack of research concerning the homecare sector in Ireland is further notable, painting a picture of uncertainty and with little information on the experiences, choice and control older people possess in relation to their homecare. Older people need to be consulted and remain participative in the research arena concerning homecare.

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**Paper Title: Older adults: Driving cessation and informal support networks**

**Author:** Amy Murray (Swansea University)

**Abstract:**

An ageing population presents a generation of older adults who are more mobile than ever before. In Westernised countries such as the UK, this has resulted in a significant increase in the number of older people who hold a driving licence, reflecting the varied mobility needs and broader horizons of this group.

However, inevitable physiological changes that often accompany the ageing process results in many older adults facing driving cessation. There is a plethora of research on driving cessation, highlighting particularly negative outcomes. Loneliness, depression and isolation are commonplace, resulting in an increased need for support. Older adults tend to primarily draw upon their informal support networks once they are no longer able to drive.

This presentation will outline findings from 24 semi-structured interviews with current and retired older drivers, and their informal support network members. Findings relating to the decision-making context associated with informal support that occurs as part of the driving cessation process will be presented; recognising that giving up driving isn't a static event, but a multi-faceted transition with many inter-woven factors. For example, relationship factors, the availability of others, and individual psychosocial factors such as the need for autonomy and independence. Findings have the potential to inform policy and practice regarding possible support interventions for older adults and their informal support networks.

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**Paper Title: Improving the quality of palliative care for older people: An interprofessional mentoring and training program**

**Author:** Holly Nelson-Becker (Loyola University, Chicago)

**Abstract:**

Older persons may live with and die from chronic illnesses that are multifaceted, their deaths preceded by an uncertain period of decline alternating with improvement. Although palliative care for life limiting illness can relieve suffering, such care often includes complex and difficult decision-making for which health care professionals may not feel fully prepared. Interdisciplinary training has the capacity to increase inter-professional respect, skills, and enhance outcomes for patients by facilitating increased knowledge and experiential learning opportunities. This paper describes the Coleman Palliative Medicine regional training model that included within-discipline mentoring and cross-disciplinary training. This three-year program was instituted with 20 Chicago and suburban hospitals and healthcare systems. Twenty-seven fellows in medicine, nursing, chaplaincy, and social work were selected along with mentors, junior mentors, and additional faculty in medicine, nursing, chaplaincy, and social work. Education was multilevel and included intensive workshops, intradisciplinary seminars, mentoring and clinical observation, e-learning, and practice improvement projects on research, education, and process initiatives. Attention to self-care, resilience, and strengthening team process was given through workshops and exercises. Findings concerning the challenges and rewards of building interdisciplinary competencies will be presented as well as pre and post-test findings regarding level of confidence and skills.

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**Paper Title: Is going gentle into retirement still an option: precarity, gender and physically demanding work?**

**Author:** Aine Ni Leime (National University of Ireland)

**Abstract:**

Extending working life (EWL) has been promoted both by international organisations including the OECD and the European Union and national governments in many countries in response to population ageing and the anticipated associated increased pension costs (OECD, 2006). EWL policies include increasing state pension age, removing mandatory retirement age and encouraging flexible working (OECD, 2013). These are typically one-size-fits all policies and the assumption is that workers are homogenous and that such policies will have generally benign effects for all. However, the experience of working beyond normal retirement age can vary greatly according to gender, health and type of employment – whether physically demanding or sedentary, precarious or secure (Vosko, 2006). Age discrimination may mean that many older workers may only be able to attain low-paid work with poor employment conditions (Lain, 2013). In this paper a feminist political economy of ageing and a lifecourse approach are used to analyse and discuss the varying implications of extended work life for different groups of workers from their perspective. It draws on evidence from qualitative interviews of workers' work-life biographies conducted in 2015 and 2016 with sixty older workers, 30 men and 30 women in the United States in different occupations – health care workers, janitors, teachers and academic faculty. The analysis suggests that extending working life may be particularly problematic for those in low paid, physically demanding jobs, particularly where employment conditions are precarious. The implications for policy and future research are discussed.

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**Paper Title: How do handovers happen? A study of handovers at shift changeovers in care homes**

**Author:** Caroline Norrie, Valerie Lipman, Jo Moriarty, Rekha Elasarapu, Jill Manthorpe (King's College London)

**Abstract:**

**Background:** There is an abundance of literature available on handovers in hospitals and healthcare settings, however this is not replicated in the care home sector. This is surprising given the substantial time that is taken up in handovers and the interest taken in handovers by the Care Quality Commission.

**Aims:** The aim of this study was to investigate the content, purpose and effectiveness of the handover of information about older residents between two different sets of care home staff – those coming off duty and those coming on duty. We were particularly interested in what staff consider to be the key elements of a 'successful' handover.

**Methods:** The study consisted of a literature review and qualitative research undertaken in five English care homes of different types. We took an ethnographic approach to fieldwork which involved observations (n=12) and interviews (n=27) in 2016.

**Findings:** Handovers varied across the five care homes in terms of frequency, duration, location, content and who handed over to whom. In the five sites, most participants viewed handovers as an intrinsic part of care home routines and as vital for ensuring good communication between staff and residents, and ensuring continuity of care and safety for residents. Staff identified key elements of a successful handover as: - enabling staff to listen without too many distractions; being understandable and clear; providing an opportunity to ask questions; and respecting the confidentiality of residents. Not all study participants reported they were paid for the time they spent on handover, however they viewed this extra time as integral to their responsibilities.

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**Paper Title: Taking a chance: gambling and social vulnerability in later life**

**Author:** Caroline Norrie, Stephanie Bramley, Jill Manthorpe (King's College London)

**Abstract:**

Opportunities to gamble have boomed in the UK in the last 10 years, since the passing of the Gambling Act 2005. The implications of this for vulnerable people have not been investigated. Available figures are likely to be an underestimate since they do not include people who get involved in 'scams' that are disguised as lotteries or similar.

This study explored the little known nature and extent of gambling among vulnerable groups including older people. This dual focus covered harmful gambling participation by vulnerable people (adults at risk using the Care Act 2014 terminology) and by people (including carers and care providers) who commit abuse or neglect adults at risk to fund their gambling.

This mixed-methods study consisted of a systematic literature review, key informant interviews and a survey of Adult Safeguarding Managers in England.

Findings from the literature review highlight the lack of evidence regarding gambling-related harm and the safeguarding of vulnerable adults. This is surprising given the extensive evidence on the prevalence of gambling-related harm within the general population. From the elder abuse literature, while gambling problems are noted among some of those exploiting older people, many studies exploring 'perpetrator' characteristics combine substance misuse risk factors with gambling addictions or habits. We will report our findings and discuss their implications for gerontologists and policy & practice communities.

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**Paper Title: The outcomes of day centres for older people – methods and measurement**

**Author:** Katharine Orellana, Jill Manthorpe, Anthea Tinker (King's College London)

**Abstract:**

A few decades ago, day centres were a central part of social care provision in England, but they have reduced in number and their policy and service relevance lacks evidence.

Fewer older people are receiving publicly funded care than formerly. However, from 2011-14, around one tenth of publicly-funded care recipients were reported to attend day centres. Thus day centres account for the largest proportion of out-of-home services among this group, but little is known about their outcomes.

This purpose of this study, funded by Dunhill Medical Trust, is to improve understanding of the purpose and role of day centres, their use and perceptions of them within a changing social care and practice environment. A mixed methods design, within a multiple embedded case study approach, was employed to gather data about four day centres and 70 of their attendees, family carers, staff, volunteers and local authority social care staff covering the same geographic areas.

This presentation reports emerging findings on the outcomes of day centre attendance. Quality of life outcomes for attenders and their carers were collected in interviews using the Adult Social Care Outcomes Toolkit (ASCOT) and ASCOT Carers (INT4) methods. Other outcomes were also explored in qualitative interviews with centre attenders, their carers and volunteers. The contextual background to these interviews will be provided and day centres' relevance to current social care and health policy discussed.

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**Paper Title: Ageing in urban neighbourhoods in China**

**Author:** Marian Orton (The University of Warwick)

**Abstract:**

There is a growing body of theoretical and empirical research regarding 'ageing in place' (AIP). However, little research has investigated Chinese older people's experiences of ageing in a rapidly changing urban neighbourhood and how these environmental changes affect their day-to-day lives. This paper seeks to fill some of this gap in current knowledge. It draws on an ethnography study of three neighbourhoods undertaken in Beijing, one of the ancient cities that experienced rapid physical and social changes during the last twenty years. The findings from this study demonstrated that current Western-dominated literature of AIP developed is not sufficient to understand or apply to the current social, economic and cultural context in urban Beijing. As the nascent concept of AIP has been embedded within broad socio-cultural institutions, numerous institutional legacies and socio-cultural factors directly and indirectly related to AIP serve as the discursive resources that shape and inform individuals' disputant discourses. These factors not only frame their basic logics, vocabularies and moral reasoning but also shape their structural positions on housing access, pension rights and later-life care. Participants in these three neighbourhoods have been constantly constructing and reconstructing their understanding of ageing and AIP with the wider economic, political, social and cultural influences. Ageing and age care for older people in China have been greatly influenced by existing cultural norms, as well as new social trends, in a far more complicated and ambivalent fashion than commonly assumed and observers have envisioned.

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**Paper Title: Cost-effectiveness of Loneliness Interventions**

**Author:** Kellie Payne (Campaign to End Loneliness)

**Abstract:**

Feeling lonely has negative consequences for our health and wellbeing. There are many different types of interventions available that try to address loneliness but there is currently a lack of evidence around which interventions for loneliness are effective. Furthermore, we now have a better handle on the cost of loneliness to the health and social care system through work done by Health Economists at the LSE. The CEL is currently working closely with the LSE and Social Finance to help them publicise their new work on the cost of loneliness. When the Campaign conducted its research scoping exercise we found that in addition to the work on the cost of loneliness, there is also a need to place economic values on the cost of interventions to help make the case for the cost-effectiveness of the interventions. It would therefore be helpful to know how we can prove an intervention into loneliness would help to save money. There exist a number of methodologies that seek to answer that question. In the report prepared for the Campaign in 2013 'How can we ascertain the true costs of loneliness', the author highlights four types of economic evaluations in health research: Cost analysis (CA), Cost-benefit analysis (CBA), Cost-effectiveness analysis (CEA) and Cost-utility analysis (CUA). In addition there are other methods such as Social Return on Investment (SROI) that have been run on interventions. We will present new research that summarises the ways in which we can calculate the cost-effectiveness of interventions.

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## **Paper Title: Environment and Ageing: Embracing the Disciplines**

**Author:** Sheila Peace (The Open University)

### **Abstract:**

In 1977, I was awarded my PhD from the University of Wales at Swansea University within the Department of Geography. My topic 'The Elderly in an Urban Environment: a Study of Spatial Mobility in Swansea' was the first social science thesis to focus on the spatial behavior of older people living in both ordinary housing and care homes in five neighbourhoods. My supervisor, David T Herbert, urban studies' expert, supported my wish to consider ageing in place although ageing was not commonly studied. I was a devotee of Lynch (1960), Lipman, (1968), Buttner (1969), Lawton (1970), Pastalan & Carson (1970). Whilst a member of RGS-IBG, external examiner, Tony Warnes, encouraged me to join the BSG and I came to see myself as a social then environmental gerontologist where North American/European psychologists, architects, sociologists were, and are, influential. Now, 40 years on, I have been writing the Forward to an edited collection on 'Geographical Gerontology' – seen by some as a sub-discipline - alongside my own book on 'Environment and Ageing: Space, Place & Materiality' leading to a comparison between approaches that extends the work of Harper & Laws (1995) concerning the geography of ageing. This paper is a consideration of the dominant themes - space, place and time - across the third and fourth ages raised by these different disciplines including: Globalisation, Population Ageing, Global Health, Spatial Scale (macro to micro), Person-Environment Interactions; Relationality, Place Attachment, Landscapes of Care, Impact of Feminism - and the value of interdisciplinarity within gerontology.

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## **Paper Title: Working as Carers in the Homes of People with Dementia: The nature and merits of participant observation**

**Author:** Lucy Perry-Young, Anthony Kelly, Nick Manning, Kristian Pollock, Kezia Scales, Cheryl Travers, Nicola Turner, Samantha Wilkinson, Justine Schneider (University of Nottingham)

### **Abstract:**

Participant observation can offer a unique insight into lived experiences and may be particularly useful when investigating sensitive phenomena and spaces such as the experience of care in the homes of people with dementia. In this presentation, we describe the ethical, moral and practical challenges of working as both a researcher, and a carer, in the homes of people with dementia. As part of the Broadening Our Understanding of Good Home Care (BOUGH) study, two researchers conducted ethnographic field work, working as home carers for 11 months. Field notes describing each care visit were analysed using a thematic approach and managed using NVIVO 11 software. We draw on data collected in the form of field notes to describe and reflect on; the process of gaining and monitoring consent, the dual role of researcher and care worker, the extent to which full participation was achieved, and the personal impact of field work. Ethnographic methods enabled the researchers to gain a unique perspective of home care for people with dementia that was not possible through other methods; we gained first-hand experience of the emotional and embodied reality of being a home care worker. While field work posed many ethical and emotional challenges, the experience gained helped to contextualise other streams of data collection, such as interviews and diary keeping by home care workers.

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**Paper Title: Our Housing Agenda: meeting the housing aspirations of older people in Wales**

**Author: Judith Phillips (University of Stirling)**

**Abstract:**

Housing plays a crucial role in enhancing the health and well-being of the population. As we age, being in a supportive environment and in the right house can play a part in combatting loneliness and isolation and supporting us to live well at home.

The presentation will address the issues considered by the expert group on housing an ageing population commissioned by Welsh Government which met with a variety of stakeholders including older people over the course of 2016 to assist WG in developing their strategy for housing an ageing population. A number of innovative case studies will be drawn on to reflect on the housing choices and preferences of older people in Wales. As well as addressing the priority areas for action including the need for stimulating the market and creating demand for innovative solutions, the use and design of new technologies and the need for individuals to plan their housing requirements for later life, the presentation will critically reflect on the implementation of the findings and impact of the report on different stakeholders including Housing Associations, local authorities and government.

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**Paper Title: Elderly Day Care Model in a Thai Community**

**Author: Kanchana Piboon, Paungtong Inchai, Mayuri Pitaksil (Burapha University)**

**Abstract:**

The purpose of this study was to develop an elderly day care model in a Thai Community, in the vicinity of Burapha University Hospital. This study process was divided into three phases:

- 1) a situation analysis from public hearing
- 2) Developing an elderly daycare model
- 3) evaluating the appropriateness of the developed elderly daycare model. Research tools consisted of a questionnaire, open-ended questions and evaluation form of elderly day care model . The data were analyzed by using descriptive statistics, and content analysis.

Each phase revealed the following **Results:**

- 1) The current situation of elderly daycare did not clear and practically stated in both governmental policies and standard guidelines for elderly day care. Stakeholders expected that elderly day care services should be established in the community and the service model should meet the elderly day- care's philosophy, mission, vision and optimal goal and the needs of the elderly and relatives
- 2) The developed model consisted of three components, including a policy for managing elderly daycare must be explicit and include a plan and strategic management, the multidisciplinary team should participate in developing and operating in the strategic plan, and the elderly and their relatives should participate in the activity planning
- 3) The developed model was appropriate for using in the community surrounding the university hospital context (93%) . To apply this model in other areas, health care providers should consider several issues, including target population, health care service providers, other stakeholders' expectations and needs and area contexts.

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**Paper Title: Promoting innovation in Gerontological Education and Academic Research on ageing. "Grab your GEAR".**

**Author:** Christos Pliakos (University of Central Lancashire)

**Abstract:**

In the light of ageing populations, there is growing recognition worldwide of the need to offer a more 'gerontologised' education as part of preparing researchers and health and social care practitioners at policy and services levels in responding to the challenges and opportunities posed. However, despite the observed innovation and development in the field of ageing, gerontological education and research in academia has not been systematically recorded and mapped across the UK. This paper responds to this need, reporting the results of a scoping study with the aim to explore, chart and present a). the extent of educational programmes in gerontology/geriatrics offered by the UK universities and b). the volume of academic research institutions/centres/groups within universities focused exclusively on ageing issues. Findings suggest there are 42 educational programs in gerontology/geriatrics that lead to 84 degrees (level 6 and 7: BA, BSc, MA, MSc, MRes, PGDip, PGCert) offered by UK universities; 49 academic centres conducting research exclusively on ageing. It appears that established gerontological education in UK is mostly health-medical and rather less social or multidisciplinary in orientation: 74 percent of the programs identified are health-focused and 38 percent of these, are focused exclusively on dementia. This paper looks at the implications of this provision in terms of future-proofing gerontological education in the UK.

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**Paper Title: Early detection of residents' health conditions in nursing homes: How are family members involved?**

**Author:** Catherine Powell, Alan Blighe, Katherine Froggatt, Brendan McCormack, Barbara Woodward-Carlton, John Young, Louise Robinson, Murna Downs (University of Bradford)

**Abstract:**

This paper explores family members' perspectives on their involvement in the early detection of their family members' health conditions in nursing homes. Increasingly, policy attention is being paid to the need to reduce hospitalisations for conditions that, if detected and treated early enough, could be cared for in the community. We know that families continue to be involved in their family members' care once their family members have moved into a nursing home. Yet little is known about families' involvement in the early detection of health conditions in nursing home residents, a key route to reducing hospitalisations. We conducted 14 semi-structured interviews with family members of people living in nursing homes. Using thematic analysis we found that families were involved in the early detection of health conditions in three key ways: 1) educating care staff about their family member's health conditions, 2) noticing early signs of health conditions; and 3) informing care staff about these observations. Family members report that they could be better enabled to support early detection of their family members' health conditions. This could be achieved by improved communication with care staff including agreeing and making explicit their involvement. Implications for policy, practice and research are discussed.

This paper presents independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Reference Number RP-PG-0612-20010). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

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**Paper Title: Calendar Girls: Ageing and Aesthetic Labour**

**Author:** Katrina Pritchard (Swansea University),  
Rebecca Whiting (University of London)

**Abstract:**

We investigate the ways in which a 'new, natural' femininity is being positioned as a positive, authentic and empowering perspective on ageing. We build on concerns that idealized representations of women and widespread use of digitalization effectively erase ageing and promote a perpetual youth. Indeed highly digitized and artificial representations of youthfulness might be regarded as central to the Pirelli Calendar, the object of our investigation. However the 2017 Calendar featured actors aged 28-71, shot in black and white with limited make-up and apparently no digitization.

Building on our previous research, we use discursive and visual methods to analyse online news media coverage of the calendar from November 2016 to February 2017. We use the concept of a discursive event as a temporally and contextually bounded episode that can shed light on a wider societal issue. It offers a way of examining the discursive (often recursive) processes that take place when concepts and identities are represented, how such representations are situated in wider discourses and what is achieved as a result.

Our analysis explores the 'new natural' femininity of ageing and its construction as a discourse of successful liberation. Our conclusions draw attention to the ways in which the 'new natural' is positioned as authentic, but might be said to (digitally) exist in a liminal space between the real and unreal. The implications for understandings of age and ageing will be discussed.

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**Paper Title: End of Research Findings Ten Years On: A follow up study of life in Berryhill Retirement Village**

**Author:** Janine Proctor (Keele University)

**Abstract:**

**Background:** In 2003, a research team from Keele University completed a three-year Lottery-funded project examining health, identity and well-being amongst residents in the then newly built Berryhill Retirement Village. More than 10 years on, this unique follow-up study explores the ways in which the village has evolved and responded to residents' changing needs over time. An overarching aim was to investigate the extent to which Berryhill may be defined and experienced as an "age-friendly community".

**Method:** In Phase One of the current project, 25 in-depth interviews were carried out with long-term residents (including six who took part in the original study). In Phase Two, a survey questionnaire was distributed to the whole resident population (149). The survey explored age friendliness in more depth across each of the eight domains identified by the World Health Organisation (2007) as being: Built environment, Transport, Housing, Social participation, Respect and Social inclusion, Civic Participation and employment, Communication and Information, Community support and Health services.

**Results:** Residents predominantly reported positive experiences in terms of opportunities to increase social participation and to be enabled to maintain independence in each phase of the research. However, the losses experienced by some residents in terms of changes in health, bereavement, and changing roles and responsibilities created barriers to activities and wider community engagement.

**Conclusion:** The findings demonstrate the benefits of a longitudinal research in highlighting the different challenges staff and residents face in dealing with change across time. The relationship between loss and wellbeing in a communal environment has implications for regular reviews of policy and practice.

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## **Paper Title: Acceptability and feasibility of using technology in a pilot trial to increase physical activity in older people with chronic musculoskeletal pain (iPOPP)**

**Author:** Janine Proctor, Chew-Graham CA, McBeth J, Healey EL, Jinks C (Keele University)

### **Abstract:**

**Introduction:** 150 participants aged 65 years and over with chronic musculoskeletal pain were recruited to the iPoPP pilot trial. Participant's 7-day activity levels were recorded using a tri-axial accelerometer prior to randomisation to one of three trial arms: usual care (plus pain management guidelines); Pedometer (pedometer plus usual care and pain management guidelines); iPOPP (Health Care Assistant (HCA) support, pedometer, motivational prompts, self-report walking diary, plus usual care and pain management guidelines). **Methods and Analysis:** As part of a process evaluation, semi-structured interviews were conducted with 20 participants across the two intervention arms to explore intervention acceptability. Purposive sampling ensured a range of age, gender, pain scores and self-report baseline activity level. Written consent was obtained prior to interview.

Interviews were digitally audio-recorded and transcribed verbatim. Data were analysed using a constant comparison approach in order to generate conceptual themes focused around acceptability and feasibility of activity monitoring devices used in the trial.

**Results:** Participants reported reasonable levels of activity; use of the baseline accelerometer was reported to increase and/or maintain activity, as did the pedometer. Participants reported the pedometer acceptable and easy to use, and using the diary to record steps acted as a motivator to further increase activity. Participants described a limited role of the HCA in supporting use of the pedometer and supporting increasing physical activity.

**Conclusions:** Participants reported that the technology used had a positive impact on activity levels, and highlights the potential of a simple intervention to increase physical activity in older people, to be tested in a full trial

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## **Paper Title: Ageing in place with Down's syndrome and dementia: An ethnographic account in a small group home setting.**

**Author:** Samuel Quinn, Maureen Crowley, Louise Ritchie, Colin Clark, Karen Watchman (University of the West of Scotland)

### **Abstract:**

Thanks to advancements in health and social care, people with Down's syndrome are living for longer. However, there is also a higher prevalence of early onset dementia for people with Down's syndrome, typically in their early fifties. Over 20% of people with a learning disability in the UK live in supported accommodation. Many of these settings use an 'ageing in place' model. This model supports individuals remaining in their own home as they age, with adaptations provided when necessary. However, there is a lack of research around the suitability of the ageing in place model for individuals with Down's syndrome and dementia.

The aim of this research was to investigate multiple perspectives (individuals with Down's syndrome and dementia, staff, family and co-residents) of ageing in place with Down's syndrome and dementia in a supported group home setting. The research consisted of an eight month ethnographic study guided by the principles of social constructionism, in which the researcher participated in and observed the everyday lives of residents and staff. The observation was accompanied by semi-structured interviews with family members.

This presentation will highlight the key findings from the research relating to staff and family views on ageing in place, what constitutes successful ageing in place and key factors which may enable individuals with Down's syndrome and dementia to remain in a group home setting for as long as feasibly possible. The implications of the research will be discussed in terms of policy and practice.

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**Paper Title: Hey Ho the Barley Mow: Play as a Way in to Intimate Relating in Dementia Care**

**Author: Esther Ramsay-Jones (Open University)**

**Abstract:**

Speaking of the game of Hide and Seek, paediatrician and psychoanalyst, Donald Winnicott once claimed, 'It is a joy to be hidden, and a disaster not to be found.' Borrowing from Winnicott's ideas, this paper will present a case for the importance of play in dementia care. It can be the case that people with dementia, particularly in the later stages, go unnoticed and so begin to retreat further and further in to themselves.

Drawing on rich observational fieldwork in a particularly playful care home, this work will point to how valuable play can be in drawing people out of their hiding places. Able to take risks, the care workers often shared, and co-created 'between' spaces for play, which led to meaningful connection and the possibility to carry on being. The paper will also consider some aspects of organisational culture and practice, which hinders play and spontaneity in everyday life.

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**Paper Title: One Older Man and his Dog: meeting the challenge of developing an online learning resource for research-informed practice**

**Author: Mo Ray (University of Lincoln), Sally Richards (Oxford Brookes University), Liz Lloyd (University of Bristol), Alisoun Milne (University of Kent), Denise Tanner (University of Birmingham)**

**Abstract:**

Social gerontology researchers often develop creative approaches to the dissemination of findings and engage in activities such as knowledge exchange. Practitioners who intervene directly in the lives of older people are a key target audience but are often 'hard to reach'. Gero(G)8 - a group of gerontology researchers

with backgrounds in social work - aims to raise the profile and standards of social work practice with older people, principally by promoting the use of gerontological research in practice. Social work research has neglected older people and a vicious circle has developed by which an increasingly de-professionalised, routinised area of practice has decreasing engagement with relevant research findings.

In this paper we report on a collaborative project to develop an on-line open access learning resource for social work practitioners which aims to reveal the complexity beneath an apparently simple scenario and the relevance and value of gerontological research for enhanced practice. We will describe:

- a) The process through which Gero(G)8 built relationships with key groups and individuals in order to identify a vehicle and an outlet for national dissemination and to support and guide product development.
- b) How we met the challenges of devising a suitable case scenario for an on-line exploration of complexity and of integrating a range of gerontological theory and research in the unfolding story of Don (81-85) and Sprocket his dog.

The paper will conclude with an overview of lessons learnt about the impact of the resource, which is currently being monitored.

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## **Paper Title: Managing diabetes in people with dementia (DlaMonD): A realist review**

**Author:** Peter Reece Jones , Bunn F, Goodman C, Russell B, Trivedi D, Burton C, Rait G, Rycroft Malone J, Bayer A, Sinclair A. (Bangor University)

### **Abstract:**

Studies show that between 13-20% of people living with dementia (PLWD) have diabetes, as capacity for self-care diminishes, the management of diabetes in PLWD becomes very challenging. This review takes a realist, theory-driven approach focusing on how an intervention works, for whom, in what circumstances and why. A key feature is the inclusion of service user involvement (Pawson & Tilley, 1997).

Explanatory accounts (or programme theories) are expressed as Context – Mechanism – Outcome configurations (CMOC), and explain how outcomes are triggered by generative mechanisms in certain contexts.

CMO1 – Raising awareness: engagement in self-management (O) needs a health care system to propagate positive attitudes towards PLWD(Diabetes) (C), that fosters a belief in staff that PLWDD have the right to diabetes related services

CMO2 – Partnership: Reducing burden of treatment (O) requires delivery systems that are person-centred (C) that empower health staff to act in best interests, generating trust in PLWDD (M)

CMO3 – Tailored care: Provision of tailored diabetes management (O) needs health staff to develop enablement skills rather than patient administration (C) that creates expectations of the importance of diabetes self-management (M)

CMO4 –Regular contact: Managing PLWDD transition from independence to dependence (O) require health staff to maintain regular contact (C) triggering feelings of being supported in PLWDD/ family

CMO5 - Family engagement: effective self-management (O) needs routine family involvement

(C), enabling recognition of their contribution (M)  
CMO6 – Usability of assistive technology: Maintaining autonomy (O) necessitates tailoring technology to PLWDD/family requirements (C), generating awareness and understanding in PLWDD/family (M)

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## **Paper Title: The Care Home Band: Using Creative Methods to Promote Social Inclusion for People with Dementia Living in Care Homes**

**Author:** Laura Reynolds, Anthea Innes and Jane Robertson (University of Stirling)

### **Abstract:**

Music has the potential to improve wellbeing and promote interaction for people with dementia. Living in a care home can be an isolating experience for many, and connections with the local community can diminish almost entirely. This project seeks to create and evaluate a music initiative, bringing together residents, care home staff and the community to rehearse and perform together in a creative, fun and sociable atmosphere. This paper will explore the design of a participatory action research approach involving two care homes.

To ensure the voices of people with dementia are heard, interviews will be conducted with band members. Additionally, observations will be conducted and participants will be invited to view these and provide their own interpretation of activities. Evaluation questionnaires and a log of activities from each rehearsal will be collected from participants. An advisory group – including a person with dementia with experience of a music intervention – is guiding the project as part of this participatory approach.

The project will utilise innovative dissemination and engagement strategies to challenge the prevalent negative stereotypes held about care homes and dementia. As part of this, each care home band will engage in a public performance at the end of the rehearsal period to showcase the skills and achievements of participants. A practice guide will be developed for those wishing

to develop their own music initiatives in care settings for people with dementia, care staff and the community to promote the arts as a means of supporting positive social engagement for all.

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**Paper Title: Visual attention and processing speed - Healthy ageing and vascular cognitive impairment**

**Author: Emma Richards, Anthony Bayer, Jeremy Tree, Andrea Tales (Swansea University)**

**Abstract:**

Currently 150000 people in the UK are diagnosed with vascular dementia, however, it is not recognised as a research priority. Evidence shows visual attention-related processing and reaction time change as we age, but there are significant abnormalities in people with Mild Cognitive Impairment and Alzheimer's disease, however, there is little research into Vascular Cognitive Impairment (VCI)/Vascular dementia. We consider that such abnormalities may also be found in those with VCI, affecting ability to process information effectively.

Cognitively healthy young and older adults, and those with VCI, were presented with novel iPad, computer based tests of reaction time, visual search, inhibition and divided and sustained attention, together with a battery of neuropsychological tests. The iPad and computer tests when compared to tests typically used in diagnosis, are designed to indicate any breakdown in functional integrity, capable of significantly affecting a person's ability to interpret and respond and thus to interact with, their environment, with implications for safe driving etc. The testing regime and scope of these additional visual attention tests, are not currently used in diagnosis, but could be used to aid diagnosis, and help us understand the disease and symptoms, providing a portable, cheap and easy to use battery of additional tests, with the results immediately available to researchers and clinicians.

The study is on-going but preliminary results will be discussed in terms of healthy ageing and ageing with dementia. Expected findings

may be predictive of future decline and help us to characterise VCI/vascular dementia more successfully.

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**Paper Title: Perceptions of attention and processing speed in ageing and vascular dementia - Directing future research.**

**Author: Emma Richards, Sarah Hillcoat-Nalletamby, Jeremy Tree, Andrea Tales (Swansea University)**

**Abstract:**

Attention problems and slower processing speeds are often associated with older people. Some studies have shown that this is more pronounced in people who have vascular cognitive impairment (VCI). People with VCI perform worse on certain tasks that involve attention and processing speed compared to healthy older adults and those with Alzheimer's disease. Little research has been done to explore what attention and processing speeds mean to people. The research aims to establish how people picture their own attention and what 'slowing' means to them. What do people attribute identifiable changes in their attention and processing speed to? Do people associate slowing and reduced attention with dementia? There is currently a mismatch between what the general public understand attention as and what researchers understand attention as. Eight focus groups involving the public, paid and unpaid carers, and those with dementia were used to explore people's understanding of the term attention, perceptions of processing speed. The groups discussed factors that affected the speed that people could do daily tasks; problems associated with reduced attention and slowed processing speed. Expected findings will explore the understanding of attention and processing speed. It is anticipated that people do not associate dementia with a decline in processing speed and attention, and that it is a natural part of ageing. Using a range of groups in society, we can better understand differences in public understanding of attention, and use this information to inform a larger research project aiming to characterise VCI, involving novel iPad tests of attention and processing speed.

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**Paper Title: An investigation into the potential utility and effectiveness of a Multisensory Stimulation intervention on an acute medical ward for people with dementia.**

**Author:** Lyndsey Rickman (University of Southampton)

**Abstract:**

Multisensory Stimulation (MSS) involves providing a variety of equipment such as tactile objects, lights, music and aromas to stimulate the five primary senses, without placing intellectual demands on individuals. This therapy is effective in promoting wellbeing, improving nurse-patient relationships and reducing some agitated behaviours (van Weert et al. 2006). However, investigating implementation in an acute hospital has been overlooked.

The use of MSS in hospitals has potential benefits such as: reduced burden for staff and carers and a more positive experience with improved outcomes for people with dementia (Perrin 1997; Department of Health 2015). However, without investigating implementation and impact, hospitals cannot implement effectively or maximise the therapy's clinical potential (Craig P et al. 2008).

The objective of this research is to (1) determine the feasibility of acute care nursing staff using MSS for people with dementia (2) identify barriers and facilitators to staff use of this intervention (3) pilot the use of the observational tool, Dementia Care Mapping (DCM) to measure patient wellbeing for a future evaluation of multisensory interventions in acute care. This mixed methods study will:

- (a) Recruit across the multidisciplinary team (including management) to participate in semi-structured interviews and focus groups.
- (b) Recruit patients, diagnosed with dementia to participate in structured observations using DCM. Patients will be observed by the researcher for two, four hour periods on consecutive days. The researcher will observe

mood/engagement levels, behaviours and staff interactions. This will provide quantitative and qualitative data on wellbeing/illbeing experienced from the patients perspective.

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**Paper Title: The contribution of dementia dogs to living well with dementia: a realistic evaluation.**

**Author:** Louise Ritchie, Samuel Quinn, Barbara Sharp, Nick Jenkins (University of the West of Scotland)

**Abstract:**

There is increasing recognition of animal based interventions within as a promising area of practice within dementia care. Dementia Dogs is an innovative project in Scotland which aims to support people with dementia to engage with dogs and to promote the use of dogs in dementia care. The project uses an assistance dog model where a dog is specifically trained to provide support to a person with dementia and their spouse on a full time basis. This presentation aims to communicate the findings of a realistic evaluation of the project, focusing on the contribution dogs make to support a person with dementia to continue to live well within the community. Realistic Evaluation design was selected due to the complexity and unique experience of living with dementia and the early stage of development of the dementia dog programme. Importantly the design with its focus on context, mechanisms and outcomes (CMO) can illuminate why an approach may work in some situations but not in others. The realistic evaluation is informed by a literature review and draws on three types of qualitative evidence including documentary evidence and interviews with both families with experience of a dementia dog and project team members. The strongest examples of CMO configurations will be presented, relating to improved communication between the couples, emotional support from the dog and facilitating the independence of the person with dementia. These will be discussed in terms of the contribution dogs can make to living the best life possible with dementia.

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**Paper Title: Making Frailty a priority: a primary and secondary care collaborative approach**

**Author:** Cat Roberts, Ben Atkins & Juan Corkill (Coventry and Rugby GP Alliance)

**Abstract:**

**Aims/Objectives:** Demonstrate the role of GPs within secondary care initiatives for frail, complex elderly patients.

**Content:** Experiences of an innovative GP-led multi-disciplinary approach to frailty within secondary care; highlighting groups involved, the challenges and the successes

**Relevance/Impact:** Frail elderly patients are vulnerable, complex, prone to dependency and have reduced life expectancy. Primary care can not always meet their complex needs while recurrent and prolonged hospital stays are also detrimental. These factors drive demand for early Comprehensive Geriatric Assessment (CGA), primary/secondary care integration and a multidisciplinary approach to management. Their community-orientated care ethos, shared-decision making approach, management of clinical risk and patient advocacy enable GPs to confidently lead this approach.

**Outcomes:** First quarter data for 2016 shows that patients managed by the frailty team had a 7-day reduced length of stay with 32% discharged on the same day and a 38% reduction in readmissions over 28 days. Patient and carer feedback demonstrates a positive impact on the patient experience. A recent Emergency Care Improvement Programme (ECIP) report states, "The recently created Acute Frailty Team (GP led service in secondary care) appears to be an excellent foundation on which to build a comprehensive service.... a powerful option with energetic staff keen to make a difference..."

**Discussion:** Outcomes suggest patient and cost benefits as a result of collaborative working. Positive early signs and support from the Trust and wider health community have secured funding for ongoing development. Delivery of a timely CGA is key to patient care; who delivers this assessment is worthy of debate.

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**Paper Title: Older Lesbians and the Art of Impro-visageing in Dunedin, New Zealand**

**Author:** Ella J Robinson (University of Otago)

**Abstract:**

This paper describes some of the diverse lesbian perspectives on the arts of ageing in Dunedin. With findings from ten, ethnographic interviews I explore what 'ageing well' means for women from 45 to 88 years of age who have had to improvise; to imagine futurities and to learn how to grow older in a world where discourses and representations of ageing and the life course are predominantly heteronormative. In growing older we continually learn to negotiate embodied selves; our changing physicality, social relationships and positioning (Fischer 2007: 433). Thus, lesbian and queer women's reflections on ageing and the life trajectory offer insight into the strategies and creative ways people adjust to older embodiments, alongside changing perceptions and expectations of the ageing self. Such strategies include conceptualizing 'old' as a place, priding one's age and sexuality, sharing humour, ritualizing adjustments to physical change, and 'DIY'-ing together. However, in embodying lesbian trajectories that challenge heteronormative frameworks and 'techne' in various health/welfare or educational institutions, instances of improvised responses take place with varying effects on care. Hence, from momentary acts of resistance, to everyday identity performance and commitment, these ageing lesbian women simultaneously create and experience politically active ageing. This raises important questions for aged care policy and programme development in New Zealand and overseas: how might we ensure moments of improvised care create learning opportunities for aged care/health providers? Whose life courses are represented in national, ageing discourses and how might more inclusive discourses improve aged care for everyone, regardless of sexual-orientation?

## **Paper Title: Creative Ageing Festivals; celebrating creativity as we age**

**Author:** Emma Robinson (Age Cymru), Tara Byrne (Bealtaine Festival, Age and Opportunity, Ireland), Anne Gallacher (Luminate Festival, Scotland)

### **Abstract:**

This presentation will be delivered by the three national festivals that celebrate creative ageing: Bealtaine – Ireland's national celebration of creativity as we age. Bealtaine began in 1995, Gwanwyn – Wales' national festival celebrating creativity in older age which started in 2007. Luminate – Scotland's creative ageing festival celebrating our creative lives as we age, which launched in 2012. It will present findings from two evaluation papers: 'An Evaluation: The Bealtaine Festival: A Celebration of Older People in The Arts' - Áine Ní Léime & Eamon O'Shea, Irish Centre for Social Gerontology, National University of Ireland, Galway, 2008. 'Evaluation of Luminate' – 2012 – 2014 – BOP Consulting, 2015

The presentation will explore:

- The role of creative ageing festivals to support arts and creative activity for and with older people
- The impact of creative ageing festivals; the three programmes have delivered a combination of 36 festivals since 1995.
- How to create opportunities for older people to take part in the arts, especially those who are currently underrepresented i.e. older men, older people from the LGBT+ community
- How to challenge stereotypes of older people via arts and creative activity
- How to support older arts and creative professionals
- Examples of best practice from Ireland, Scotland and Wales to inspire and excite
- What's next? How can creative ageing festivals respond to the changing needs and demographics of older people

This presentation would also work as a breakout session and we would welcome the opportunity to discuss themes and challenges directly with delegates.

## **Paper Title: Interventions for respect and social inclusion in older people and their impact on health and wellbeing: A systematic review**

**Author:** Sara Ronzi, Lois Orton, Daniel Pope, Nicole K Valtorta, Nigel Bruce (University of Liverpool)

### **Abstract:**

Diminished respect and social inclusion may negatively impact on older people's health. Although many interventions have been developed to promote respect and social inclusion, evidence of their impacts on health is unclear. This systematic review aimed to investigate the effects of such interventions on the health of older people.

Eligible studies published 1990-2015 were identified by searching six bibliographic databases using a pre-piloted strategy, screening reference lists of retrieved papers and searching organisational websites. Study inclusion criteria were: (i) included community-resident people aged 60+; (ii) reported the impact/perceived impact of an intervention to promote respect and social inclusion on physical/mental health and (iii) publication in English. All study designs were eligible. Titles, abstracts and full texts were screened for eligibility, and quality and risk of bias were assessed using standardised tools. Findings were summarised using narrative synthesis, with Harvest Plots and logic models.

Of the 27,354 records retrieved, 40 studies (23 quantitative, 6 qualitative, 11 mixed methods) were included. All studies were conducted in high and upper middle income countries. Interventions included: mentoring; intergenerational and multi-activity programmes; dancing; music and singing; art and culture; information communication technology. Most studies were at moderate risk of bias. There was some indication that intergenerational initiatives and those based on music and singing had a positive impact on psychological outcomes, wellbeing and the subjective and physical health of older people. Qualitative studies identified some common mediating factors (e.g. improved social relationships, self-esteem, and feeling valued) that may lead to improved health and wellbeing.

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**Paper Title: Exploring the ecological model of resilience for recently bereaved carers**

**Author:** Louise Roper, Barbara Hanratty & Kate Bennett (University of Liverpool)

**Abstract:**

**Introduction:** Carers often provide care to loved ones sometimes at the detriment of their own physical health and quality of life. The ability to successfully tackle the personal adversity encountered when caring for a dying person is, to some extent, dependent on assets and resources within the life and environment of the carer. Bereavement has a high probability of being a stressful life event (Bennett & Soulsby, 2012) and there are individual differences in bereavement experiences, patterns of adaptation and trajectories (Bennett, 2010; Galatzer-Levy & Bonanno, 2012, Spahni et al. 2015).

**Aim:** In this study we examine resilience amongst bereaved carers using qualitative methods. We utilise the following definition of resilience: "the process of negotiating, managing and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity" (Windle & Bennett, 2011).

**Methods:** Analysis of data from 40 in-depth interviews of bereaved carers using the Framework Approach. Interviews focused on the experiences of end of life transitions from one place of care to another for the deceased. We examined factors that promote or hinder resilience in the bereaved carers.

**Results:** Participants who showed resilient features seemed to draw on resources such as family & social support, psychological characteristics, biological resources and religious faith.

**Conclusions:** We develop the idea of more than a binary classification of resilient or not-resilient.

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**Paper Title: Exploring the quality of social relationships and resilience amongst bereaved carers.**

**Author:** Louise Roper, Warren Donnellan, Barbara Hanratty, Kate Bennett (University of Liverpool)

**Abstract:**

**Introduction:** Across the life course, the experience of resilience will vary (Windle & Bennett, 2011). Evidence suggests that informal support is associated with resilience and that informal support is associated with high baseline resilience and lower levels of institutionalisation over time for people with dementia (Donnellan & Bennett 2015). There is a paucity of research exploring social relationships, informal support and resilience amongst recently bereaved carers.

**Aim:** We explore how the presence or absence of distinct dimensions of social support (Sherbourne & Stewart, 1991) could facilitate or hinder resilience in this setting. We examine how the quality of bereaved carers' material or social support influences the level of resilience demonstrated by bereaved carers whilst they are caring for their loved ones.

**Methods:** Analysis of data from 40 in-depth interviews with bereaved carers asked about their experiences of end of life transitions (from one place of care to another) for their decedent relative or friend.

**Results:** A range of different types of support were identified for this group of participants. Themes of emotional, affectionate, informational, tangible and positive social interaction were present in the data, as well as themes focusing on health professionals' social relationships with the carers, and families' relationships with each other. Our analysis suggests that there is less emphasis on affectionate positive social interaction and that support/social relationships can be obstructed by health professionals and family.

**Conclusions:** The quality of social relationships in caring at the end of life is almost exclusively based around end of life 'work'.

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**Paper Title: "The deceased has left; the alive has to move on": Experiences of Chinese Widows in the UK**

**Author:** Louise Roper, Quiling Chao, Kate Bennett, Victoria Lowers (University of Liverpool)

**Abstract:**

Widowhood, especially in later life, is a significant and high frequency life event for women (Bennett, 1997). The majority of research into women and widowhood has focused on women of white ethnicity and from the majority ethnic group (Carr et al., 2000). Relatively little is known about the experiences of Chinese widows, especially those living outside China. This qualitative study examines the experiences of eight Chinese (or Hong Kong) born widows living in the UK. Using a chronological interview specifically exploring the events before, during and after their widowhood, and analyzing the data using grounded theory methodology, women were asked about their experiences of spousal bereavement. Five major themes emerged: (1) complexity of marital lives; (2) experiences around the time of the death including fate; (3) loneliness and isolation; (4) the challenges of practical tasks; and finally, (5) current life. The study illustrates how some bereavement and widowhood experiences are cross culturally similar such as feelings of loss, sadness and loneliness. However at the same time those universal experiences are modified by the social and cultural context of widows. The implications for social policy and practice are briefly discussed.

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**Paper Title: 'Age and life course location as interpretive resources for decisions regarding disclosure of HIV to parents and children: Findings from the HIV and Later Life study'**

**Author:** Dana Rosenfeld (Keele University)

**Abstract:**

Studies of disclosure among older people living with HIV (PLWH) are uninformed by critical social-gerontological approaches that can illuminate how older PLWH treat age as relevant to disclosure of their HIV status. These approaches include an ethnomethodologically-informed social constructionism that explores how 'the' life course (a cultural framework depicting individuals' movement through predictable developmental stages from birth to death) is used as an interpretive resource for determining self and others' characteristics, capacities, and social circumstances: a process Rosenfeld and Gallagher (2002) termed 'lifecoursing'. Applying this approach to our analysis of 74 life-history interviews and three focus groups with older (aged 50+) PLWH in the United Kingdom, we uncover the central role that lifecoursing plays in participants' decision-making surrounding disclosure of their HIV to their children and/or older parents. Analysis of participants' accounts uncovered four criteria for disclosure: the relevance of their HIV to the other, the other's knowledge about HIV, the likelihood of disclosure causing the other emotional distress, and the other's ability to keep the disclosed confidential. To determine if these criteria were met in relation to specific children and/or elders, participants engaged in lifecoursing, evaluating the other's knowledge of HIV, and capacity to appropriately manage the disclosure, by reference to their age. The use of assumptions about age and life-course location in decision-making regarding disclosure of HIV reflects a more nuanced engagement with age in the disclosure decision-making process than has been captured by previous research into HIV disclosure, including on the part of people ageing with HIV.

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**Paper Title: 'In the Same Boat':  
Experiential Knowledge, Social Support,  
and Quality of Life Among Older People  
Living with HIV**

**Author:** Dana Rosenfeld, Jane Anderson (Keele University)

**Abstract:**

As the HIV population ages, how the aging and HIV experiences intersect to shape the lives of older people living with HIV (PLWH) becomes an increasingly pressing question. This multi-method study investigated social support, mental health, and quality of life among 100 older PLWH in the UK. This presentation considers participants' distinctions between, evaluations of, and access to sources of social support. Data gathered from 3 focus groups and 74 life-history interviews with older (aged 50+) white men who have sex with men (MSM), and black African and white heterosexual men and women, were analysed thematically. Open and closed coding produced thematic categories around which sections of data were organized through NVivo 10 before final analysis. Participants described support provided by HIV-negative people and by other PLWH (distinctions that resonate with Goffman's concepts 'the own' and 'the wise', with the former needing to be supplemented by the latter. Access to experientially-based support varied across participant groups, whose communities had different histories with HIV and thus different degrees of knowledge about HIV and avenues for connecting to other PLWH. Social support among older PLWH cannot be neatly divided into 'formal' and 'informal' domains, or fully appreciated through the application of traditional social support measures, including, in the context of health conditions, 'peer support' created through formal service organizations. Rather, older PLWH's own distinctions and evaluations better illuminate the complexities of social support in the context of aging with HIV.

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**Paper Title: Going dark: Serious leisure,  
adventure volunteering and older male  
cavers.**

**Author:** Sharon Rosser, Mark Hickman (University of Central Lancashire), Myles Harris (South Bank University)

**Abstract:**

**Introduction:** Recent developments in social gerontology have heightened the need to understand the role of physical activity in supporting well-being in older adults. Traditionally, this physical activity has focused on exercise prescription, or participation in more mainstream sports such as football. However, more recently, literature has emerged that offers a perspective suggesting that adventure sports are more likely to produce long-term benefits for older adults.

Research also suggests that retirement can be a time of great anxiety with potentially negative impacts on well-being and it is argued that the more 'continuous' the period of retirement for males in particular, the higher the likelihood of pervasive adjustment problems.

This study reports the conditional findings from a case study involving retired adult males, aged over 65, and their continued involvement with the adventure sport of caving, a hard-to-reach group so far attracting little research attention. Findings suggest that for this group, caving, a self-referenced and co-operative activity, affords enhanced capacity to cope with post-retirement life, especially when viewed through the lens of 'adventure volunteering'.

Interview questionnaires and targeted interviews were carried out with four active cavers from the north of England, and themes identified through manual data handling. This reflected the essential need to articulate the voice of the older person in understanding the ways in which some older adults very positively conceptualize the relationship between ageing and volunteering in adventure sport

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**Paper Title: Cardiovascular fitness attenuates age-related declines in visual processing efficiency and may attenuate declines in goal-directed movement performance**

**Author:** Michael A. Rupp, Daniel S. McConnell, Janan A. Smither (University of Central Florida)

**Abstract:**

Older adults are less efficient performing goal-directed pointing movements, taking twice the movement time as younger adults (Bakaev, 2008). Age-related declines in visual processing efficiency is one explanation for this finding (Van Halewyck et al., 2015). Whereas physical activity has been shown to attenuate many age-related cognitive declines, it is unclear if physical fitness can attenuate these age-related kinematic inefficiencies (Van Halewyck et al., 2015). The current study investigates the impact of the Useful Field of View (UFOV) task (Ball et al., 1998) and fitness level (using the Jurca et al. (2006) cardiovascular fitness score) on pointing performance in two Fitts' law pointing tasks that assess different types of kinematic processing: one where difficulty is manipulated by distance and another where difficulty is manipulated by target size. We recruited 115 healthy adults between the ages of 18 – 82. Each participant completed the UFOV, Jurca questionnaire, and both pointing tasks. Our results showed a significant age by fitness interaction on UFOV scores. Younger adults performed well regardless of fitness, high-fit older adults performed as well as younger adults, while low-fit older adults showed a deficit in visual processing ability. UFOV scores significantly predicted movement time in both pointing tasks; however, correlations were greater when difficulty was manipulated by target size. Our results suggest that fitness improves visual processing efficiency which may mediate goal-directed pointing performance in older adults. This is a novel finding connecting perception with goal-directed action and providing added evidence for the benefits of staying active across the lifespan.

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**Paper Title: Examining Age-Related Differences for Assistive Robotic Control with Suggestions for Compensation**

**Author:** Michael Rupp, Eva Parkhurst, Nick Paperno, Jessica Michaelis, Aman Behal, Janan Smither (University of Central Florida)

**Abstract:**

Over 6.8 million individuals in the United States alone have a mobility limitation requiring an assistive device. Although these devices aid in increasing mobility, many individuals still require assistance completing common tasks such as retrieving an object out of reach. Assistive robotic technology, such as a wheelchair mounted manipulator arm and gripper, can improve these individuals' functional independence. However, it is still unknown how age-related changes affect individuals' ability to successfully use this technology and how the robot should assist the user. A previous study identified 1) simple reaction time, 2) spatial ability, 3) working memory capacity, 4) dexterity, and 5) visual ability as the perceptual and cognitive factors that predicted faster completion times and lower number of moves on an assistive robotic arm control task. The current study re-examines data to investigate differences between younger ( $n=46$ ;  $M=27.24$ ,  $SD=6.66$ ) and middle-age-to-older ( $n=47$ ;  $M=50.00$ ,  $SD=7.28$ ) adults, an area not covered in the original study. Older adults showed declines in spatial ability, dexterity, and working memory capacity as compared to younger adults. This led to older adults taking longer to complete each task while utilizing approximately the same number of moves. We use this data to suggest possible ways in which an assistive robotic arm can compensate for user's spatial abilities and working memory capacity.

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**Paper Title: 'Well what if this, that or the other happens?': Couples, Advance Care Planning & Dementia**

**Author:** Tony Ryan, Jane McKeown (University of Sheffield)

**Abstract:**

There exists compelling evidence that Advance Care Planning remains a key factor in the delivery of appropriate end of life care and facilitates the timely transition to palliative care for people with cognitive impairment or dementia. This study set out to explore the experiences in the use of ACP amongst spousal couples affected by dementia.

The study utilised a constructivist grounded theory (CGT) methodology. Sixteen participants (eight couples) living at home in the community were interviewed.

There was limited evidence that ACP was being undertaken by participants. A number of factors were identified to help explain why this was the case with a focus on the core social process of 'postponement'. Important categories are noted: discordance between ACP and 'living well' with dementia; caregiver precedence in seeking to maintain an equilibrium in day to day life; maintaining couplehood; ageing and caregiving. Despite this interviews clearly identify alternative planning being undertaken, sparking a reconsideration of the form, nature and process of engagement between families and health and social care professionals.

Reluctance to engage in ACP for them is grounded in the realities of living as a couple with dementia. The findings will have implications for practice. The work also contributes to burgeoning discussion around the planning of future care in relation to the discourse of individual responsibility.

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**Paper Title: Ageing, physical activity and embodied social practice**

**Author:** Charlotte Salter (University of East Anglia)

**Abstract:**

Using Bourdieu's concept of habitus and a focus on embodied practice, the aim of this paper is to develop a theoretical framework to enable a more nuanced and supportive exploration and understanding of ageing and physical activity. The discourse of lifestyle as consumption as promoted by public health and free market economies, is juxtaposed with a habitual and embodied approach to the practice of physical activity that embraces physical activity in its entire semblance. Reflecting personal, social, economic and bio-medical influences and expectations, and using secondary data analysis, the findings presented here show how the practice of physical activity for a group of older women was experienced through different but overlapping intensities of embodiment. The data suggests women were habitually physically active and that 'know-how' and taste for a physically active life-style had developed as much through age as class. Reflecting on Ann Oakley's seminal work on sociology of housework, this paper suggests achieving home-work was integral to older participants' concept of activity and wellbeing. I ask if perhaps the linear framework that sees home-work as something punitive that cannot be escaped because one cannot retire from it could be re-imagined as a means by which older women (and men) continue to operate physical activity as (meaningful) social practice. This paper concludes that physical activity is the sum of a range of many embodied everyday practices experienced over a life time and not simply a measurable response to a public health concern.

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## **Paper Title: DNAR Orders: How Much Does Age Influence Decision Making? A Systematic Review**

**Author:** Ian Sammy, Ifor Cooke, Lauren Langham, Aimee Kirkup, Muminah Malik, Gabriella Marlow (University of Sheffield)

### **Abstract:**

#### **Background**

As the global population ages, the role of age and 'ageism' in deciding on 'do not attempt resuscitation' (DNAR) orders has not been definitively investigated.

**Methods:** We undertook a systematic review of the literature via Cinahl, Medline and the Cochrane database to identify studies that specifically compared the proportion of critically ill patients who had a DNAR order, by age.

**Results:** All 5 studies that fulfilled our inclusion criteria found that the likelihood DNAR orders was increased in older patients; 3 demonstrated that this was independent of other relevant factors, such as illness severity, chronic medical conditions and quality of life. In studies comparing age groups, the adjusted odds of having a DNAR order were greater in patients aged 75 – 84 years (AOR 1.70 (95% CI 1.25 – 2.33)) and 2.96 [95% CI 2.34 – 3.74]). In studies treating age as a continuous variable, there was no significant increase in the use of DNAR with age (AOR 0.93 [95% CI 0.76 - 1.15]).

**Conclusion:** In conclusion, this review suggests that age increases the likelihood of the use of 'do not resuscitate orders' in seriously ill patients. More research is needed to determine whether this age bias represents 'ageism'.

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## **Paper Title: Community groups as a substitution for religious groups: findings from the CFAS Wales study**

**Author:** Alexandra Sardani, Vanessa Burholt, Launder, C. (Swansea University)

### **Abstract:**

Over the last two decades, quantitative analysis of the CFAS Wales (Cognitive Function and Ageing Study) data indicates decreased religious participation but simultaneous increased participation in community groups. The aims are to present older people's expectations about support and contact from others, which they draw from community groups, and discuss the similarities and differences from the expectations concerning contact and support derived from membership in religious congregations or groups. Findings were based on 26 intensive qualitative interviews from the Wave 2 CFAS Wales data set (N=3,593), which is a nationally representative study of community-dwelling people aged 65 and older in Wales. Overall, the analysis suggests that community groups fulfill more diverse roles than religious groups, including improving health and fitness, learning, helping others and receiving advice and support. Participants' value of community groups in terms of perceived benefits they receive from participation and their expectations of help from community group contacts will be discussed, along with the purpose of religious meetings' attendance, perceived benefits and participants' perceptions of the help they receive from their religious group contacts. Findings also provide insights into older people's reasons for a decrease in religious participation, which include migration, ill health and mobility, but they are mostly related to changes in religiousness and spirituality. Finally, we discuss barriers, which limit older people's access to community groups and compare them to barriers related to religious participation including cost, community change, and service cuts. We draw out the implications for informal community support in the 21st Century.

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**Paper Title: 'Wonderful support groups...wonderful friendships.... so much happiness...'**

**Author: Jane Say (University of Hertfordshire)**

**Abstract:**

This paper will discuss the findings from work that explored the social networks of carers and the particular benefits that involvement with a Third Sector Organisations (TSOs) can bring. The experience of carer involvement in such groups alongside the utility to the caring role has not been clearly elucidated. As the demand for informal care continues it is necessary to examine how other more community based approaches and partnerships can be facilitated. In this respect, TSOs are ideally placed to offer support in a number of ways that will reduce social isolation, improve health and well-being and potentially improve access to other resources that can positively enhance the lives of carers and care-recipients.

Social network data was obtained from twenty carers who were recruited via Parkinson's UK. The data was analysed using NVivo 10 and the UCINET computer programme. Network data and framework analysis uncovered the key dimensions and dynamics of the carers' networks.

From the findings it is evident that participation of carers in TSOs offers a significant means of carer support. Principally as follows:

- The relationships formed offer a means of extending the carer's personal community with the development of both 'weak' and over time, 'strong ties.'
- Increased emotional, instrumental and informational support alongside reciprocity, mutuality and carer validation appeared to enhance carer well-being and self-esteem.
- The development of 'weak ties' improves bridging social capital, with greater access to individuals who act as network spanners and information brokers.

- The development of 'weak ties' improves bridging social capital, with greater access to individuals who act as network spanners and information brokers.

Using NVivo 10 and the UCINET computer programme, meant that network data and framework analysis uncovered the key dimensions of the carers' network structures.

Outcomes

From the findings it is evident that participation of carers in TSOs offers a significant means of carer support. Principally this occurs as follows:

- The development of both 'weak' and over time, 'strong ties' that extend the carer's personal community and increase access to resources.
- Increased emotional, instrumental and informational support alongside reciprocity, mutuality and carer validation appeared to enhance carer well-being and self-esteem.
- The development of 'weak ties' improves bridging social capital, with greater access to individuals who act as network spanners and information brokers.

From a policy perspective the role of TSOs has further potential and should not be underestimated. Extending and integrating the TSO network with local more formal health and intergrating the TSO network with local more formal health and social care sectors offers a means of signposting carers and care recipients to the resources and benefits of such groups.

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## **Paper Title: Decision Making In Housing and Care Transitions among the oldest old (95+)**

**Author:** Fiona Scheibl, Morag Farquhar, Jane Fleming, Jackie Buck, Stephen Barclay, Carol Brayne (University of Cambridge)

### **Abstract:**

Purpose of the study: An increasing minority of older people move home in later life but little is known about the role they play in decision making about moving. By examining this process in a rare dataset of people aged 95+, this study develops existing theories of moving late in life which distinguish between reactive and proactive moves and the ownership of decision making.

Design and **Methods:** Using the analytical methods of grounded theory this paper analyses qualitative interview data collected in the Cambridge City 75 Cohort Longitudinal study which included in year 21 (Survey 7) a sample of 26 older people who had moved aged 95+. **Results:** Only one participant made a proactive move, most (n=22) moved in a reactive response to a health crisis. Reactive moves were typically triggered by falls and a period of hospitalisation. The analysis identified a third type of move, 'Complex', which straddled proactive and reactive push and pull factors. In most cases (n=22) decision making involved other people with varying degrees of ownership. Only four older people fully owned their own decision to move.

**Implications:** This analysis shows that older people are often unable to make their own decisions about moving in later life due to the impact of a health or bereavement related crisis. Furthermore, moves triggered by these reactive stress factors cause families trauma and distress. It highlights the need for proactive discussions about moving and housing options for older people at timely junctures before health crises intervene and force a reactive move.

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## **Paper Title: Social Leisure Activities & the Financial Crisis amongst People aged 40+ in Germany**

**Author:** Anna Schneider (Edinburgh Napier University)

### **Abstract:**

Background. In Newcastle 2015, results were presented that suggested that social leisure participation had increased between 1996 and 2008. This paper focuses on the development between 2008 and 2014 and aims to explain the observed reversal of the trend in social leisure participation. It particularly asks in how far the economic recession can be identified as a cause of it.

Methods. The 2008 and 2014 waves of the German Ageing Survey, which consist of a cross-sectional, nationally representative sample of over 6000 respondents aged 40 to 85 years each, are analysed. Measures of income, as well as experienced/expected standard of life are examined to explore if real or perceived financial insecurities have contributed to the decrease in social leisure participation.

Results. The percentage of people who said their standard of life was good or very good dropped from 69.4% in 2002 to 62.4% in 2008, and 32.5% of all respondents in 2008 said they felt this drop. However, its effect was delayed, since social leisure activity in 2008 was at a high point, and in 2014, levels of high subjective standard of life had caught up with the 2002 rate, but social leisure activities had decreased. This paper argues this is connected to the expected development of standard of life.

Conclusions. This paper shows that perceived economic instability has a detrimental effect on social leisure participation – a factor known to be beneficial for older adults' health and life satisfaction. It demonstrates that the recession's impact reaches beyond the economic.

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**Paper Title: Social class, ageing and forms of identity among women living with dementia**

**Author:** Hannah Scott (Cardiff University)

**Abstract:**

This PhD is linked to the IDEAL study (improving the experience of dementia and enhancing active life). IDEAL is a longitudinal, nationwide project that aims to explore the factors that help or hinder the ability of people with dementia and their caregivers to 'live well'. My PhD will focus on identity; how it is related to social location (class and gender) for people with dementia, and how it is expressed. I will be using a mixed methods approach to this. I have completed a secondary analysis of the IDEAL survey data, and I will shortly begin my primary data collection. This will be undertaken through an initial life story interview, followed by an ethnography of aspects of day-to-day life for the person with dementia and their family member or friend acting as caregiver to that person.

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**Paper Title: Mobility, Mood and Place: Seeking the Views of Older People on Age Friendly Environments.**

**Author:** Iain Scott, Anthea Tinker, Catharine Ward-Thompson, John Starr, Gillian Mead, Neil Thin, Katherine Brookfield. (University of Edinburgh)

**Abstract:**

Mobility, Mood and Place is a cross-university collaborative research project which investigates the relationship between older people and the built environment. Three discrete work packages have investigated the age friendly co-design of urban and rural environments, mapped older people's emotional responses to moving through the city utilising neural imaging technology and ethnographic methods, and studied the effect of particular urban environments on people's health over a lifetime.

This paper focuses on engaging older people

with students of Architecture and Landscape in research activities and co-design exercises based in Copenhagen, Manchester, London and the island of Orkney.

Research methods in the field have engaged participants and students together in filmed 'walk and talk tours', photographic survey of people and places, structured interviews and focus groups, mapping and co-design activities. Insights generated have taken analytical, methodological and design based forms. This presentation will focus on design outcomes which contribute to knowledge of what might make places more age-friendly. Themes will include the importance of urban archaeology - responding to older people's desire to see the older artefacts of the city, including buildings and infrastructure, given new life by propositions which reveal the layers of history of built form as a way of uncovering richer spatial, cultural and social narratives of a longer duration. Other themes will include the importance of increased densities and mixed uses while retaining contact with nature, urban adaptability, the design of public space and the co-dependence of pathway networks and buildings in the age friendly rural landscape.

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**Paper Title: Autonomous vehicles; an answer to giving up driving, or a technology barrier for older people?**

**Author:** Ian Shergold (University of the West of England)

**Abstract:**

The growing numbers of older people in the UK can face mobility-related issues that curtail access to the services and people they need to engage with in order to lead fulfilling lives, age-well and avoid isolation. Declining health, economic and geographic constraints may inhibit their out-of-home activity and engagement may further decline following loss of access to a car, increasingly the first choice for travel. Emerging transport innovations could though directly address these shortfalls, and provide an additional 'assistive technology' for older people.

The technology with seemingly the greatest potential is the much-heralded arrival of autonomous vehicles (AV), with advocacy for their key role in older people's mobility coming from government and industry alike. Focussing on AV as a solution could though risk disadvantaging older people who choose not to embrace them, creating a technology-driven divide with those that do.

These issues are explored through ongoing participatory research with older people in the UK, a 70+ group (perhaps already experiencing mobility issues), and a younger cohort (50+) who will potentially experience some realisation of AVs promise in their older-old age. In particular, the study looks to understand what role participants thought AV might play in providing their mobility (now, and when they are older), and the perceived barriers to use. Initial results start to provide an understanding as to the types of journey older people might make by AV (or not), and the potential implications from this on areas such as delivery of health services, (public) transport and residential location.

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**Paper Title: The Care of People with Dementia in the Acute Hospital environment: A Carer's Perspective**

**Author: Kate Simpson (University of Nottingham)**

**Abstract:**

There are now an estimated 850000 people living with dementia and the vast majority are older people. This group frequently require hospital care for other health conditions and make up a significant proportion of the acute hospital population at any time. Research has found that compared to the general hospital population, people with dementia are more likely to experience a decline in function, a fall or fracture and stay in hospital for longer periods.

Qualitative semi - structured interviews were used in this research to seek the views of informal carers about the experiences of their loved ones when they required a hospital admission for a non-dementia related health problem.

The carers reported concerns about lapses in essential nursing care, harmful incidents and decline in physical function. They also noted poor communication from and between staff, and were concerned that staff did not always seem equipped to manage the needs of this patient group. Carers also expressed that they had a need for support and care during this time and that small gestures were very meaningful.

It is suggested that there is further training for hospital staff, consideration of the hospital environment and improved communication and collaboration with informal carers. There is a need for further research in this area, including endeavouring to gain the views of the patients themselves where possible.

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**Paper Title: Walking interviews in neighbourhoods; understanding how 'sense of place changes through the life course.**

**Author: Aled Singleton, Charles Musselwhite, Rogers, S (Swansea University)**

**Abstract:**

This paper contributes to environmental gerontology by considering how the neighbourhood is a geographical level at which our relative 'sense of place' changes greatly across the lifecourse and becomes very significant in older age. Taking a lead from the 'Rescue Geography' work with older people in Birmingham this research discusses the methodology of walking interviews and psycho-geographical approaches to explore how spaces have important embodied meaning. At a conceptual level this paper reveals how spaces have boundaries and edges [visible and not so visible] and how spaces are 'thickened' and 'thinned' through shared experiences such as working and playing.

This paper builds on theory to reflect on a BSG-sponsored small event which includes an artist-led walk around a Cardiff neighbourhood and a discussion amongst gerontologists, planners, social care providers and arts professionals. By building

up a lifecourse biography of the neighbourhood itself this research aims to influence planners and contribute to community services which are provided at a neighbourhood level. This more local approach supplements large research project such as the Edinburgh University-led 'Mobility, Mood, Place' and the recent work which consider how the collective story of places impacts on health outcomes. Specific discussion points include the impact of:

- Changes to the built environment such as widening roads, demolition of housing and reduction of neighbourhood-based places of work.
- Changes to the socio-economic structure of the population and the displacement of populations: such as gentrification of former working-class areas.

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### **Paper Title: Profiles of loneliness and social isolation in an English community sample**

**Author:** Kimberley Smith (University of Surrey), Christina Victor (Brunel University)

#### **Abstract:**

**Aims:** Identify distinct profiles of social isolation and loneliness in older adults and to examine the association of each profile with health.

**Methods:** We used data from wave 7 of the English Longitudinal Study of Ageing (n=6973). Profiles of loneliness and social isolation were identified using Latent Class Analysis. We included 11 items that measured loneliness and social isolation: lack companionship, feel isolated, feel left out, feel lonely, living arrangements, cultural involvement, societal involvement, social/recreational involvement, contact with friends, relatives and family. Each profile was compared on number of chronic conditions, self-rated health, functioning and depressive symptoms.

**Results:** We identified 5 groups with shared profiles of loneliness and isolation. Group 1 (49.5%) who were not lonely or isolated. Group 2 (18.2%)

who were not lonely, but experienced some isolation. Group 3 (13.9%) who were sometimes lonely and experienced some isolation). Group 4 (13.3%) who were sometimes lonely and lived alone. Group 5 (5.2%) were often lonely, living alone and reported some isolation. When compared on health outcomes, the group with the most severe loneliness and isolation profile (Group 5) had the highest frequency of health problems. Furthermore, the group with the least severe loneliness and isolation profile (Group 1) had the lowest frequency of health problems.

**Conclusions:** Latent class analysis is a useful tool to identify subgroups of people with shared loneliness and isolation profiles. These profiles also share different relationships with health outcomes, indicating the need to consider how loneliness and isolation are linked with health.

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### **Paper Title: 'Listen and I will talk': the importance of opportunity for health care planning outside the medical setting**

**Author:** Catherine Stanbury, Nichola Barlow and John Wattis (University of Huddersfield)

#### **Abstract:**

This year will see in the tenth anniversary of the Lasting Power of Attorney for Health and Welfare ('LPA') – the first tool in England and Wales to enable a surrogate to be appointed by an adult to make personal care and medical decisions on their behalf in times of future incapacity. Whilst this tool may be used in a medical setting as part of a holistic approach to advance care planning, for many older people, leaving planning until this stage is too late. Hospitalization is often, in itself, too overwhelming and stressful a time for the older person to consider such matters and, otherwise, capacity to enter into such arrangements may already be in flux. The importance of a forum to enable the older person to thoughtfully plan for their future healthcare with support, at a time where healthcare concerns are not immediate, cannot be overstated. It is

crucial that an older person is able to gain a sense of control when anticipating periods of not being able to make decisions for themselves and to know that, with their chosen surrogate, they will be in safe hands. As lawyers assist in the setting up of the majority of LPAs, it is vital that they have the appropriate knowledge, courage and skills to facilitate the kinds of full and frank discussions that are needed to ensure that both principal and surrogate are informed, assured and ready for the future. My research aims to explore and evaluate this process.

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**Paper Title: The role for telecare in social care for older people: strategies, needs and outcomes – findings from the UTOPIA study.**

**Author: Nicole Steils, John Woolham, Kirsty Forsyth, Malcolm Fisk, Jeremy Porteus (Kings College London)**

**Abstract:**

Assistive technology and telecare support the independence of older people with social care needs. Many Adult Social Care Departments (ASCDs) have invested significantly in telecare to transform the delivery of home care and support services over the last years, often despite the need to make savings to their budgets.

The NIHR/School for Social Care Research funded, mixed-method UTOPIA study evaluates the role of telecare in social care and its impact on outcomes for older people with social care needs.

This presentation, which is complementary to another conference abstract by Dr John Woolham, focusses on qualitative analysis of findings from interviews with senior managers leading on telecare provision in 25 English ASCDs and four case study ASCDs, where telecare assessors, installers and responders were interviewed.

This presentation will explore what needs telecare is designed to meet, and how telecare works with other forms of care and support for older people. It will also

- discuss advantages and disadvantages of different approaches to assessment and installation of telecare,
- reflect on the ways ASCDs organise responses to alarms generated by telecare,
- consider the impact of telecare on unpaid carers, and
- examine what information ASCDs collect about impact and outcomes for telecare users.

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**Paper Title: Capabilities for a good old age: Successful ageing for all**

**Author: Christine Stephens (Massey University)**

**Abstract:**

The 'successful ageing' model has been an important influence on research, intervention, and public policy for three decades. This paper summarises the widespread critiques of this model and empirical support for their unintended negative effects on the wellbeing of older people through oppressive policies, a focus on individual responsibility, and denial of death. The paper then turns to discuss how a 'capability approach' (Sen, 1987) to the wellbeing of older people can address each of these problems and provide a new socially oriented framework for research, policy, and intervention. The capability approach takes into account the influence of the social and material environment and the values of older people themselves. From this perspective, understanding the nature of wellbeing shifts to understanding the freedom people have to pursue the life they value. A capabilities approach recognises differences in health, education, and social connections that influence this freedom, and additionally accounts for social and cultural diversity in preferences. Sen's capability approach provides a framework to support new theoretical approaches to research and social change such as that suggested by the World Health Organisation's 2015 report on Healthy Ageing built around the new concept of functional ability. The paper will discuss how the adoption of a capabilities approach to frame research, practice, and social policy could influence the way in which ageing is constructed by all, including older people themselves.

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**Paper Title: Can you detect early dementia from an email? Measuring computer use behaviours to identify clinically significant functional and cognitive impairment.**

**Author:** Gemma Stringer, Samuel Couth, Laura Brown, Daniela Montaldi and Iracema Leroi (University of Manchester)

**Abstract:**

**Introduction:** The early stages of cognitive decline leading to dementia are associated with impairments in functional abilities. Computer-use is an instrumental activity of daily living that is rapidly growing amongst the elderly, and can be measured objectively and unobtrusively. Capturing various parameters of daily computer-use therefore presents an opportunity to detect initial symptoms of functional and cognitive decline.

**Methods:** Older adults with cognitive impairment (n=19) and cognitively healthy controls (n=24) completed assessments of cognitive and functional abilities and a series of semi-directed computer tasks. Computer-use behaviours were captured using specially developed software.

**Results:** Cognitively impaired participants displayed significantly different computer-use behaviours to healthy controls including more frequent pauses, slower typing, and more mouse clicks. These behaviours significantly predicted memory abilities as measured by functional and cognitive tests. **DISCUSSION:** Remotely monitoring computer-use behaviours may be a means of detecting early functional and cognitive decline. This could enable timely interventions to ultimately improve long-term outcomes.

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**Paper Title: Wearable technology for people living with dementia to reduce social isolation**

**Author:** Josie Tetley, Emma Koivunen, Jenny Fisher, Robin Hadley, Donna Davenport, Ambily Satish & Matthew Sullivan (Manchester Metropolitan University)

**Abstract:**

People living with dementia and their carers are susceptible to experiencing social isolation and loneliness: 40% of the half a million people living with dementia in UK reported feeling lonely (Alzheimer's Society 2014a, b), and 8 out of 10 carers reported feeling lonely or socially isolated because of their caring role (Carers UK 2014).

Walking is a free and activity with physical and mental health benefits including exercise and connection to community (de Moor 2013). However, only about half of people living with dementia go out daily (Alzheimer's Society 2014b). There are challenges for people living with dementia because of memory issues and confusion that can lead to getting lost or confused even in familiar surroundings; and because of concerns related to wander-walking (Hughes 2013).

Wearable and mobile technologies could provide additional support for people with dementia. This presentation reports on the findings from an innovative collaboration of academics, stakeholders and a technology company to develop a new wearable technology to facilitate people living with dementia to safely go outdoors.. The findings presented will focus on the acceptability and suitability of the technology to the research participants, as well as the challenges they encountered. We also discuss how family carers can assess these technologies to decide on their suitability, and how people living with dementia can be supported to learn to use new technology and to make it part of their everyday life routines.

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**Paper Title: Engaging volunteers in community and home focused support for people living with dementia - the benefits and challenges**

**Author:** Josie Tetley, Emma Koivunen, Caroline Holland, Chris Kubiak, Jenny Fisher, Robin Hadley, Jane Tooke (Manchester Metropolitan University)

**Abstract:**

The contributions of volunteers within social and health care are strategically significant in many countries, particularly to support people living with long-term health conditions such as dementia. Countries with increasingly ageing populations also often struggle to meet the needs of people living with dementia and their carers through publically funded health and social care services. Alongside this, there have been increased trends in the development of more formal volunteering opportunities to support people to remain at home for as long as possible. Not for profit and non-governmental services have attempted to meet the more community and home focused needs of people with long-term conditions. Organisations in this sector have particularly focused on volunteer support for low level Instrumental Activity Daily Living needs such as: shopping, gardening and other activities that enable people to remaining socially active, as these are not regulated or funded through mainstream services.

This poster will present findings from recent research to illustrate how volunteers, as part of a community support service, can make a positive impact to the wellbeing of people living with dementia and reduce the need for formal support. However, study findings will also be presented to demonstrate some of the challenges associated with the recruitment, management and support of a volunteer based service. More specifically the findings will highlight how local needs, regulatory and bureaucratic restrictions, along with legal regulations, can impact on the goodwill, scope and nature of work that volunteers engage with.

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**Paper Title: Assessing the unmet needs of older informal caregivers: divergent approaches in research and practice?**

**Author:** Nadine Thomas (University of Stirling)

**Abstract:**

Older people represent the fastest growing population of unpaid care providers nationally. As such a better understanding of their characteristics and needs is critical to designing sustainable systems of support. Methods used to assess older caregivers are varied across research and practice. Yet associated with each method are assumptions about caregiving that may limit the data available.

This paper presents the findings of a systematic literature review of the methods used to assess the needs of older caregivers in research and in practice. It finds that the majority of academic caregiving literature employs validated tools to measure outcome variables of depression, burden and stress. By contrast, practitioner assessment tools emphasises strengths and resilience. It introduces the notion of a 'cost: benefit' dichotomy of research and practice, and discusses drivers behind such approaches.

The paper suggests that, whilst the mainstream methods of assessing carers needs in current research provides rigorous data; the scope of this data to answer policy questions is constrained. It has a tendency to more effectively answer, 'what contributes to carer stress?' than 'what makes it more likely that carer will have things to do/ be able to see people/ stay well/ live where they want? Moreover it argues that a reappraisal of research methods in line with practice could contribute to a more diverse evidence-base from which to develop policy solutions in social care.

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**Paper Title: Older adults utilising tacit knowledge in using information and communication technology**

**Author:** Tarja Tiainen, Emma-Reetta Koivunen, Kimmo Pyhältö, Johanna Erkkilä (University of Tampere)

**Abstract:**

The aim of this paper is to challenge the dominant narrative about older adults as incompetent and reluctant users of information and communication technology. While they use computers and the internet less than younger people (Tilastokeskus 2015), more and more older adults use ICT actively in their work and leisure activities.

The data was collected in two research projects in Finland. Many interviewees stated that their ICT skills are very low. For example, one interviewee had worked with computers for decades and helped other employees. However, when she retired, she participated on a beginners' ICT course; she did not feel her skills transferred to personal use. We present that many older adults relate to technology based on their life-long knowledge. This often doesn't match that of the website and technology developers and therefore is not seen as valuable as the use that matches their stereotypical expectation (Lie 1995).

We examine how older adults utilize their life-long knowledge when using ICT and online services through tacit knowledge. Tacit knowledge can be defined as skills, ideas and experiences that people have in their minds and are, therefore, difficult to access because it is often not codified and may not be easily expressed. The current ways of viewing technology often dismiss the tacit knowledge older adults have about technology, to the extent that even many older people themselves don't acknowledge their own skills. We conclude that by addressing this, computer and web content designers and those running older adults ICT course could improve these.

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**Paper Title: Volunteering before Medical School: Working with older people**

**Author:** Anthea Tinker, Victoria Berdugo, Michael Buckland, Lois Crabtree, Anistta Maheswaran, Andrea Ong, Jasmine Patel, Emilia Pusey, Chandini Sureshkumar (King's College London)

**Abstract:**

Volunteering before Medical School: Working with older people

This paper is mainly based on the personal experiences of the eight Intercalated Medical Students at King's College London who are all currently studying Gerontology. They all worked with older people in care and nursing homes and extra care housing before starting at Medical School. They reflect on their motives for volunteering, the impact it made on them and how it has subsequently influenced their attitudes to older people.

Based on a questionnaire, which they all completed, they share their experiences and what they gained from their time volunteering. They address some of the ethical issues including observing both good and poor practice. They reflect on the likelihood of considering a career in Geriatric Medicine (Hughes et al, 2008, Melboom et al, 2015). This is considered together with the more general literature on younger people working with older people. Where possible this is compared and contrasted with volunteering with other groups of people.

Drawing on information from key voluntary organisations such as St John Ambulance, Red Cross and the Extra Care Charitable Trust the presentation considers the opportunities available to young people - especially those who are looking for a career in medicine.

There are policy implications for medical schools when they are considering applications, for providers of services for older people. There are wider implications on attitudes of young people to older ones as well as practical advice for potential medical students.

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## **Paper Title: Reaction Time and Attention in Ageing and Subjective Cognitive Impairment (SCI) from a healthy adult population**

**Author:** Anna Torrens-Burton (Swansea University)

### **Abstract:**

There is evidence from previous research of a general slowing of cognitive processing during ageing as the result of age related changes to the structure and function of the brain. However it is still unclear how ageing may affect how we see and attend to things and the speed at which this is performed. Therefore the aim is to measure whether there are any changes in response times and visual and attentional functioning during healthy ageing. Moreover, the aim is to observe whether such changes are related to any perceived changes in memory and thinking skills i.e. Subjective Cognitive Impairment (SCI) in the same healthy population (SCI has not been formally diagnosed). The results from a chosen battery of visual attention and response time tests will be described and discussed as well as any conclusions drawn.

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## **Paper Title: Food for thought: food shopping as an expression of independence and participation.**

**Author:** Christopher Towers (Nottingham Trent University)

### **Abstract:**

Much research has established links between social inclusion and participation and the maintenance of social networks with others as people age. This research combined focus groups, semi structured interviews and questionnaires to ascertain how far older people valued shopping for food as an expression of their need for social and supportive relationships and as a means of maintaining independence. The study, undertaken over some three years, involved focus groups, semi structured interviews and questionnaires,

involving various voluntary and statutory groups. The research found that food shopping becomes more important as people age. The internet was broadly rejected as a means of acquiring food and this was the case across all age ranges, from fifty onwards. The computer was considered inadequate in this regard for it failed to connect people and lacked the social aspect. Males valued shopping far less than females and unlike women, men failed to regard food shopping as neither a way of maintaining independence, social networks or participation. Older people not only valued food shopping, they were artful or expressive in the way they planned their shopping strategies, making use of social networks and associations. The research also identified practical aspects of shopping, focusing on a perceived need for more seats and toilets within stores and aging-friendly staff. The research involved wide distribution of a questionnaire across city and county and the findings will be of interest to both service planners, voluntary groups and retailers.

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## **Paper Title: 'Going the extra mile': the relational labour of 'good' homecare for people with dementia**

**Author:** Nicola Turner, Lucy Perry-Young, Kristian Pollock, Justine Schneider (University of Nottingham)

### **Abstract:**

It is estimated that at least 400,000 people with dementia in the UK use homecare services. Homecare workers are well placed to affect positive changes to the confidence, health and ability of people with dementia, supporting them to achieve a good old age. However, there has been limited analysis of what homecare workers actually do day to day, and with what effect. This paper reports on an appreciative enquiry of the homecare delivered by a provider with a reputation for offering excellent care. Our study set out to identify what 'good' homecare looks like, and what it feels like to give and receive homecare in the context of living with dementia. Using participant observation, diaries kept by

homecare workers and individual interviews with a range of stakeholders, we identified 'going the extra mile' as a marker of quality in the construction of 'good' homecare. The training of homecare workers emphasised the ideal of the care relationship as a friendship. At the same time, homecare workers were exhorted to 'leave home at home' and always be cheerful and attentive, revealing the performative nature of the relational work undertaken. Homecare workers often enacted the performance of friendship through 'going the extra mile'. This sometimes resulted in positive interactions experienced as satisfactory, but also incurred additional labour which often went unrewarded. This paper examines how the relational labour implicit in 'good' homecare effects the giving and receiving of care for people with dementia and considers some implications for the homecare workforce of the future.

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**Paper Title: The role of Care Navigation in promoting wellbeing in older people: Preliminary findings from a Realist Synthesis.**

**Author:** Rebecca Turner, Thomas George, Janet Walker, Neil Chadborn, Christopher Bridle (University of Lincoln)

**Abstract:**

Access to the right support at the right time is fundamental to the promotion of wellbeing and key to preventative health strategies. Care navigation can be described as both a model of support and a process used across health and caring professions to facilitate timely access to care and support. Care navigation and similar interventions are increasingly being adopted in localities, often directed towards older people as a way to meet policy directives such as the Care Act (2014), which emphasise the need to promote public wellbeing. Whilst approaches to care navigation vary, central to the concept is the principle of person-centeredness. Yet little is known about the mechanisms through which person-centred support, or care navigation may facilitate wellbeing.

This paper will present preliminary findings from a Realist Synthesis examining the potential of care navigation interventions to promote wellbeing in older people. Through adopting a realist approach, a programme theory was developed and broad search strategies employed in order to identify both academic and grey literature, as well as focus on theoretical concepts.

Early findings from the review suggest that interpersonal relationships act as a vehicle through which person-centred support is effectively delivered. However, mechanisms were identified within the wider working environment which acted as barriers or facilitators to the implementation of effective person-centred support. These findings will be discussed, highlighting the implications for the implementation and delivery of care navigation services.

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**Paper Title: Ageing with dementia in extra care – the importance of an interactional environment**

**Author:** Katey Twyford (University of Sheffield)

**Abstract:**

The presentation is based on a PhD study exploring the under-researched question of the potential of extra care housing to provide an appropriate environment and service to support individuals with dementia. A gerontological web of understanding will be used to map out the crucial interplay between policy frameworks, the immediate interactional environment, and the broader culture within extra care schemes. Consideration will be given to evidence gathered using a mixture of approaches. A national questionnaire on the variety and types of extra care housing and how well they support individuals with dementia, has revealed the majority of schemes provide integrated models of support reflecting local arrangements, with no explicit exclusion of people with dementia from the schemes. Early findings from focus groups and interviews with those living and working in extra care suggest the importance of: a clear extra care

service model; personal identity and perceptions of the individual; and the role of community in supporting individuals living with dementia. It also suggests that individuals living with dementia encounter both opportunities and barriers in navigating between public and private spaces. The presentation will conclude by offering for consideration an emergent theoretical model of how the interactional environment in extra care can support people with dementia to live as well as possible as they progress through their dementia journey.

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**Paper Title: “Thinking of them as babies, the best way is to leave them” or “My heart bleeds, maybe I get overprotective”: Understanding residential home staff’s narratives on challenging behaviours in dementia**

**Author: Tushna Vandrevala, Ruth Abrams, Unity Hewson, Sofie Tellefsen Holm, Pranisha Gurung, Aisha Letitia Anderson (Kingston University London)**

**Abstract:**

People living with dementia (PLWD) can sometimes present challenging behaviours including shouting, restlessness, wandering, aggression and agitation. These challenging behaviours presented by PLWD can be upsetting to staff working in residential care homes. Yet little emphasis exists in the evidence base, on the reasons staff attribute towards challenging behaviours displayed by PLWD. The aim of the current study was to investigate care home staff’s views and experience of dealing with challenging behaviours displayed by people living with dementia (PLWD) in residential care homes. Fifteen care home staff participated in semi-structured, face-to-face interviews in 2016 in Greater London. Thematic Analysis was used to identify salient themes. The representations of challenging behaviours ranged from understanding that the behaviour was a result of the illness, to associating behaviours to a personality trait with malicious intent. At times, these attributions resulted in

infantilising persons with dementia. Depending on the representation held, staff members attributed triggers for challenging behaviours to unmet needs, historical and contextual reasons or self-blame. In these cases, staff often took on the role of an authoritative parental figure, an empathetic parental figure or a safeguarder, in their attempts to respond to challenging behaviours in a care home setting. The practical implications of these findings to care practice will be discussed.

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**Paper Title: Changing patterns of intimate relationships as dementia emerges in Parkinson’s disease**

**Author: Sabina Vatter, Kathryn McDonald, Sheree McCormick, Iracema Leroi (University of Manchester)**

**Abstract:**

The diagnosis of Parkinson’s disease (PD) in an individual may have repercussions on their life partner and the couple’s relationship may alter. As dementia emerges, the burden of clinical symptoms and functional impairment increases, which may also impact on the relationship. Relationship satisfaction of partners of people with Parkinson’s disease dementia (PDD) or dementia with Lewy bodies (DLB) has yet to be fully explored.

Individual semi-structured interviews with female life partners of people with PDD or DLB were undertaken at participants’ homes. Data were analysed using thematic analysis.

Initial analyses of life partners, who were the primary caregivers for individuals with PDD or DLB, were conducted. These revealed that the emergence of cognitive impairment (regardless of disease severity and duration) and neuropsychiatric disturbances were significantly more difficult to accept, manage and cope with than the motor symptoms of PD. The presence of Parkinson’s resulted in a practical need for couples to spend more time together to enable the spouse to support their partner in managing activities of daily living. In contrast, at an emotional level, the

spouse felt more distanced from their partner. All participants expressed that their relationship satisfaction was significantly different compared with the early stage of the disease, and multiple types of intimacies had changed as a result of their partners' illness.

The experiences of life partners can provide valuable insights about how intimate relationships transform as dementia develops in PD. Recognising and understanding these perspectives is essential in order to foster positive outcomes in the condition.

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**Paper Title: The provision of support towards multiple generations**

**Author:** Athina Vlachantoni, Madelin Gomez-Leon, Jane Falkingham and Maria Evandrou (University of Southampton)

**Abstract:**

There is limited evidence on the recent trends and characteristics of individuals facing care demands for multiple generations, the so-called 'sandwich generation', particularly in the UK. With the large generation of baby-boomers entering mid- and later life and an increasing number of families spreading across 3 or 4 generations, understanding the demands for care which individuals face from multiple generations, and the way in which such demands are combined with multiple roles simultaneously, such as paid work, is of critical policy relevance.

This paper analyses the 1958 National Child Development Study in order to examine how mid-life men and women distribute their time dedicated to support their elderly parents and their own adult children through providing grandchild care. The analysis also investigates the socio-demographic characteristics which distinguish individuals supporting multiple generations from those who support only one generation, and those who don't appear to be providing support towards family members.

Preliminary findings indicate that around one-third of mid-life individuals are 'at risk' of providing

care to multiple generations, therefore may become 'sandwiched' between the older and younger generation. Among these individuals, about half provide some care to both generations simultaneously. With a broader definition of support provided towards parents/parents-in-law, the analysis shows that being 'sandwiched' between two generations in terms of the provision of support is more common than shown previously. Supporting individuals who provide support to multiple generations is an important policy priority, which may become increasingly critical as the cohort of individuals discussed in this paper ages.

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**Paper Title: Developing a programme theory of integrated care: The effectiveness of Lincolnshire's multidisciplinary Neighbourhood Teams in supporting older people with multi-morbidity**

**Author:** Janet Walker, Thomas George, Mo Ray, Steve McKay, Nigel Horner (University of Lincoln)

**Abstract:**

It is a well-rehearsed conversation that an ageing population places a significant 'burden' on the healthcare system where this narrative has become arguably more prevalent during a time of unprecedented economic restraint. A key approach to ensuring cost-effective service delivery through the integration of health and social care services aims to ensure a 'seamless' care pathway from early preventative interventions, planned care for complex needs, and a reduction in unscheduled hospital admissions and inappropriate service use. Ultimately it is acknowledged that integrated care will lead to the improvement of older people's quality of life (Curry and Ham, 2010). An innovative concept developed from this discourse is the 'Neighbourhood Teams', a multidisciplinary team, comprising healthcare professionals and voluntary sector services with the underlying focus of providing streamlined case managing of care for individuals with multiple long term conditions. It is evident that multimorbidity

is an increasing concern for the healthcare system, recognisable amongst individuals over 65 years of age, especially those defined as the 'oldest old'. Echoing current policy, an additional but essential role of the Neighbourhood Teams is encouraging individuals to self-manage their conditions.

This research will report on the effectiveness of four Lincolnshire Neighbourhood Teams in supporting older people with multimorbidities. Furthermore drawing upon existing literature and qualitative interviews with healthcare and voluntary sector staff, the development of a programme theory of integrated care derived from various elements of the project will reflect upon the perceived outcomes of the Neighbourhood Teams and their successes in achieving their stated aims.

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## **Paper Title: Intergenerational support amongst three cohorts of older people in China**

**Author:** Ning Wang, Maria Evandrou, Jane Falkingham (University of Southampton)

### **Abstract:**

**Background:** Individuals born during the 1940s, 1950s, and 1960s have been differentially affected by the dramatic social and demographic changes that have occurred in China over the past few decades. Understanding changes in the patterns of family formation, living arrangements and intergenerational relationships across different birth cohorts can help shed light on the likely availability of family support for the future older generation and contribute to the debate surrounding the reform of social support and the provision of long-term care in China.

**Methods:** This study uses a mixed method to investigate cohort differences in intergenerational family support. Quantitative analysis using China Health and Retirement Longitudinal Study (CHARLS) provides an overview of differences in patterns of family formation, living arrangements and potential family support resources amongst those born in the 1940s, 1950s and 1960s. 54 In-

depth interviews in China then provide insight into differences across cohorts in their decision-making and subjective choices for old age support.

**Preliminary Results:** Quantitative analysis suggests that the 1960s cohort are better educated, and have experienced greater geographic mobility, higher divorce rates and have fewer children compared with the 1940s and 1950s cohorts. The results highlight that the 1960s are less likely to have an adult child living in the same city as themselves and are also less likely to be receiving financial support from an adult child. However, they are more likely to have frequent contact with non-co-resident adult children.

Qualitative data analysis is on-going and policy implications will be discussed based on the results.

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## **Paper Title: Negotiating ageing and sustaining a sense of self through narratives of maintaining, losing and replacing teeth**

**Author:** Lorna Warren, Jennifer Kettle, Barry Gibson, Roshan Varghese, Angus Walls, Peter Robinson (University of Sheffield)

### **Abstract:**

Research on ageing bodies has shown how older people take on the judgements of others when making sense of their own self-image, which has been explored in accounts of various embodied practices. The mouth with teeth can similarly be understood as socially symbolic and subject to critical appraisal by others, while also at increasing risk of 'dys-appearing' as one gets older due to problems that affect oral health. However, there has been little research that considers older people's experiences relating to their mouths and teeth. This paper reports on qualitative research with 43 people in England and Scotland, aged 65 – 91, exploring the significance of the mouth over the lifecourse. Within their interviews, participants constructed narratives of maintaining, losing and replacing teeth which worked to relegate the mouth to a taken-for-granted status, demonstrate socially appropriate ageing and distance

themselves from 'real' old age by retaining a moral identity and sense of self. Participants also found ways to challenge dominant ideologies in the way they spoke about missing teeth. Drawing on work on the social imaginary of the fourth age, this paper illustrates the way in which mouth talk can contribute to sustaining a sense of self in later life, presenting the ageing mouth, with and without teeth, as an absent presence. It also argues for the importance of listening to stories of the mouth in order to expand understanding of how people approach oral health in older age.

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**Paper Title: Impact of drama and creative arts on improving the wellbeing of older people in care homes**

**Author:** Lynne Wealleans & Reva Nandakumara  
(Beth Johnson Foundation)

**Abstract:**

This research project is a partnership between the Beth Johnson Foundation (BJF) and the Anchor Group and aims to highlight the benefits of using drama and creative techniques with older people especially those affected by dementia.

BJF is a national charity dedicated to making a future for all ages and for everyone to enjoy quality of life as they are ageing. This project contributes to BJF's body of work around engaging with older people most at risk of social exclusion.

Anchor is a not-for-profit charitable organisation that operates residential care homes.

Over a period of six months Anchor piloted a series of dynamic drama workshops, delivered by a professional drama teacher with the intention that the techniques could become sustainable within the homes, carried out by the staff and enriching the lives and experiences of residents, both mentally and physically, particularly those with dementia.

BJF commissioned a qualitative report of the drama workshops in three care homes using data collected through observations, participants feedback, interviews with care home staff and the

drama teacher as well as questionnaires from other care home staff around longer term impact of the sessions.

The findings are grouped into three main categories: Mental benefits for care home residents; Physical benefits and Sustainability of the activities beyond the pilot phase.

In conclusion, the drama and creative workshops are a simple and effective way of enhancing the experience of care home residents and can easily become part of the selection of activities in the care homes.

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**Paper Title: Objects, dementia and risk through a social citizenship lens: An ethnographic study of the perception of risk associated with people with a dementia having certain objects in care homes**

**Author:** Kellyn Weir, Ruth Bartlett, Rebekah Luff  
(University of Southampton)

**Abstract:**

This study explores person-object relations in a care home environment in order to understand how decisions are made about what objects are 'allowed' in care homes and what objects are 'allowed' to be used in care homes. It explores the meaning of objects for people with a dementia and whether objects can provide a mechanism to demonstrate social citizenship (Bartlett & O'Connor, 2010).

Object-person relations have been a source of interest for consumer behaviour and social psychology dating back to the 1980s. Their findings suggest 'we are what we have'. This topic has resurfaced in disciplines such as gerontology, occupational therapy and dementia research but often places the older person as a passive recipient of care. Sociological research in a care home working with people with a dementia recently found that women used their handbags to avoid interactions with others in communal spaces (Buse & Twigg, 2015). This demonstrates how objects can

be used by people with a dementia in negotiating their social interactions, enabling them to take action and in doing so providing a sense of agency.

This is an ethnographic study combining interview and participant-observation methods. A photo-elicitation technique is used when interviewing people with a dementia. I will draw upon preliminary findings from ongoing PhD work about what items are viewed as 'risky' and the reasons behind this from the perspective of people with a dementia, care home staff and family members. Also whether these methods are useful for including people assessed as lacking mental capacity.

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**Paper Title: Breaking New Ground: Insights from the UK's first older women's co-housing development**

**Author: Karen West (Aston University)**

**Abstract:**

Purpose-built senior co-housing is an alternative, non-institutional form of communal ageing in place that, amongst other things, promises a preventive intervention against loneliness (Fernández Arrigoitia et al, 2016) at the point of 'option recognition' (Peace et al, 2011). This alternative to living alone in mainstream housing includes private and shared spaces, informal systems of mutual care and active participation in everyday life, which are said to increase social and physical resilience while reducing demands on local health and social care services. By providing alternatives to traditional housing and to living alone, co-housing may enhance individual and collective well-being while ageing in place by facilitating forms of mutual-care and companionship alongside independence, empowerment and engagement. It may also generate new power asymmetries or exclusions.

Following an 18-year campaign by the Older Women's Co-housing Network (OWCHN), 26 women moved in to the UK's first purpose-built co-housing facility in North London in December 2016. In this paper we present findings from a first

round of in-depth interviews carried out with all 26 women immediately prior to their moving in. We explore their experiences of the planning process, their motivations for joining OWCHN, and their hopes, aspirations and fears of ageing together in this way. A second round of interviews with the women will conclude during the summer of 2017, and the paper will also draw on preliminary insights gained from these to examine their experience of the first six months.

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**Paper Title: Negotiation, Adaptation, and Liberation: Reflections from diverse points within the Third Age**

**Author: Elenyd Whitfield (Cardiff University)**

**Abstract:**

The 'art' of ageing can be found in a person's reflexive responses to the changes (both individual and social) that may intrude upon, or be integrated into, the subjective practice of the 'self'. The Third Age can be a time of negotiation and adaptation to potential threats to the experience of 'ontological security', while others may rejoice in the liberatory potential of changes to personal circumstances, such as freedom from paid work and the responsibilities of childrearing. The processual transitions that characterise ageing can also disrupt the individual's experience of temporality, engendering a focus on the 'now', over which the shadow of the Fourth Age hangs, signifying the limits to a reflexive and mobile 're-conceptualisation' of the self.

This presentation will explore moments of negotiation, adaptation, and liberation that emerged in a series of in-depth interviews with people in the Third Age, from a range of social-class locations. Participants were recruited from a University of the Third Age group and from traditional social clubs that share the same urban space. This exploration of participants' current experiences will also reflect on their life trajectories, by drawing links between past, present, and future experiences of (and limitations to) 'reflexivity', in relation to 'choice-making' and the assertion of 'agency', in this period of late modernity.

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**Paper Title: Making Sense of  
Unscheduled Care: Understanding  
demand through patient narratives**

**Author: Charlotte Williams & Richard Gilpin  
(Aneurin Bevan University Health Board)**

**Abstract:**

Traditionally we design services based on what we as health professionals think they need to provide underpinned by our own experience. This innovative project puts older people at the centre of understanding people's journey to acute hospital services. Stories were collected in the patient's own words, from people who came to A&E and the emergency assessment units. These people were then asked to place a marker to represent their story on a number of diagrams representing focussed questions. In total 185 patient stories were collected which demonstrated 51 novel patient journey's into hospital. Only 10% of older people identified themselves as the primary decision maker with over half stating that a healthcare professional had made the decision for them to come to hospital. 23% of patients asked said they had come to hospital only because they were told to. These results, at odds with current rhetoric, give insights into demand for urgent care services. The proposed session will go through what these results mean in the context of a modern healthcare service, and why it is no longer enough to think we know what people need, and to provide some tools to help you get out and ask them.

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**Paper Title: Lessons from research for  
measuring patient and service user  
satisfaction**

**Author: Rosalind Willis (University of  
Southampton)**

**Abstract:**

Much effort is expended in recording satisfaction with health and social care services, but such satisfaction measures do not always take theory into account. A simple model of satisfaction assumes that it is the result of a discrepancy between expectations and experience, but an examination of the cognitive processes involved reveals a much more complex story. In this paper, a theoretical model of the satisfaction process is first presented, followed by an examination of qualitative data on satisfaction. Participants in a study of satisfaction with social care services, the majority of whom were older people, were asked to rate their satisfaction level and describe their experiences in detail in a semi-structured interview. Data were analysed thematically. The results showed that some participants gave the same satisfaction rating despite having very different experiences. This was shown to be a result of variation in the understanding of the rating scale categories, basing their judgement on different domains of the social care experience, or temporal issues. The presentation concludes with recommendations for future measurement of satisfaction, relevant to both health and social care services.

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## **Paper Title: Implementing Physical Activity Programs for People with Dementia: Which Approaches Achieve Sustainability?**

**Author:** Veronique Wolter, Monika Reichert, Sarah Hampel (TU Dortmund University)

### **Abstract:**

Different studies proof the benefit of physical activity for people with dementia. Especially a holistic health approach is an effective strategy. Feasibility and sustainability of physical activity programs are more problematic and often not considered, when implementing them. This project (2014 – 2016) evaluated 73 local partnerships between sports clubs and care service providers which introduced this kind of programs for people with dementia (and their informal carers). The evaluation comprised a multi-method approach: (a) focus groups to analyse the needs and expectations of the two partners involved at three different times, (b) qualitative interviews with people with dementia (n=10) and their informal carers (n=22) to examine the effects of taking part in the physical activity program and (c) analysis of the user statistics. Results of focus group discussions confirm the importance of a local network and a sustainable finance model to ensure long-term feasibility. People with dementia and their informal carers emphasise that the experience of social support, fun and break from their daily life routine are the most relevant reasons for participation. Additionally, time, place and kind of physical activity are of individual importance. The key factor for a successful implementation of physical activity programs or for achieving positive effects for people with dementia and their carers is – besides other favorable framework conditions – a local community network which involves all actors mentioned above. These actors, they are all experts in a particular way, must have the willingness for communication and cooperation in order to complement each other.

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## **Paper Title: Independence and Ageing: The role of Care & Repair Caseworkers in Facilitating Independent Living for Older People**

**Author:** Joanna Wolton, Sarah Hillcoat-Nalletamby (Swansea University)

### **Abstract:**

Most older people in Wales live in the in the community and are “ageing in place”; with three quarters of households headed by a person 65 years and over categorised as a homeowner. However, with the ever-increasing number of older people, independent living is an increasingly difficult challenge which is currently high on the agenda of the Welsh Government.

Care & Repair Cymru are a third sector organisation, funded in part by the Welsh Government to facilitate ageing in place for its older citizens. Their organisational aim is to ‘ensure that all older people are safe, secure and in homes that are appropriate to their needs’. Amongst the challenges they face is that they have to maximise organisational resources to provide support to older citizens ageing in place.

This presentation is derived from a mixed methods (PhD) research project which examines how the Caseworkers of Care & Repair are able to meet their organisational aim. Social Network Analysis and social capital theory are used as theoretical underpinnings to analyse responses from a quantitative questionnaire as well as qualitative interviews which explore the networks that Caseworkers develop as part of their role. This paper will consider these Caseworker networks alongside individual Caseworker characteristics to see if the formation and shape of these networks are determined by personal attributes or by wider societal factors e.g. funding or geographic location.

Alongside these preliminary findings this paper will briefly examine the theoretical and methodological frameworks and the data source used for this presentation and the overall project.

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**Paper Title: Facing Beauty**

**Author:** Naomi Woodspring (University of the West of England)

**Abstract:**

Representations of older people have a potent effect on our cultural and societal framing of what it means to age. Stories abound with the conventional wisdom that old women “lose their looks” and “become invisible” and men become “weathered” or even “rugged.” The postwar generation, longevity revolution and shifting notions of identity coalesce as older women and men seek to find modes of self-presentation as they age. There is a tension between struggling with their own sense of ageing identity and the desire to create their own look, representative of their sense of identity. Issues of body change and beauty are an important part of the process of ageing. Representations are not concerned with the ‘inner beauty’ nor can they be. As we age, does experience and age mark some of us in ways that are aesthetically beautiful? Our Western cultural notions of beauty come from an over 2000 year history that preferences youth and symmetry. Perhaps, it is not possible or, even desirable to change those historical preferences. What then is beauty in old age? Is it even a possibility given the long history of aesthetic preferences? What then might we define as ageing beauty? What words, what notions might signify beauty in older women and men? In this paper, emerging themes will be explored from a current research project with a diverse group of people born between 1945 – 1955.

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**Paper Title: Telecare for Older People in England: findings from a national survey of Local Authorities in 2016-17**

**Author:** John Woolham, Nicole Steils, Kirsty Forsyth, Malcolm Fisk, Jeremy Porteous (King’s College London)

**Abstract:**

Telecare is now a mainstream form of Adult Social Care Department (ASCD) provision. Early and positive evaluations of telecare projects led the Department of Health (DH) to publish ‘Building Telecare in England’ policy guidance and to commission research - the Whole System Demonstrator (WSD) project – widely expected to confirm early project findings using more robust design. Instead, it concluded that outcomes for telecare users were no better than for people who received care only. However, these findings have largely been ignored by ASCDs which have continued to develop telecare services; and DH policies continue to support telecare use.

WSD researchers were unable to say why telecare did not deliver better outcomes. This presentation reports on findings from research funded by the School of Social Care Research that looks at how telecare is used to support older people who have adult social care needs. The study asked not whether telecare delivered better outcomes, but what kinds of approach might best achieve the kinds of outcome desired.

This presentation, which is linked to an abstract from Dr Nicole Steils, will be based on an online survey of telecare lead managers in ASCDs carried out in 2016-17. This achieved an overall response rate of 77%. Survey findings describe the strategic aims of telecare in ASCDs and barriers and facilitators to their achievement, as well as how assessment, installation and response are carried out, and the presentation will draw attention to ways in which telecare can be used most effectively to support older people.

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**Paper Title: Language patterns in normal and abnormal aging: If linguistic diagnostics for Alzheimer's are reliable at all, what are they measuring?**

**Author:** Alison Wray, Andreas Buerki, Tess Fitzpatrick, Rosie Dymond, Samantha Collins (Cardiff University)

**Abstract:**

In two previous independent studies, idea density (the concentration of propositions in a person's written or spoken language output) has been found predictive, in early adulthood, of Alzheimer's in old age (Snowdon et al 1996; Engelmann et al 2010). Is it possible, then, to examine people's language decades in advance and identify who is at highest risk of future Alzheimer's? If so, what is being measured? Is it fixed, or could interventional training in linguistic skills reduce the risk?

This presentation reports research looking for correlations between linguistic patterns in middle age and a range of potential markers of Alzheimer's risk, including familial history, APOE allele, education, cognitive performance, amyloid and tau levels and brain scan features. Various potential determinants of how people construct their linguistic output should be considered, from IQ, education and socio-economic class on the one hand, to genetic or environmental influences on how the brain builds its networks on the other.

The project's findings highlight the importance of challenging easy explanations of linguistic patterns across the lifespan, and remind us of the urgent need for proper norming data of older populations, so that we can more reliably determine which sorts of changes in language over time might be indicative of cognitive problems, and which are not.

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**Paper Title: Carers' interactional style could play a role in the trajectory of decline in dementia**

**Author:** Alison Wray (Cardiff University)

**Abstract:**

Typical symptoms of dementia include depression, aggression and repetitiveness, but some published accounts raise doubt about whether they are primary products of the disease. Instead, for many people with dementia it may be that these 'symptoms' are natural and understandable responses to the way they are treated by others, once they have a diagnosis. Drawing on materials from a new monograph on the impact of dementia on communication, this presentation will consider some of the unintended consequences of trying to make interaction with a person with dementia work; and will examine some recommended approaches to interaction in dementia care that might have positive or detrimental effects. For example, should a family or professional carer give 'reality checks' when a person with dementia makes an assertion that is untrue (e.g. that a deceased loved one is still alive; that they are in a different location than they actually are)? Is it acceptable to never ask a question of a person with dementia? It will be proposed that the experience of dementia can be made less difficult for both sufferers and carers if awareness is developed of how and why communication can go wrong.

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**Paper Title: Associations between cognitive function and sexual activities in later life**

**Author:** Hayley Wright, David M. Lee & Rebecca A. Jenks (Coventry University)

**Abstract:**

Research has shown significant associations between sexual activity and cognitive function in later life. Wright and Jenks (2016) showed that sexually active older adults performed better on memory and number sequencing tasks than those who were not sexually active. In that study 'sexual activity' included petting/fondling, masturbation and sexual intercourse, so it remains unclear whether all sexual activities are associated with cognitive function to the same degree.

We do not yet know whether the social elements (i.e., intimacy, companionship, emotional closeness), or biological correlates (e.g. hormone changes, surges in oxytocin or dopamine) of sexual activity are associated with better cognitive function. The current study explores the predictive effects of petting, masturbation and intercourse, as well as overall satisfaction with sex life, on two measures of cognitive function in men and women over the age of 50 years, in the English Longitudinal Study of Ageing (ELSA).

Preliminary results show that masturbation and sexual satisfaction are significantly associated with better word recall in women, whereas sexual intercourse and sexual satisfaction are significantly associated with better number sequencing in men. Interestingly, none of the measures of sexual activity or satisfaction were significantly associated with either number sequencing in women, or word recall in men.

We discuss these results in relation to the social and biological correlates of specific sexual activities, and consider possible mechanisms through which sexuality may have differential effects on brain function. We also review the implications of our research in the context of sexual health provision for older adults.

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**Paper Title: Young Adults' Perceptions & Misperceptions of Elder Abuse**

**Author:** Bernadette Yeo & Lesley Jessiman (University of the Fraser Valley)

**Abstract:**

Elder abuse – a significant problem worldwide – continues to be underreported. Research suggests that underreporting can stem from the victim's failure to perceive the perpetrator's behaviours as abusive (Dakin & Pearlmutter, 2009). Because values and norms differ across genders, age groups, cultures and societies, a universal conception of elder abuse sadly does not yet exist (Hudson & Carlson, 1994). Using 13 scenarios of abuse (abuse type: physical, sexual, financial, emotional, neglect & neutral; victim: with or without ageing pathology) we examined why people fail to correctly perceive behaviours as abusive. Undergraduate students (n=30) were asked to identify, and rate scenarios for level of abusiveness, acceptability, and justifiability. We found a significant main effect of abuse type ( $p = 0.00$ ) with sexual abuse most readily identified and neglect least readily identified, suggesting that neglect – the absence of appropriate care – is more difficult to perceive than sexual and physical abuse, which is the presence of inappropriate care. We also found significant positive correlations between identification of abuse and ratings of acceptability and justifiability, suggesting that identifying the "carer's" behaviour as justifiable or acceptable can lead to grave errors in judgment. Our findings have implications for the importance of education, and awareness in combating elder abuse. As the elderly are in danger of becoming the "out of sight, out of mind" population, we must ensure that those who care for the elderly are educated in terms of what does and does not constitute abuse and what is and is not, acceptable or justifiable behaviour.

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**Paper Title: A randomized controlled trial of moderate-intensity stepping exercise on moderate sleep complaints among older adults**

**Author:** Doris Yu Sau Fung, Shamay NG, Parco Siu, Jean Woo, Kai Chow Choi (The Chinese University of Hong Kong)

**Abstract:**

**Objectives:** Sleep problem is highly prevalent among older adults and is associated with detrimental health consequences. Most research focuses on intervention for clinical insomnia, this study addressed a research gap by testing the effects of a moderate-intensity stepping exercise on moderate sleep complaint, which defined as the persistence of one or co-occurrence of two or more sleep complaints, among older adults and to identify the mediating process.

**Methods:** A single-blind RCT with waiting-list attention-control recruited 230 older adults (mean age:  $74.5 \pm 8.1$ ) with moderate sleep complaint from five community centers. The instructor-led exercise program included three weekly 60-minutes session of stepping exercise for 16 weeks. The control intervention consists of eight bi-weekly sessions of health education. Pittsburgh Sleep Quality Index (PSQI) and ACTi watch were used to measure sleep quality and pattern at baseline and post-test. Mediating variables including mood status and physical fitness were measured at the two endpoints.

**Results:** A total of 110 and 108 older adults completed the exercise program and the education program respectively (attrition rate = 5.2%). Generalized equation modelling indicated that those who received the exercise program reported a significantly greater improvement in PSQI ( $p < 0.001$ ), sleep latency ( $p < 0.05$ ) and sleep efficacy ( $p < 0.01$ ). Such beneficial effect of exercise was found to mediated through an increased mood status and physical fitness

**Conclusion:** Moderate-intensity stepping exercise is feasible and effective to improve the highly prevalent moderate sleep complaint among older adults. Strategies to integrate it to the lifestyle of elderly is implied.

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## Weds 5th July 15.30

### **Paper 1 Title: Hydration, cognition and endothelial functioning in older adults**

**Author:** Aimee Day & Neil Mapes (Dementia Adventure)

#### **Abstract:**

The aim of this impact report, verified by University of Southampton, was to identify the range of social, emotional and physical wellbeing outcomes, as well as wider benefits for the community of people with dementia, their family and carers, following a supported holiday with Dementia Adventure during March to October 2016. This report builds on a previous Dementia Adventure Social Impact report produced in 2015. Each holiday is carefully designed to be relaxing and interesting, with an active programme to suit everyone in the group. The person with dementia is empowered to do something they would not normally be able to do. Observations show that the combination of different settings, support, and the opportunity to be spontaneous and take risks are key ingredients that benefit people with dementia and those who care for them. The results show that 100% of carers and 76% of people with dementia felt positive after the holiday. 'Good quality respite is the thing that will enable me to continue caring for my husband at home and this holiday definitely falls into that category'. (Holiday Participant) 60% reported positive improvements in their emotional, social, physical wellbeing and increased confidence to go outdoors and try something new. 59% felt the holiday had had a positive effect on their relationships and 73% felt enabled to sustain their caring role. Findings from this impact evaluation will be used to continuously improve and expand Dementia Adventure holidays in 2017 and inform and influence UK wide strategies and policies where relevant.

### **Paper 2 Title: Psychogeography and ageing in place**

**Author:** Aled Singleton & Charles Musselwhite (Swansea University)

#### **Abstract:**

This paper explores what the literary psychogeography writing of Peter Finch – five books between 2002 and 2013 - reveals about his experience of ageing in place. This non-academic body of writing contributes to methodological debates in gerontology by sensing how important lifecourse events can be drawn out by emotional and affective responses to places (Nayak & Jeffrey, 2013).

These personal works of psychogeography have flourished since Finch, born in 1947, started to reach later life. He has also spurred other authors to write fifteen further books in a series. Finch describes the role of revisiting geographies [and discovering some afresh] as:

"I was a psychogeographer and that meant engaging in geography, social geography, topographical geography, fantasy geography and geography..." (2013, p. 278)

Though he uses the word geography many times, Finch's charting of nearly seven decades helps to explore the importance of biography within social gerontology (Phillips, Ajrouch, Hillcoat-Nallétamby, 2010). This paper therefore presents considerations for empirical research in understanding attachment to place as we grow older, namely by: (1) exploring the ethics and positionality of letting other people be the guide to how we experience places; (2) revealing how experiences from various stages of the lifecourse are recalled very differently and (3) exploring how certain places or landmarks seem to form the boundaries – or book ends - upon which our life stories hang.

Contributing to the conference theme, this paper also starts to consider how literary and artistic means may help elicit responses from older people living with dementia.

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### **Paper 3 Title: Invisible threads: the pivotal role of social relationships of mid-life rural women**

**Author:** Alison Herbert (National University of Ireland, Galway)

#### **Abstract:**

Social relationships are typically perceived as being a core feature of quality of life in older age, be those relationships with partners, parents, children, siblings, friends and neighbours. Despite a growing focus on lifecourse features of social relationships and their gendered nature, limited research has addressed key features of relationships (Arber, 2004) at the pivotal mid-life phase (Lachman et al., 2015) and within their spatial context (Thurston and Meadows, 2003).

Qualitative primary data were collected within the context of a constructivist grounded theory study of a diverse, theoretically-guided sample of 25 women aged 45-65 years in rural Connemara, Ireland. One-to-one in-depth interviews produced rich data, facilitating a contribution to substantive mid-life theory.

Data analysis highlights the highly meaningful role played by social relationships in shaping the perceived quality of life and ageing process of rural women at mid-life. The data provide evidence of ways in which mid-life rural women anticipate the role social relationships will play in achieving a good quality of life in older age.

Rural women's perceptions of their ageing and quality of life are both enhanced and diminished by the quality of their social relationships across the lifecourse. A projected increase of women living alone in older age, due to population ageing, increased 'singlism', divorce-separation, and widowhood (ILC-UK, 2014), highlights possible risk factors associated with the lack of meaningful relationships. Responding to risks of social isolation that affect rural women in mid-life may represent a key task for policy-makers interested in promoting positive ageing (Kneale, 2012).

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### **Paper 4 Title: Effectiveness of Cognitive Stimulation in Maintaining Cognitive Capacity of an Elderly Cohort**

**Author:** Ana Paula Martins Vicentin, IAna Claudia Bonilha, Luiz Roberto Ramos (Federal University of São Paulo)

#### **Abstract:**

The study objective is to analyze the effectiveness of health promotion actions in the prevention of functional losses due to cognitive impairment of the elderly. It is a controlled intervention study, nestled within a cohort population resident in the neighborhood Vila Clementino, São Paulo city, Brazil. From the application of the COR (Clinical Oementia Rating), the elderly were classified as cognitively normal (COR = 0) and with mild cognitive impairment (COR = 0.5) and were randomly allocated in the intervention and control groups. The elderly had undergone a screening for depression, neuropsychological tests (MoCA, MEEM, list of words and naming animais) and an evaluation of independence in daily life. The intervention groups attended the "Memories Workshops" (MW) twice a week in a total of 34 meetings, a 0-minute-long each (physical activity, computer activity and chat about the workshop experience). Preliminary results have shown that a non-pharmacological intervention such as the MW can have a positive impact in the functional capacity of a population sample of elderly with  $COR < 1$ , as it promotes the maintenance/improvement of cognitive functionality measured by the MoCA.

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## **Paper 5 Title: Exergaming among Older Adults**

**Author:** Anna Wanka, Viktoria Quehenberger  
(University of Vienna)

### **Abstract:**

There is a body of gerontological literature on health, health behaviour and technology use of older adults, and recently, those fields have been merging under the term of 'e-health'. This poster focuses on a new dimension of e-health: Exergaming. Exergames are computer games played via bodily movements tracked by sensors. Their aim is to persuade older adults to exercise more simply because it is fun to play.

In the EnteTrain project, an interdisciplinary consortium comprising sociologists, geriatrics, nurses, game designers, engineers and older end-users aim to develop an exergame for adults 65+. Data from 2 case studies in Austria and the Netherlands is being presented and compared, including a quantitative survey (n=100) and four focus groups (n=32) among adults 65+, relatives and care-givers. Results are portrayed and discussed from a praxeological perspective, describing competencies, material elements and meanings involved in constructing different types of silver gamers.

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## **Paper 6 Title: The Centre for Ageing & Dementia Research – Working in Wales**

**Author:** CADR (Swansea University)

### **Abstract:**

The Centre for Ageing & Dementia Research – Working in Wales

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## **Paper 7 Title: What is well-being and how can it be measured in older adults living in residential care?**

**Author:** Caitlin Reid, Charles Musselwhite, Michael Coffey (Swansea University)

### **Abstract:**

A key conclusion from the Older People's Commissioner for Wales' report 'A Place to Call Home?' (Older People's Commissioner, 2014) was that older adults become institutionalised in residential care. They lose their personal identity and individuality and often feel a lack of control over their lives. Being in this kind of environment would have a significant impact on an older adult's mental health and well-being. Older adults' mental well-being is often overlooked, even though many stressors and triggers of mental health issues are experienced in later life, for example the loss of family and friends through bereavement and also the loss of ability, self-esteem, and independence.

There are many definitions of well-being, it is also used interchangeably with terms such as quality of life, mental health, and life satisfaction. The World Health Organisation (WHO) definition of well-being is developed from the hedonic and eudaimonic traditions and highlights the positive mental health aspects of well-being. Lamers et al. (2011) state that mental health is not only the absence of mental illness but also the presence of positive well-being. It is therefore vital to not only focus on mental illness when developing ways to improve mental health (Keyes, 2007).

A literature search was conducted to identify measures of well-being; these were reviewed for applicability for use with older adults in residential care. The review looked at the factors that need to be considered when measuring well-being in older adults living in residential care, such as wording, item relevance, questions that could cause offence, and the theories and models behind these measures.

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**Paper 8 Title: Barriers and Facilitators to conducting a Patient and Public Involvement (PPI) project with family carers of people with dementia**

**Author:** Carla Reigada, Charles Musselwhite, Áine Teahan, Gerard Fealy, Amanda Phelan, Diarmuid O'Shea, Eilish McAuliffe, Liam O'Sullivan, Sandra McCarthy, Attracta Lafferty (University College of Dublin)

**Abstract:**

**Background:** Public and Patient Involvement (PPI) in health and social care research involves working with patients, carers and/or public experts to develop more effective and relevant research (Buckland et al., 2007). PPI involves creating a partnership between the public/patients and researchers ultimately leading to improved research quality, relevance and outcomes (NHS, 2012). However, creating an effective PPI climate can be challenging.

**Aim:** The aim of this paper is to highlight the challenges, facilitators and barriers related to PPI when conducting participatory action research with a cohort of family carers of people with dementia.

**Expected Results:** This paper will discuss the barriers and facilitators to conducting PPI research with family carers of people with dementia. These will include: 1) acquiring ethical approval 2) recruitment 3) suitability of family carers as co-researchers (e.g. time commitment, communicate, motivation etc.); 4) Support required when involving family carers as co-researchers. The success of research projects can be significantly enhanced by the experience, perspective and creativity of public members.

**Conclusion:** Research projects involving family carers as co-researchers require having sufficient structures and supports in place to ensure that PPI is conducted effectively. A positive attitude, open communication, sufficient resources and team support are integral to the successful implementation of PPI in research related to family caregiving of people with dementia. It is important

that family carers are encouraged and supported to engage in research and that researcher's take time to understand the perspectives of family carers, and facilitate their successful integration into the research team.

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**Paper 9 Title: 'Tea for two...generations': Designing an intergenerational intervention for people with dementia living in care**

**Author:** Carole Butler, Sarah Hillcoat-Nalletamby, Andrea Tales (Swansea University)

**Abstract:**

There are currently 850,000 people in the UK living with dementia with numbers predicted to rise to 1,000,000 by 2025 (Alzheimer's Society, 2014). There is currently no cure for dementia therefore there is a pressing need for effective psychosocial interventions that improve the quality of life of people living with the condition (Moniz-Cook, 2011). This research funded by The Health Management Trust aims to design, implement and evaluate a psychosocial intervention which brings young people into a care home to prepare and share a light meal or snack, with residents with dementia.

The intervention aims to improve the young volunteers' awareness and understanding of dementia, and the quality of life (QoL) of the residents with dementia. Intergenerational interventions have resulted in; improved attitudes of young people towards dementia (Harris & Copella, 2014, Yamashita, Kinney & Lokon, 2013), and improvements in the QoL of people with dementia living in care (Lee, Camp & Malone, 2007). However there are few intergenerational interventions that have involved preparing and sharing food, a meaningful activity. This presentation outlines the developmental phase of the research; the development of the intervention.

A number of steps were taken to identify effective elements to include in this complex intervention; a literature review was conducted, and researchers in the field were contacted. Additional input was

sought from the field of occupational therapy, and the residential homes involved in the research. This strategy resulted in an intervention that is innovative and engaging, includes elements of horticultural and reminiscence therapy, and meets the aims of this study.

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## **Paper 10 Title: The aging 'frail' identity - supporting positive identities with older people with frailty in a day hospital**

**Author:** Chantel Cox, Caroline Ellis-Hill, Michele Board, Michael Vassallo (Bournemouth University)

### **Abstract:**

Half of all people in the UK aged over 85 are estimated to be living with frailty and this is expected to rise. The language and discourse around the condition can act as a barrier to engaging with older people who do not wish to be defined as frail (Age UK and BGS, 2015). People experiencing frailty often report low levels of wellbeing particularly in relation to their sense of identity and increasing dependency (Andrew et al. 2012), which in turn can lead to poorer health outcomes and reduced engagement in therapeutic interventions (Twigg and Martin, 2015).

To date, frailty research has mainly focused on physical interventions and measurements of frailty. There is little exploration of the lived experience of frailty, particularly in relation to how frailty impacts upon identity. Christchurch Day Hospital has an innovative service for the frail older person, service users highlight that the way that they are made to feel has an impact on their outcomes however it is unclear what processes underpin this.

This future ethnographic study drawing on constructivist and lifeworld perspectives aims to understand how patients' needs are met in relation to their sense of self and identity within a Day Hospital environment. The culture of day hospital will be explored via observations, collaborative interviews, focus groups and documentary analysis

in order to determine key processes which need to be in place to create positive identities and could be transferred to support future best clinical practice in other health care settings.

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## **Paper 11 Title: Indicators for ideal living space and environment for elderly people**

**Author:** Chih Ping Li, Xin Yu Chen, Shi Ting Huang, Ya Ting Li, Chiau Min Liu, Guan Zhen Li, Ting Chu Wang (Kainan University)

### **Abstract:**

Older Taiwanese very much desire to continue to live in their present homes for the longest time possible. These elderly people need to anticipate their future age related safety and environmental needs in order to maximize their ability to remain as independent as possible and to be active in their homes and communities. If planning is accurate in anticipating their needs and if the plan is implemented in a timely manner then these prudent elders will successfully 'age in place'. However, to date there has been no study of which indicators can guide elderly Taiwanese in identifying ideal living spaces or desirable environmental factors. The purpose of this study was to construct living space and environment indicators that best meets the needs of elderly people. This study used the Delphi technique to integrate the opinions of 8 experts of the needs of the elderly to construct the indicators. Results showed that the experts identified 2 first-degree indicators (internal and external environments), 6 second-degree indicators (accessibility, community, living room, kitchen, bedroom, and bathroom), and 78 third-degree indicators. These results will help provide family members or care giver with living space and environmental indicators to assist with their purchase or renovation of ideal elderly housing.

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**Paper 12 Title: Real life community-based group exercise programmes: what keeps people coming back for more?**

Author: Clare Killingback, Fotini Tsofliou, Carol Clark (Bournemouth University)

**Abstract:**

Maintaining a physically active lifestyle across the life course has the potential to add to an individual's health related quality of life and wellbeing. However, many people are insufficiently active to achieve these gains, with a trend towards further decreases in physical activity as people age. Community-based group exercise programmes (CBGEP) have been shown to be one means of increasing activity levels for older people. However, a gap in the literature was identified around the role of CBGEP in relation to long-term adherence as a means to sustaining physical activity levels.

The aim of this study was to explore older people's long-term adherence ( $\geq 1$  year) to existing CBGEP. A multiple-case study approach was utilised to understand how and why older people ( $\geq 60$  years,  $n=27$ ) in the South-West of England have continued to engage in CBGEP. Qualitative data (participant observation, focus groups, documents, and interviews) were collected and analysed using inductive thematic analysis. In order to gain deeper insights into adherence, the humanisation framework was utilised in an a priori manner to further understand adherence from a humanising perspective.

This study found that older people's adherence to CBGEP was supported by the following: individual factors, the instructor, programme design, social features, participant perceived benefits, and a humanised exercise environment. These factors must be considered if we wish to support older people in on-going engagement in physical activity as they age. These findings have the potential to inform practitioners and public health policy development to maximise efforts to support lifelong engagement in physical activity.

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**Paper 13 Title: Is it just me, or am I lonely?**

Author: Clare D Toon, Chaz Simpson, Zoe Aslanpour (University of Hertfordshire/West Sussex County Council)

**Abstract:**

Both loneliness and social isolation are detrimental to physical, mental, and emotional health and wellbeing. As health risk factors, they have both been compared to smoking, obesity, and sedentary behaviours in terms of detrimental impact on health. As the population continues to age, and health and social care budgets continue to shrink, these factors are likely to become more pertinent, a point highlighted by Public Health England and the Secretary of State for Health. However, data from the English Longitudinal Study of Ageing suggest that, in as many as half of the population, loneliness and isolation are stable traits throughout the life course, suggesting other factors may be responsible for the poor health outcomes. This proposal asserts that it is not loneliness, but the way it is perceived which is responsible for health detriment, and seeks to employ a phenomenological approach to establish if this is the case. Participants will be recruited from retirement villages within the West Sussex population and interviewed regarding their experiences of loneliness, and their health, resilience, and emotional wellbeing. Thematic analysis of the data will be undertaken to establish which factors may link loneliness to ill health and why the impact of loneliness in older adults is not uniform. Attempt will also be made to identify the mechanisms through which loneliness and poor health may be related. This paper will focus on a review of the literature and consider the methods which will be employed to undertake future research to address these developing research questions.

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## **Paper 14 Title: A randomized controlled trial of moderate-intensity stepping exercise on moderate sleep complaints among older adults**

**Author:** Yu Sau Fung, Doris, Shamay NG, Parco Siu, Jean Woo, Kai Chow Choi (Chinese University of Hong Kong)

### **Abstract:**

**Objectives:** Sleep problem is highly prevalent among older adults and is associated with detrimental health consequences. Most research focuses on intervention for clinical insomnia, this study addressed a research gap by testing the effects of a moderate-intensity stepping exercise on moderate sleep complaint, which defined as the persistence of one or co-occurrence of two or more sleep complaints, among older adults and to identify the mediating process.

**Methods:** A single-blind RCT with waiting-list attention-control recruited 230 older adults (mean age:  $74.5 \pm 8.1$ ) with moderate sleep complaint from five community centers. The instructor-led exercise program included three weekly 60-minutes session of stepping exercise for 16 weeks. The control intervention consists of eight bi-weekly sessions of health education. Pittsburgh Sleep Quality Index (PSQI) and ACTi watch were used to measure sleep quality and pattern at baseline and post-test. Mediating variables including mood status and physical fitness were measured at the two endpoints.

**Results:** A total of 110 and 108 older adults completed the exercise program and the education program respectively (attrition rate = 5.2%). Generalized equation modelling indicated that those who received the exercise program reported a significantly greater improvement in PSQI ( $p < 0.001$ ), sleep latency ( $p < 0.05$ ) and sleep efficacy ( $p < 0.01$ ). Such beneficial effect of exercise was found to mediated through an increased mood status and physical fitness

**Conclusion:** Moderate-intensity stepping exercise is feasible and effective to improve the highly prevalent moderate sleep complaint among older

adults. Strategies to integrate it to the lifestyle of elderly is implied.

## **Paper 15 Title: End of Life Care - Who will start the conversation?**

**Author:** SH (Harrie) Cedar (London South Bank University)

### **Abstract:**

In the ancient Hebrew Scriptures, rather than a slow process of dying, deaths come fairly rapidly. Nowadays, due to increased clinical knowledge and technology many of us do not die suddenly, but fade out gradually. We become increasingly ill and dependent on others. But we are still the people we were and, if cognisant, we still wish to be heard.

Clinicians are trained to repair lives and restore us to health, but the terminally ill will not repair. Ultimately, the constant offers of medical interventions will not prevent death. We need to face this challenge and talk about the inevitable. To do that, we need someone to start these difficult conversations.

In recent years National Health Service (NHS) health care chaplaincy has evolved into a multi-faith practice. This is in response to meeting changing needs as the UK becomes increasingly culturally diverse concomitant with an increasing secularisation of the population.

Multi-faith health care chaplaincy offers compassionate and spiritual care distinct from palliative care medicine. It allows the person receiving the care to be acknowledged and heard by promoting therapeutic communication, listening and giving space to the dying.

This paper looks at the history of chaplaincy care, how it has evolved to meet the demands and expectations of contemporary British society, how it can serve as a model for meeting the needs of a diverse population while opening difficult conversations and advocating for the individualised wishes of the dying and their personhood.

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**Paper 16 Title: Barriers and facilitators to person centred dementia care: A musical intervention**

**Author:** Elaine Argyle, Tony Kelly and Rob Jones (University of Nottingham)

**Abstract:**

Recent years have seen the advocacy of person centred approaches to dementia care. Important components of these approaches have been the innovative use of arts in the promotion of health and well-being. It will be the purpose of this presentation to explore some of the 'unspoken' challenges of the collaborative working that these interventions often involve. It was originally aimed to evaluate the impact of a personalised musical intervention on the well-being of the clients of a specialist dementia home care service. However, when it became clear that the intervention would not be fully implemented, it became the goal of the research to establish the reasons for this. Semi-structured interviews were carried out with key staff involved in the management of the intervention with emergent themes being identified and pursued. Respondents tended to have conflicting views on the individual team members responsible for the failure of the intervention to be fully implemented and expressed the opposing priorities. However, all were in agreement on the potential value of the musical intervention and on the major barriers to its implementation, with issues of training, leadership and contextual issues such as commissioning being commonly alluded to. These barriers to implementation suggest that practice should transcend its focus on individual well-being and address the wider factors that can facilitate or prevent its fulfilment. While the multi-levelled nature of these barriers suggest that the implementation of innovative interventions within health and social care settings should adopt a similarly eclectic approach in order to overcome them.

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**Paper 17 Title: The care certification evaluation: An overview**

**Author:** Elaine Argyle, Louise Thomson, Zaynah Khan, Tony Arthur, Jill Maben, Justine Schneider and Heather Wharrad (University of Nottingham)

**Abstract:**

Front line care workers play a key role in health and social care provision for older people and this has been reflected in training innovations aiming to improve the care provided by these workers. One recent training initiative has been the Care Certificate, which was fully launched in England in April 2015 and which aims to provide a consistent and transferable approach to this training. It is recommended that all new health care assistants and social care support workers should undertake this training before working unsupervised. However, little is currently known about the patterns of implementation adopted by care organisations or about the perceptions of the Care Certificate held by care providers as well as by those in receipt of this care. In order to address these issues and to optimise its impact, the implementation of the Care Certificate is now being evaluated through an 18 month national study funded by the Department of Health Policy Research Programme. This study includes a telephone survey of care organisations around the country which were randomly selected from the Care Quality Commission database as well as qualitative explorations of the views and experiences of the Care Certificate held by care providers and care receivers. This presentation will provide an overview of this national evaluation, highlighting why it is needed, how it is being carried out as well as summarising its findings.

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**Paper 18 Title: Exploring virtual assistants in the context of loneliness and ageing.**

**Author:** Fernando Montalvo, Janan A. Smither, Daniel S. McConnell, & Denise Gammonley (University of Central Florida)

**Abstract:**

Loneliness is a significant concern among older adults. In the UK, the prevalence of chronic loneliness in people aged 65 and over is at least 7%, accounting for about 800,000 people (Victor, Bowling, Bond & Scramble, 2003; World Bank, 2016). More than just a quality of life problem, loneliness has severe health implications equivalent to those of cigarette smoking (House, Landis, & Umberson, 1998). Improving social engagement and connections between older adults and their community is a solution, but this is not always the best option due to social isolation or personality factors that may impair social interaction. Finding alternative ways to increase social engagement is of utmost importance. Technological interventions offer a promising solution for socially isolated or mobility restricted older adults. Current generation intelligent personal assistants (IPAs), voice-controlled virtual agents that can perform various tasks such as the Amazon Echo, possess rudimentary capabilities to conduct social interactions with users. Ring et al. (2014) found that simulated voice-controlled devices led to a reduction in loneliness among older adults. Our research explored whether virtual agents can create a sense of companionship among older adults and ways in which they can be used to tackle social isolation and loneliness. Older adults were measured for loneliness and interacted with an IPA. They subsequently rated their interaction with the device on both how useful it could be and its suitability as a therapeutic tool for loneliness. The results serve as guidelines for the design and implementation of social technology among older adults.

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**Paper 19 Title: Walking the Tightrope: Experiences of Sleeping Medication Consumption Amongst Older Adults Living at Home**

**Author:** Georgia Smith

**Abstract:**

**Aim:** To identify the experiences of sleep medication use (sedative-hypnotics) by older adults (65+) living at home. The study paid particular attention to discourses surrounding dependence and addiction.

**Design:** Qualitative episodic interviews, analysed through framework analysis (Ritchie and Spencer, 1994).

**Setting:** Participants' own homes.

**Participants:** 15 UK adults aged 65-88. Mean age of 77. Recruited through adverts, then snowball sampling.

**Findings:** Previous literature has understood medication use as 'self-care'; this research identified an additional dimension, 'emotional-care' e.g. to manage negative emotions, especially those associated with grief and loneliness. However, use was troubled by the addictive potential of sedative-hypnotic drugs. Dependence was common, with duration of use averaging at ten years, despite clinical recommendations of just 4-6 weeks. As such, individuals were required to 'walk the tightrope' between two stigmatised identities; the 'old person' and the 'addict', seeking to present themselves as 'new older adults', actively self-medicating for success.

**Conclusion:** Findings suggest that a patient centered approach to care that acknowledges the emotional needs of older adults is required in order to develop non-pharmacological alternatives for sleep-related problems. This is deemed essential in order to alleviate the health burden of the long-term use of addictive sedativehypnotics amongst this population.

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**Paper 20 Title: The impact of organisational ties on the wellbeing of older people in care homes.**

Author: Jennifer Ferguson (University of Stirling)

**Abstract:**

This study aims to explore the impact of organisational ties on the wellbeing of residents within care homes for older people. An understanding of wellbeing amongst care homes residents is vital because those of the lowest socio-economic status (SES) also experience the greatest health and wellbeing disadvantages in later life. Organisational ties are the connections an actor can draw upon to gain social capital, resources, material goods and information from an organisation (Small 2006). These ties have been shown to be very important in gaining resources for those of lower SES (Small 2009), whereas those of a higher SES are more likely to gain their resources from their personal social networks. Therefore, analysing the relationship between organisational ties and SES of older people is important because this relationship could affect the wellbeing of the care home population. In this study, Institutional Ethnography will gather key data on social and organisation ties from residents, family and staff. This data will be analysed through ego networks, which are networks with focal actors (Borgatti et al. 2013), to establish the influence of organisational ties. Thus, this research will add to the understanding of organisational ties and how these ties may impact an older person's wellbeing when residing in a care home. Moreover, it will explore how people of differing socio-economic statuses access, and use, care home resources compared to the resources in their personal networks.

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**Paper 21 Title: Health & Social Care in the UK**

Author: Jerry Benjamin

**Abstract:**

The aim of this paper is to outline Health and Social care in the UK.

The term relates to services available from various organizations to help support the general population. A generic term referring to all infrastructure, public, public and private sector.

Health, defined as associated with prevention, treatment and management of illnesses alongside with promotion of psychological and physical wellbeing.

The key concepts of health namely governance, mental health and Psychology are all interrelated. The world health Organisation key concepts are health inequalities and Mental Health inequities. Between groups of people. Mental health refers to people cognitive and emotional wellbeing WHO mental health defines state of wellbeing in which the individual realises his or her own abilities, can cope work productivity.

Social care is a profession that promotes social change, problem solving by working in partnership, principles of human rights and social justice. Social care helps with all age groups from infants to the elderly and is a key service which is underappreciated for its huge help it provides to the general population. Adult Social care outcomes framework (ASCOF) 2015 to 2016 example supports council to improve the quality care provided and looks how framework develop in future

To conclude, health and social care should be seen as the care and guidance of patients to self-manage their ailments whether they be physical or psychological within their social context, rather than being free of disease or complaints.

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## **Paper 22 Title: A Heuristic Evaluation of Off the Shelf Robot Kits**

**Author:** Jessica R. Michaelis, Eva L. Parkhurst, Michael A. Rupp, Fernando Montalvo, Stella Sung & Janan A. Smither (University of Central Florida)

### **Abstract:**

Adults over the age of 65 are a rapidly expanding population (Mather, Jacobsen, & Pollard, 2015) and there is now an increased focus in the literature to find activities to help this demographic combat the cognitive and physical declines they experience (e.g. Simone & Haas, 2009). As a new generation of more technologically savvy individuals retires, there is a need to find cognitively stimulating leisure activities that conform to their interests while providing an outlet for socialization and an opportunity for cognitive maintenance. One enjoyable activity that might satisfy these requirements would be the construction of off-the-shelf robot kits, a novel activity that emphasizes social cooperation, fine motor skills, attention to detail, and provides a fun and cognitively challenging experience. A heuristic evaluation of the following three kits: Meccano Meccanoid G15, Hexbug VEX IQ Robotics Construction Kit, and Lego Mindstorms EV3, was performed to evaluate their appropriateness for older populations. The kits were evaluated on the basis of their Instructions, Assembly, Pieces, and Tools Required. Although more detailed findings are presented in our poster, the main takeaway is: off-the-shelf robotic kits offer a number of attractive qualities to older adults, but would require a number of modifications, such as providing an overview of the build, pre-sorted and labeled components, and a combination of text and picture based instructions, to make them more usable before they could truly be recommended. Further usability issues and recommendations are discussed in the accompanying poster.

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## **Paper 23 Title: Creating an age-friendly Asian community: revitalising the village spirit**

**Author:** Kalyani Kirtikar Mehta (SIM University)

### **Abstract:**

The rise of Singapore from third world to first world nation in the last century has resulted in urbanisation, globalisation and a cosmopolitan society. During the pre-second world war period, the “village” spirit provided the social bonds and communal ties that were cherished by older

Singaporeans. Today, 11 per cent of all older persons above 65 years live alone in Singapore. The rising trend is of concern as risk of mortality has been proven to increase, according to a Singaporean longitudinal research (Ng, 2015). This paper focuses on a community-based programme called the “Good Life! Makan” which is a Community Kitchen located at the ground level of a Housing Development Board block. It was launched in January 2016, and represents a focal point for elders staying alone to meet and cook together, share meals as well as share experiences. The sharing of food is an Asian cultural norm that the elders can resonate with. The innovativeness of this programme as compared to other Soup Kitchen schemes, is that the elders actually decide, plan, and prepare their meal. The empowerment and the sense of control they gain in this scheme has psychological benefits as well as socioemotional implications.

The programme has been successful in building a sense of belongingness for the elders in Marine Parade constituency.

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### **Paper 24 Title: Lessons from Japan in social care for older people**

**Author:** Krzysztof Mikata-Pralat (Fulham Good Neighbours)

**Abstract:**

My presentation will concentrate on areas where we could learn from the Japanese on delivering a better social care for aging population in the UK. It will be based on my experiences when I visited Japan as Young Core Leader of Civil Society Programme participant - <http://www8.cao.go.jp/youth/kouryu/data/pdf/core/e6-2.pdf> (March 2014) and as a Daiwa Anglo-Japanese Foundation grant holder (May 2016). The areas that I intend to cover include:

- a) Use of robotics in care - in particular PARO Robot. The day centre I manage – Stones End Day Centre - plans to become the first day centre in the UK to use this robot (early 2016).
  - b) Intergenerational care facilities for older people and toddlers – fureai kyosei.
  - c) Mandatory Care Insurance Scheme for all those over 40 years old;
  - d) Comprehensive Community Support Centres – ‘under one roof’ facilities for health and social care professionals offering holistic support to older people. I will argue that Japan’s aging population caused a rethink in how services can be delivered, that similar shift should occur in the UK, and that the above four areas should form its foundation.
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### **Paper 25 Title: A Comparative Study of ‘Internal Adjustment’ Among Care Workers in Nursing Home Setting in Korea and Japan**

**Author:** Kyeung Sung Hwang, Jin Pil Um, Chi Yeon Yoon, Masaki Chiba (Nayoro City University)

**Abstract:**

**Background:** The purpose of this study was to explore the ‘Internal Adjustment (IS)’ factors among care workers in nursing home setting and the differences and similarities between Korea and Japan.

**Methods:** The survey was conducted in 40 care homes (16 Korea and 24 Japan) and total of 938 (K-group 426 and J-group 512) care workers were interviewed between 2013 and 2015. An analysis for determining the factors related to ‘IS’, 26 items were extracted through factor analysis and their reliability were tested by Cronbach’s alpha coefficient.

**Results:** Overall, six factors were extracted and their reliability were confirmed by Cronbach’s alpha coefficient. Factor (F)1: Evaluation of working conditions and environment (6 items) 0.81, F2: Relationship with service users (5 items) 0.84, F3: Sense of satisfaction with the job (4 items) 0.85, F4: Sense of confidence on the job (4 items) 0.75, F5: Collaboration with colleagues (3 items) 0.70, F6: Value evaluation to own work (4 items) 0.76. For the comparison between the two countries, F1 was more positively associated with ‘IS’ among K-groups than J-groups whereas F2, F3, and F4 were more positively associated with ‘IS’ in J-groups than K-groups. However, F5 was less positive in both countries while F6 was positively associated in both countries.

**Conclusions:** This study successfully extracted most influential and highly reliable ‘IS’ factors among care workers in Korea and Japan. Future studies should focus on scaling the factors of ‘internal adjustment’ and examine the effects of these factors among care workers in different nursing settings in other countries.

## **Paper 26 Title: Undergraduate Nursing Education: What Role Might Ageing-specific Courses play in Curbing Ageism?**

**Author:** Lesley Jessiman, Shelley Canning, Gabriel Deros, Christine Drew & Ivy Myge (University of Fraser Valley)

### **Abstract:**

Sadly, ageism prevails in society. Ageist perceptions can be observed in the way we speak to older adults (Balsis, & Carpenter, 2005), and how older adults are negatively portrayed in the media (Brown & Knight, 2015). So how might we curb ageism within today's society? Research has revealed that higher education and increased experience with older adults may hold the answer. For example, through their education and practical experiences with older adults, ageist attitudes were found to diminish amongst nursing students (Dahlke, & Fehr, 2010; Rodgers & Gilmour, 2011). The purpose of our study was therefore to further examine whether ageing-specific classes in a nursing degree program would progressively curb ageism amongst our nursing students. Using the Fraboni Scale of Ageism (FSA: Fraboni, Saltstone, & Hughes, 1990) we measured lower and upper level nursing students' ageist attitudes. We found upper level nursing students scored lower on measures of Avoidance (social separation) compared to lower level students. No significant differences were found on measures of Discrimination (affective attitudes) and Antilocution (negative stereotypes). Our findings have important real-world implications such that specific ageing courses and increased exposure to older adult populations in university may indeed moderate ageist attitudes, in particular those associated with personal interactions with older adults. Further, where ageism exists in healthcare settings (Kydd & Fleming 2015), reducing ageist beliefs prior to entering the workplace may go some way to eradicating ageism within healthcare environments. Universities clearly provide the ideal setting for an "ageing friendly" culture to begin and grow.

## **Paper 27 Title: Why they enrolled in doctoral programs? --A preliminary exploration of the motivations of older adults who participated in higher education.**

**Author:** Li-Kuang Chen (National Cheng Kung University)

### **Abstract:**

Lifelong learning has become a worldwide advocacy to resolve the problems at aging societies and to facilitate successful aging of individuals. In Taiwan, populations of older adults aged 65 and over were 7% and 12.83% in 1993 and 2016 respectively. The dependency ratios of old age and child are almost equal in June 2016. Under such fast changes on demographic structures, a new educational white paper announced by the government in 2006 has made remarkable advances in the development of educational gerontology in Taiwan. In spite of this, the survey data have shown that older adults not often perceive learning needs. Also, their rates of learning participation are low in general. Contrastively, some older adults enroll in school. These lifelong learners have rarely been explored in field of educational gerontology. Our understanding about older learners study in higher education is sparse. Thus, the purpose of this study was to explore the motivations of older adults re-entering doctoral programs in universities. By a mix method design, a survey questionnaire was first sent to universities and forwarded to their undergraduate and graduate students who were 60 years old and over. Among the 287 final effective samples, doctoral students were further invited for in-depth interviews. The amount of final interviewees were 15 by considering the maximization of their variations of backgrounds, such as gender, previous jobs, and categories of studying departments. This article was to present some preliminary findings which can be helpful to re-check the policy-making of elder education and the roles of higher education at aging society in Taiwan.

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**Paper 28 Title: A Day Hospital Without Walls: Integrating Primary and Secondary Care to Improve outcomes for patients with Frailty.**

Author: Lisa Pigott & Kathy Bluston (Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust)

**Abstract:**

In undertaking significant transformational change at the Day Hospital, we reviewed how we support the needs of the Frail Elderly population locally ensuring that we were meeting the requirements outlined in the 5 year forward view document (DH 2014)

In a staged approach we became a crucial link at 30 local virtual wards. This representation included direct access to Consultant Geriatricians, diagnostics and began to reduce duplication for patients. Allowing earlier review of patients and paving the way for the development of Integrated Health and Social Care in the Christchurch Locality.

After establishing a concordat between the partners we have established an Integrated Health and Social Care Team that combines resources from the Acute Trust, Community services and Social Care. We have co-located the resources and implemented a discharge to assess model. This has seen more efficient use of resources and reduction in delays that may have occurred whilst waiting for one partner to deliver all of the care requirements for a patient. Allowing us to be more responsive to the patient's needs.

The initial data shows that we have significantly reduced the wait for care for the patients reducing their time in hospital, and with the integrated approach of ongoing rehabilitation we have also been able to reduce the demand and intensity of care requirements for patient by 36%

We are now entering the phased development of the admission avoidance function for the team and creatively linking this to the newly created Frailty Unit and its specialist practitioners within the Acute Hospital site.

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**Paper 29 Title: Action for Elders' Balanced Lives programme-adding life to later life : using research to develop good practice and outcomes which indicate falls prevention and can address social isolation and loneliness.**

Author: Lorraine Morgan (Action for Elders UK Trust)

**Abstract:**

Developed with SISA Sheffield 2009-11 the research was used to set up older person community programmes, latest in Barry, Wales 2014. The programme takes self, 3rd Sector and public sector referrals and has three core elements:

- i) Physical health: using five key evidenced elements for improved mobility (Gillespie 2012)
- ii) Mental health and wellbeing: social interaction and development of new life skills. (Hagan 2014)
- iii) Preventative health: monitoring vital signs.

A physical health and a social host run the programme using Senses Framework (Nolan 2006) to guide their work. Participants visit weekly for two hours and are assessed then monitored monthly using Older Peoples' Outcome Star measure. (Mackeith 2014) Details of sessions and two year outcomes will be shared with this conference.

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## **Paper 30 Title: The dynamics of social care and paid work in mid-life**

**Author:** Madelin Gomez-Leon, Maria Evandrou, Jane Falkingham and Athina Vlachantoni (University of Southampton)

### **Abstract:**

Individuals' involvement in multiple roles over the lifecourse, such as family roles (caring for older parents or dependent children) and paid employment may affect the balance of time dedicated to each role. Existing research has evidenced that a growing number of mid-life individuals are faced with 'juggling' multiple roles. This study investigates the relationship between the provision of informal care to older parents/parents-in-law and employment status of adult children in mid-life. The study analyses unique panel data for a cohort of individuals born in 1958 in Britain. The sample comprises all respondents who were at risk of providing care (i.e. with at least one surviving parent/parent-in-law) and who were in employment at age 46. Logistic regression is used to investigate the impact of caring at ages 46 & 50 on employment status at age 50, controlling for socio-demographic characteristics, respondent's health status and partner's employment status.

Continuous or recurrent caring was significantly associated with reducing or stopping work, with the effects mediated by the carers' own occupation and health status and by their partner's employment status. Amongst those caring at age 50, those providing higher intensity care (10+ hours a week) were more likely to have adjusted their employment patterns than those in less intense caring roles, and male carers were more likely to have adjusted their employment patterns than female carers. Duration and intensity of care provision matter. The ability to combine paid work and parental care in mid-life will be increasingly important in the context of rising longevity.

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## **Paper 31 Title: Impact of modernisation and social policy on family care for older people in developing countries like Iran**

**Author:** Maryam Mortazavi Nooghi (University of Sheffield)

### **Abstract:**

Modernization is a social macro-level theory, which deals with the influence of changes in social roles or norms, relationships, and resources, which may directly or indirectly influence a caring relationship between older people and caregivers. Family ties play an essential role in caring the old parents in all societies. In Iranian culture, strong religious beliefs (in particular, the feeling of filial obligation) an expected as part of traditional culture has been to provide care for older people. Modernisation in many aspects of Iranian lives such as the growing number of educated women who prefer to work and be financially independent and urbanisation has happened as result of that most adult children not tend to provide care for older parents. Furthermore, Western society has set a 'retirement' and 'pension' age plan where people are expected to leave the work force and start receiving government financial support. While governments in the developing countries such as Iran do not have such provisions so older people must work until they are no longer able and after that they rely on the love care from their adult children. Therefore, every society does not respond in the same way to tightness between modernization and the provision of care for older people. Tradition value remain in some societies despite modernization, government in most of developing countries like Iran faced significant challenges to switch from a traditional and religious society in which there was a cultural emphasis on taking care of older people by their family members to a modern society that does not prioritize these traditional values.

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**Paper 32 Title: Realist synthesis of comprehensive geriatric assessment in care homes**

Author: Neil Chadborn, Maria Zubair, Adam Gordon & Claire Goodman (University of Nottingham / University of Hertfordshire)

**Abstract:**

The policy direction of NHS Vanguards and closer alignment of NHS services with care homes represents a focus on more integrated working between health and social care. Comprehensive geriatric assessment (CGA) could be a useful approach to implement these policy goals. The Proactive HeAlthcare for older people in Care Homes (PEACH) study is using CGA as part of a quality improvement collaborative for care homes in South Nottinghamshire.

Here we present work from a realist synthesis of the evidence for CGA as an intervention for care homes. Drawing on the hospital-based and wider literature on assessment of frail older people in care homes, we explore what may need to be in place to implement CGA in care homes. Specifically, based on stakeholder interviews and a first scoping of the literature we consider whether CGA by requiring the involvement of all those providing care in assessment and care planning triggers responses from participants that flatten hierarchies between professionals, care assistants, and the resident and family carer. A linked sense of common endeavour and purpose in the team may also enable shared decision-making with the older person and reduces unplanned referrals to urgent and emergency care. Closer working may also lead to an extension of the medical gaze, to change how practitioners understand risk in this frail population. Elaboration and testing of putative programme theories is on-going. We invite delegates to feedback on plausibility of proposed programme theories in the care home setting.

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**Paper 33 Title: Comparison of a non-linguistic cognitive screening scale, Nonverbal Cogscreen, with the MMSE in patients with Alzheimer's disease (AD) and healthy elderly.**

Author: Panagiota Kontari, Alexandra Economou, Ion Beratis, Dionysia Kontaxopoulou, Stella Fragkiadaki, Spyridoula Varlokosta, Sokratis G. Papageorgiou (University of Surrey)

**Abstract:**

**Background:** Brief screening tests are useful for the detection of Alzheimer's disease (AD) and other dementias; however, their linguistic requirements make them problematic for use with people of different linguistic backgrounds or with people having language impairment. **Aim:** The purpose of this study was to determine whether a battery of non-linguistic tests, called Nonverbal Cogscreen, could be used as a brief screening tool for discriminating between patients with AD and healthy elderly, by comparing the battery's performance to the commonly used MMSE.

**Methods:** The sample included 34 patients with AD ( $79.6 \pm 6.6$  years) and 34 healthy individuals ( $78.9 \pm 4.9$  years). All participants were assessed with the MMSE and the Nonverbal Cogscreen consisting of The Five Objects Test, the subscale "Conceptualization" from the Mattis Dementia Rating Scale and the Raven Coloured Progressive Matrices. **Results:** Statistically significant differences between the control group and the patients with AD were found in the MMSE total score ( $t(66) = 9.10, p < .001$ ) as well as in the non-linguistic battery total score ( $t(66) = 6.45, p < .001$ ). Both instruments correlated significantly with education (MMSE:  $r = 0.38, p = 0.016$ , Nonverbal Cogscreen:  $r = 0.29, p = 0.002$ ) and both were unaffected by age in these older participants. **Conclusions:** The Nonverbal Cogscreen was shown to be an effective screening scale for discriminating between AD patients and older controls as compared to the widely used MMSE. Therefore, the specific battery appears to be an appropriate alternative option for the screening of individuals with aphasic symptoms or those belonging to ethnic minority groups.

## **Paper 34 Title: An investigation into the difference between outdoor later life of old and modern neighbourhoods in China: a case study of Anqing**

**Author:** Qiaowei Yang (Newcastle University)

### **Abstract:**

The life of older people who live in tier 3 cities in China could be viewed as a touchstone for well-being of older Chinese. Based on the results of questionnaire, interviews and focus group discussions conducted in a typical third tier city Anqing, the researcher identified that going about within the neighbourhood frequently was a critical factor in determining well-being of older life. In other words, the quality of outdoor space and activities has significant implication for enhancing active ageing for older Chinese.

However, the field work in Anqing also discovered a series of major differences in older people's life quality beyond front doors between old neighbourhoods and modern counterparts. More specifically, the old neighbourhoods always had a large number of older people and plenty places where older people congregated, but in most cases the outdoor space there was not sufficient for meeting the need of doing outdoor activities of so many older residents, while in contrast, new and modern neighbourhoods usually had smaller population of older residents as well as fewer places where older people congregated, but the outdoor space and facilities were better than that of old counterparts.

In addition, older people of old neighbourhoods had more chances in doing their own favorite activities in outdoor space, such as chatting, singing and playing cards, while their counterparts of modern neighbourhoods had fewer options and had to spend most of time in taking care of their grandchildren instead.

The researcher argues that two different strategies should be employed to address the two different issues. For older people who live in old neighbourhoods, spatial planning would be needed to enlarge and upgrade the outdoor space, while for older people who live in modern neighbourhoods, community service might need

to be more constructive in shaping an inclusive social network for older residents.

## **Paper 35 Title: Making Music from Memories**

**Author:** Ruby Swift, Eleanor Bradley and Claire Garabedian (University of Worcester)

### **Abstract:**

Biographically salient music is increasingly employed as a particularly efficacious means of engaging people living with dementia (e.g. Gerdner, 2012; Arroyo-Anlló et al, 2013), primarily to enable communication (Baird and Samson, 2015, p.207) and experience of the person 'as they were' (Matthews, 2015, p.579), but also as a means of improving quality of life by reducing anxiety and agitation among other wellbeing outcomes (Gerdner, 2012; McDermott et al, 2013). Human interaction is a necessary part of personal music engagement, even if simply in the form of 'being with' the listener (Tomaino, 2016); but to what extent can the memories rekindled by music form the basis for spontaneous, creative interactions, even 'making memories' within caring relationships?

This presentation will:

- Provide insight into the theory underpinning the use of biographically salient music in dementia care from a researcher perspective
- Identify a number of the various roles personal music can play within caring relationships in dementia care from a carer perspective
- Describe first-hand experiences of spontaneous, creative interactions and 'making memories' from a practitioner perspective
- Explore the potential for theory, practice and creativity to come to life within caring relationships

The researcher's experience as a music practitioner and carer working with people living with dementia and older people provides insight into both the theory and practice of using biographically salient music in dementia care and an opportunity to explore the wider applications of music used for wellbeing with older people.

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**Paper 36 Title: Anxiety and depression among primary caregivers of elderly people in Ciudad Juarez, Mexico**

**Author:** Samuel Eduardo Martínez Roque  
(Universidad Autonoma de Ciudad Juarez)

**Abstract:**

The population of elderly people continues to grow in Mexico, diseases evolve and because of complication in their health more people become dependent of a third party. As the rate of dependent elderly people increases, there is a growing need for a caregiver to take care and attendance requirements. The relationship among a primary caregiver and a dependent older person can cause repercussions that involve problems in their health because being an informal caregiver requires a continuous and sometimes absolute dedication. Objectives: Identify the sociodemographic factors associated to primary caregivers; Identify the repercussions associated with anxiety and depression. Methodology: Transversal, quantitative and analytical design. Inclusion criteria: Older; without discrimination by sex, marital status, schooling, work status, religion or kinship; that they do not receive economic remuneration; caring for an older adult and living in Ciudad Juárez. Aleatory sample. It includes n=28 informal caregivers of older person. Instrument: Goldberg Scale, GADI Questionnaire. **Results:** In general, sociodemographic data of the primary caregiver obtained are made up by age, sex, marital status, schooling, work status, kinship, family support, religion and knowledge of the diagnosis. The 28 primary caregivers surveyed (100%) shown a symptomatology related to anxiety and depression. DETAILED RESULTS IN FULL WORK. **Conclusion:** The 100% of the primary caregivers surveyed, shown a symptomatology related to anxiety and depression. This reflects one essential needs: training for primary caregivers. This study testifies to the burden on those primary caregivers who attend a dependent older person and it also highlights its importance.

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**Paper 37 Title: Turning research into practice: Singing and social groups for older people**

**Author:** Sarah Miles & Kate Whitestone (Swansea University / With Music in Mind)

**Abstract:**

It has been well established that, for older adults in general, participating in musical activities can be extremely beneficial. These benefits include increased life expectancy, improved quality of life and well-being, as well as social, emotional and physical benefits. Further positive outcomes include better communication and cognition, engagement, increased confidence and empowerment. Internationally “active ageing” is an important social and political initiative for wellbeing in later life with social engagement being viewed as a key pathway to wellbeing. Structured group singing programmes, therefore, provide stimulating social engagement for older people.

While the research for the benefits of singing and socialising is prolific, with so many services being cut in the current economic climate, there are not huge numbers of services out there for older people to access. There exist successful dementia specific singing groups (such as Singing for the Brain, The Red Café’s dementia choir, The Forget me not Chorus) and there exist social groups for older people. However, the gap in services offering singing for older people in general along with a social aspect inspired the creation of With Music in Mind.

This presentation will discuss the research leading up to the creation of WMIM; the establishment of the groups; the evaluations that have taken place in-house which have so far shown improved wellbeing, increased confidence and reduced loneliness; and the hopes for the future which include expanding the service to different locations or to different service users.

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## **Paper 38 Title: Social Participation among Older Adults in Flanders Region of Belgium: Exploring Roles of both New and Old Media Usage**

**Author:** Tina Honghui Pan, Liesbeth De Donder, Nico De Witte, Dominique Verté (Vrije Universiteit Brussel)

### **Abstract:**

The media usage of older adults in 21st century information society is gaining increasing research attention. This research looks into the association of two important aspects: media usage and social participation among home-dwelling older adults (N=36,282) aged 60 and above in over 138 cities and towns of the Flanders region of Belgium. The data is collected by means of participatory research method where older adults with proper training are recruited as research volunteers to explain the structured questionnaire. Media usage is categorized into new media (Internet) and traditional media (newspaper, TV, municipality leaflet) usage while social participation is grouped into formal and informal participation.

Using hierarchical linear regression and logistic binary regression analysis, this work finds out that new media is positively correlated with both forms of social participation while traditional media usage differs in the relationship pattern. TV is adversely associated with social participation and municipality leaflet and newspaper turn out to have positive correlation with the outcome variable. Finally, the results suggest that while digital inclusion of older adults is much discussed in current policy domain, older adults still prefer traditional media as their main information channel, which should not be ignored when relevant strategies to develop older adults' information literacy are to be formulated.

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## **Paper 39 Title: "If he goes into a home he's going to die": The perspective of informal carer's of a person with dementia considering a move to a care home**

**Author:** Tushna Vandrevalla & Christina Hutton (Kingston University)

### **Abstract:**

It has been estimated that by 2025 one million people in the UK will be diagnosed with dementia, the majority of them being cared for at home by informal carers. Informal carers of a person with dementia face a plethora of physical and mental health problems and some may feel unable to cope and consider moving their family member into a care home. The evidence is scarce on how informal carers make this decision; with some suggestion that transitions into care homes are not well planned and stressful for the person with dementia and their carers. The current study investigates informal carer's perspectives on their caring and decision-making regarding transition into a care home. A qualitative methodology was adopted, using semi-structured, face-to-face interviews with six informal carers recruited in Greater London. Thematic Analysis revealed that the nature of the disease, in particular the progression and rapid decline make them consider a care home. Some carers idealised their own home as the best place for their loved one and the negative notion of a care home made these decisions less straightforward, being considered only as a last resort whilst being in conflict with their views on what it means to be a "good carer". Decisions to move to a care home arise when the challenges associated with dementia exceed carers' own physical and emotional needs. Considerations would be given to how the current findings can be used to design an intervention to help informal carers consider these complex decisions.

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**Paper 40 Title: The mediating effect of sense of coherence in the relationship between depression and self-care in patients with type 2 diabetes: a cross-sectional study**

**Author:** LEI Yang & Doris S.F. YU (Chinese University of Hong Kong)

**Abstract:**

**Background:**

To promote self-care has been widely recognized as one important strategy to deal with challenges brought by type 2 diabetes, which affecting 415 million adults worldwide, especially among older people. Depressive symptoms are common among type 2 diabetes patients and have adverse effect on self-care. As one strengths-related attribute that promotes effective coping and better health outcome, sense of coherence (SOC) may alleviate the negative impact of depression. This study aims to examine the relationship among depression, SOC and self-care in type 2 diabetes patients and to explore whether SOC moderates or mediates the relationship between depression and self-care.

**Methods:**

182 adult patients diagnosed with type 2 diabetes for at least 6 months were consecutively recruited by this cross-sectional survey from three hospitals in mainland China. Pearson correlation was conducted to test the correlation among depression, SOC and self-care. Hierarchical multiple regressions were conducted to examine the significance of interaction (moderating effect) between SOC and depression. A composite regression flow was used to examine the mediating effect of SOC.

**Results:**

Depression was negatively related with self-care ( $r=-0.284$ ,  $p<0.01$ ) and SOC ( $r=-0.534$ ,  $p<0.01$ ), while SOC was positively related with self-care ( $r=0.302$ ,  $p<0.01$ ). The interaction between SOC and depression was not significant for self-care. However, SOC played a partial mediating effect in

the relationship between depression and self-care. The ratio between the mediating effect and direct effect is 0.654.

**Conclusion:**

Depression is the risk factor for poor self-care behaviors in type 2 diabetes patients. Improving SOC in type 2 diabetes patients can mitigate the adverse effect associated with depression on self-care. Future studies are recommended to examine the effectiveness of SOC-promoting strategies in self-care projects for type 2 diabetes patients with depression.

**Paper 41 Title: Eating Experiences in Later Life - Understanding the practice of commensality and eating alone for older solo households**

**Author:** Ema Johnson

**Abstract:**

The presentation will outline the methods and rationale behind the process of researching the meal provisioning practices of older people who live alone. The study uses the sociological lens of belonging to unearth the meanings and experiences older adults attribute to their meal provisioning practices. The research attempts to gather data in a real life everyday setting. By examining a range of social spaces and eating places that are purposefully for, or sites popular with, older people for meal provision.

The research takes place in Blackpool, a working-class seaside town and the case study sites include; a weekly lunch club, a social club, a supermarket café and a 'Camerado living room' situated in a library. These sites enable an exploration of; market, state, private, and community institutions, while also researching alternative and emergent spaces of provision. The case study sites are typical institutions, found in most towns or cities. Therefore, producing a cross-section of common meal provision experienced by older working class adults. This research will unearth the common barriers and facilitators of belonging to and

participation within neighbourhoods through meal provision. It is hoped data collected will be used to inform and contribute to debates around sustainable urban foodscapes when considering the onset of an ageing population.

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## **Paper 42 Title: Actively involving older care-home residents: lessons from the Residents Research-Active in Care Homes Study**

**Author:** Lane, K., Backhouse, T., Poland, F., Kenkmann, A., Penhale, B. and Killett, A. (University of East Anglia)

### **Abstract:**

#### **Background**

The contributions of older people living in care homes to research have traditionally been those of subjects rather than active collaborators. While some previous studies have indicated that care-home residents can be involved in research processes, the key barriers and enablers of such involvement have yet to be identified. Our study, Residents Research-Active in Care Homes (RReACH), examined means of involving older people living in care-home settings, through an inclusive research team of university-based academics and key collaborators. The latter were: three older care-home residents, two older people in the community and one housing-with-care manager.

#### **Objective**

To determine how best to enable meaningful involvement in research with older people living in care homes and to understand the barriers and enablers to their involvement.

#### **Methods**

The research design combined a systematic review with qualitative methods (interviews and focus groups; stakeholder workshop) and a mixed-method evaluation of the workings of our collaborative team. Three older care-home residents were involved throughout the study in

ways including attending meetings and sharing in decision-making. They were consulted frequently and their candid views actively sought; their input shaped RReACH methods and their feedback substantiated project directions. Their preferred method of involvement was checked regularly to value their input, respect their choices and, where appropriate, change the nature or frequency of their involvement.

#### **Results**

Support, resources, flexibility and motivation were key to care-home residents' involvement in research. Effective communication and maintaining strong links with care-home managers and staff were essential for promoting an inclusive ethos in which residents' views were genuinely valued. Tailoring interactions to individual residents' needs facilitated their active involvement in discussions and decision-making.

#### **Implications for practice**

Older residents in care homes have the capacity and interest to engage in research. Good practice can encourage their interest to be actively involved in shaping research. Encouraging, responding to and acknowledging their contributions can foster a culture of involvement to ensure research topics, findings and practice developments can better address the priorities of older care-home residents.

Name	Surname	Page
Amelia	Abbott	94
Ruth	Abrams	94, 186
Afsaneh	Abrilahij	95
Natalia	Adamczewska	95
John	Adams	74, 81
Faraz	Ahmed	133
Farukh	Aktbar	130
Katherine	Algar	96
Guillermo Perez	Algorta	144
Nereide	Alhena Curreri	96
Anand P	Ambali	97
Aisha Letitia	Anderson	186
Jane	Anderson	171
Michelle	Anderson	124
Radoslaw	Antczak	97
Eleonor	Antelius	44
J	Apóstolo	131
Elaine	Argyle	204, 205
Antony	Arthur	107
Tony	Arthur	205
Rosalie	Ashworth	98
Zoe	Aslanpour	203
Iain	Atherton	98
Ben	Atkins	167
Teresa	Atkinson	53, 55
T	Atkinson	54
Christina	Avgerinou	99, 124
T	Backhouse	218
Louis	Bailey	51
Eleanor	Bantry White	62
Stephen	Barclay	176
Jenny	Barke	99, 100
Teresa	Barker	100
Nichola	Barlow	179
Lucy	Bartels	79
Bernadette	Bartlam	139
Ruth	Bartlett	88, 189
Kate	Baxter	101
A	Bayer	164
Anthony	Bayer	165
Brian	Beach	81, 102
Aman	Behal	172
Celia	Belk	124
Jerry	Benjamin	207

Name	Surname	Page
Kate M	Bennett	86, 91, 169, 170
Rebecca	Benson	81
David	Benton	113
Ion	Beratis	213
Saloua	Berdai-Chaouni	44, 45
Victoria	Berdugo	183
Miriam	Bernard	103
Yvonne	Birks	101
Linda	Birt	103
Nicole	Blackburn	123
Darren	Blakeborough	46
Alan	Blighe	160
Kathy	Bluston	211
Michele	Board	202
E	Bobrowicz-Campos	131
Thomas	Boll	95
Iana Claudia	Bonilha	199
Alison	Bowes	98
Ann	Bowling	94
Michal	Boyd	138
Eleanor	Bradley	214
Stephanie	Bramley	156
Cesira	Brancati	76, 102
Jennifer	Bray	53
J	Bray	54
Carol	Brayne	91, 105, 122, 176
Mary	Breheny	104
Mary	Breheny	104
Chris	Bridle	49
Christopher	Bridle	185
Katie	Brittain	63
Dawn	Brooker	42, 53, 54
Katherine	Brookfield	177
Katherine	Brown	136
Laura	Brown	181
Nigel	Bruce	168
F	Bu	147
Jackie	Buck	105, 176
Simon	Buck	105
Michael	Buckland	183
Stefanie	Buckner	106, 107
Andreas	Buerki	194
Tine	Buffel	71
Caroline	Bulsara	123

# Author's Index

Name	Surname	Page
Diane	Bunn	46, 47, 48
F	Bunn	164
Frances	Bunn	106, 107, 144
Jenny	Burgess	51
Vanessa	Burholt	92, 108, 111, 145, 174
Anne-Marie	Burn	107
Girvan	Burnside	144
Heather	Burroughs	153
C	Burton	164
Marina	Buswell	107
Carole	Butler	201
Laurie	Buys	150
Suzanne	Byers	108
Tara	Byrne	168
Lorraine	Calderwood	108
Esteban	Calvo	84
Ailsa	Cameron	60
Shelley	Canning	46, 210
A	Cano	131
Kryisia	Canvin	145
Gemma	Carney	108
Ludovico	Carrino	81
SH (Harrie)	Cedar	108, 204
Neil	Chadborn	48, 49, 50, 185, 213
Quiling	Chao	170
Alexandra	Chapman	109
Karen	Charles	109
Georgina	Charlesworth	103
Rabih	Chattat	53, 54
Li-Kuang	Chen	210
Tao	Chen	119
Xin Yu	Chen	202
Richard	Cheston	110
Caroline	Chew-Graham	139, 153, 162
Masaki	Chiba	209
Paola	Chivers	123
Kai Chow	Choi	204
Kai	Chow Choi	196
Gary	Christopher	110
Cherie	Chua	122
Ann	Claeys	44
Linda	Clare	76, 77, 91

Name	Surname	Page
Carol	Clark	203
Colin	Clark	162
Charlotte	Clarke	89
Danielle	Clarkesmith	134
Geoffrey	Cloud	129
Jo	Coast	144
Richard	Coaten	69
Michael	Coffey	200
Laura	Cole	111
Peter	Coleman	95
Samantha	Collins	194
Ifor	Cooke	174
Richard	Cooke	131, 134
Rachel	Cooper	112
Leeda	Copley	111
Juan	Corkill	167
Laurie	Corna	72, 73, 74, 81
Theodore D	Cosco	112
Alice	Coulton	112
Alecia	Cousins	113
Samuel	Couth	181
Chantel	Cox	202
Lois	Crabtree	183
Chris	Craig	50
Maureen	Crowley	162
Chris	Curry	74, 81
Alessia	d'Arma	53, 54
Val	D'Astous	94
Jacqueline	Damant	113, 114
Song	Dan	114
Mike	Danson	119
Nicole	Darlington	107
Robin	Darton	59
Donna	Davenport	181
Anne	Davidson Lund	144
Sue	Davies	106
Teresa	Davies	115
Sam	Davis	108
Alison	Dawson	98
Aimee	Day	198
Melissa	Day	136
Liesbeth	De Donder	62, 70, 71, 118, 139, 216
Denise	de Waal	116

Name	Surname	Page
Nico	De Witte	216
C	Degnen	63
Gabriel	Deros	210
Paula	Devine	108, 115
Laura	Dewitte	116
Jessie	Dezutter	116
Giorgio	Di Gessa	72, 73, 74, 81
Claudio	di Lorito	103
Karin	Diamond	43
Angela	Dickinson	117
Ferring	Dieter	95
Zhuojing	Ding	117
Christine	Dobbs	51, 52
Emily	Dodd	110
Warren	Donnellan	86, 169
Geraldine	Donoghue	150
Murna	Downs	160
Vari	Drennan	99, 124
Christine	Drew	210
Rose-Marie	Dröes	53, 54
Andrew	Dunning	118
Daan	Duppen	62, 71, 118
Marie-Anne	Durand	106
Joachim	Duyndam	58
Rosie	Dymond	194
Alexandra	Economou	213
Michelle	Edwards	145
Valerie	Egdell	119
Rekha	Elaswarapu	124, 155
Denise	Eldemire-Shearer	148
Caroline	Ellis-Hill	202
Theresa	Elmers	129
Vikki	Entwistle	128
Johanna	Erkkilä	183
Jude	Escribano	83
Christopher	Etherton-Beer	123, 124
Stefanie	Ettelt	114
Maria	Evandrou	187, 188, 212
Elizabeth	Evans	75
Isobel E M	Evans	86
SB	Evans	53, 54
SC	Evans	53, 54
Shirley	Evans	53
Simon	Evans	53, 55, 60, 129

Name	Surname	Page
Jane	Falkingham	187, 188, 212
Elisabetta	Farina	53, 54
Hilary	Farnworth	120
Morag	Farquhar	105, 122, 176
Gerard	Fealy	201
Jac	Fennell	63
Jennifer	Ferguson	207
Dieter	Ferring	140
jennifer	Fietz	121
Jenny	Fisher	181, 182
Malcolm	Fisk	65, 121, 144, 180, 193
Tess	Fitzpatrick	122, 194
Jane	Fleming	105, 107, 122, 176
James	Fletcher	123
Kirsty	Forsyth	180, 193
Stella	Fragkiadaki	213
Jacqueline	Francis-Coad	123, 124
Paul	Freddolino	113
Shannon	Freeman	144
Katherine	Froggatt	144, 160
Rachael	Frost	99, 124
B	Fu	147
Vanesa	Fuertes	119
Yu Sau	Fung	204
Anne	Gallacher	168
Vera	Gallistl	125
Denise	Gammonley	206
Claire	Garabedian	68, 125, 214
Benjamin	Gardner	99, 124
Thomas	George	185, 187
Tom	George	49
Sarah	Gibney	151, 152
Barry	Gibson	188
Grant	Gibson	126
Chris	Gilleard	57, 66, 126
Richard	Gilpin	126, 191
Rose	Gilroy	127
John	Gladman	50
Karen	Glase	72
Karen	Glaser	72, 73, 74, 81
Mary	Godfrey	127
Amy	Godfrey-Smythe	117
Madelin	Gomez-Leon	187

# Author's Index

Name	Surname	Page
Madelin	Gomez-Leon	212
C	Goodman	164
Claire	Goodman	99, 106, 107, 124, 144, 213
Manik	Gopinath	128
Adam	Gordon	213
Karen	Gray	129
Corinne	Greasley-Adams	126
Nan	Greenwood	129, 130
Amanda	Grenier	130
Amanda	Griffiths	129
Beth	Griffiths	124
Howard	Griffiths	124
Nitin C	Gudage	97
Pranisha	Gurung	186
Holly	Gwyther	131
Robin	Hadley	131, 181, 182
Sue	Halliday	117
Sarah	Hampel	132, 192
Leonie	Hannan	108
Barbara	Hanratty	169
Joan	Harbison	132
Andrew	Harding	133
Myles	Harris	171
EL	Healey	162
Sarah	Hean	133
Emily	Heavey	101
Catrin	Hedd Jones	90, 115
Ingrid	Hellström	133
Ann	Hemingway	133
Cate	Henderson	53, 54
Iris	Hendriks	53, 54
Catherine	Hennessy	134
Alison	Herbert	199
Unity	Hewson	186
Mark	Hickman	171
Paul	Higgs	56, 66, 103, 126
Anne-Marie	Hill	123, 124
Sarah	Hillcoat-Nalletamby	145, 165, 192, 201,
Alex	Hillman	77
Zoe	Hoare	92
Gemma	Hodge	108
Margaret	Hodgins	153

Name	Surname	Page
Isabel	Hodkinson	106
C	Holland	182
Carol	Holland	134
Caroline	Holland	120, 182
Fiona	Holland	133
Jess	Holley	129
George	Holley-Moore	102
Tina	Honghui Pan	216
Lee	Hooper	47, 48
Ruth	Hopkins	135
Maxine	Horne	135
Nigel	Horner	187
Teri	Howson-Griffiths	90
Shi Ting	Huang	202
Joanne	Hudson	136
Jo	Hunter	136
Rachael	Hunter	99
Christina	Hutton	216
Kyeong Sung	Hwang	209
Martin	Hyde	73
Faith	Ikioda	117
Steve	Illiffe	99, 124
Paungtong	Inchai	159
Anthea	Innes	164
Hayley	James	74
Kenneth	James	148
Nick	Jenkins	166
Rebecca A	Jenks	195
Lesley	Jessiman	195, 210
Oluseyi	Jimoh	47
C	Jinks	162
Eleanor	Johnson	55
Ema	Johnson	217
Karlijn	Joling	90
Ian R	Jones	77
Matthew	Jones	99
Rob	Jones	204
Ana	Jovicic	124
E	Kamp	137
Ariadne	Kapetanaki	117
Martinus JM	Kardol	70, 139
Judith	Kaschowitz	121
John	Keady	133
Norah	Keating	42

Name	Surname	Page
Anthony	Kelly	49, 158
Tony	Kelly	204
A	Kenkmann	218
Andrea	Kenkmann	137
Jennifer	Kettle	188
Zaynah	Khan	137, 205
Kalpa	Kharicha	99, 124
A	Killett	218
Anne	Killett	107
Edward John	Killick	69
Clare	Killingback	203
Andrew	King	138
Anna	King	138
Tom	Kingstone	139
Julie	Kinley	144
Aimee	Kirkup	174
M	Knapp	54
Martin	Knapp	113
Emma	Knights	46
Emma	Koivunen	181, 182, 183
Franz	Kolland	125
Panagiota	Kontari	213
Dionysia	Kontaxopoulou	213
Chris	Kubiak	182
Diana	Kuh	112
Hanne	Lacuelle	58
Attracta	Lafferty	201
Louise	Lafortune	106, 107
David	Lain	84
Kirsty	Laing	82
Deborah	Lambotte	70, 188, 139
Mathilde	Lamotte	140
K	Lane	218
Kathleen	Lane	140
Lauren	Langham	174
Mary	Larkin	151
C	Lauder	174
Sarah	Lawson	82
Ann	Leahy	141
David M	Lee	195
I	Leroi	147
Iracema	Leroi	133, 181, 186
Phuong	Leung	103
Myra	Lewinter	141

Name	Surname	Page
Alan	Lewis	56
Chih Ping	Li	202
Guan Zhen	Li	202
Ya Ting	Li	202
Sébastien	Libert	57
Ann	Liljas	99, 124
Valerie	Lipman	155
Chiau Min	Liu	202
Mark	Llewellyn	142
Liz	Lloyd	59, 67, 163
Daniel	Lombard	114
Emily	Loughlin	142
Melanie	Lovatt	143
Victoria	Lowers	170
Wentian	Lu	81
Rebekah	Luff	189
Carlo	Luiu	143
Jennifer	Lynch	144
Jill	Maben	205
Anja	Machielse	61, 62
Sheila	Mackintosh	55
Catherine	MacLeod	145
Carol	Maddock	145
Ignacio	Madero-Cabin	84
Anistta	Maheswaran	183
Muminah	Malik	174
Helen	Manchester	63, 64, 100
Nick	Manning	49, 158
Juliana	Mansvelt	75
Jill	Manthorpe	94, 99, 106, 111, 124, 155, 156
Neil	Mapes	198
M	Marcucci	131
Marianne	Markowski	146
Gabriella	Marlow	174
Hannah	Marston	64, 65, 144
Elizabeth	Martin	146
Wendy	Martin	66, 84
Ana Paula	Martins Vicentin	199
Elspeth	Mathie	107
Bryan	Matthews	127
Fiona E	Matthews	91
Calum	Mattocks	106
Andrea	Mayrhofer	107

# Author's Index

Name	Surname	Page
Nicholas	Mays	114
Ezinma	Mbonu	147
Patrick	McAndrew	64
Eilish	McAuliffe	201
J	McBeth	162
Louise	McCabe	147
Vikki	McCall	126, 147
Sandra	McCarthy	201
Daniel S	McConnell	172, 206
Brendan	McCormack	160
Sheree	McCormick	147, 186
Peggy	McDonagh	74, 81
Kathryn	McDonald	186
KR	McDonald	147
Peggy	McDonough	72
Steve	McKay	187
Jane	McKeown	173
Julian	McKoy Davis	148
Gillian	Mead	177
Robin	Means	60
Kalyani Kirtikar	Mehta	208
FJM	Meiland	53, 54
Franka	Meiland	53
Jessica	Michaelis	172, 208
Krzysztof	Mikata-Pralat	209
Glenn	Miles	148
John	Miles	149
Sarah	Miles	215
Paul	Millac	106
Evonne	Miller	150
Alisoun	Milne	150, 151, 163
Bria Suzanne	Moffatt	82
Daniela	Montaldi	181
Fernando	Montalvo	206, 208
Tara	Moore	151
Niamh	Moran	152
Hazel	Morbey	133
Lorraine	Morgan	211
Phil	Morgan	110
Jo	Moriarty	155
K	Morrissey	63
Rahena	Mossabir	152
Alice	Moult	153
E	Mucci	137

Name	Surname	Page
Lhara	Mullins	153
Amy	Murray	154
Charles	Musselwhite	67, 144, 178, 198, 200, 201
Ivy	Myge	210
Reva	Nandakumara	189
Paul	Nash	111
Sharon	Nelis	77, 86
Holly	Nelson-Becker	154
Andrew	Newman	89, 90
NG Shamay	NG	204
Aine	Ni Leime	155
Debbie	Nobre	124
Maryam Mortazavi	Nooghi	212
Caroline	Norrie	155, 156
Reg	Noyes	96
Samuel	Nyman	95
Alison	O'Connor	43
Catherine Elliott	O'Dare	120
Nicola	O'Brien	82
Diarmuid	O'Shea	201
Liam	O'Sullivan	201
Emily	Oliver	136
Keith	Oliver	77
Andrea	Ong	183
Katharine	Orellana	156
V	Orgeta	147
Martin	Orrell	79
Lois	Orton	168
Marian	Orton	157
Nathanial	Owen	64
Gerwyn	Panes	124
Sokratis G	Papageorgiou	213
Nick	Paperno	172
Jonathan	Parker	95, 133
Eva	Parkhurst	172, 208
Clive	Parkinson	90
Maria	Pasiecznik Parsons	68
Jasmine	Patel	183
Kellie	Payne	157
Sheila	Peace	158
Martha	Pearson	80
B	Penhale	218
Linda	Penn	82

Name	Surname	Page
Margaret	Perkins	114
Lucy	Perry-Young	49, 158, 184
Amanda	Phelan	201
Judith	Phillips	159
Chris	Phillipson	70, 84
Kanchana	Piboon	159
Lisa	Pigott	211
Tim	Pike	74, 81
Jitka	Pikhartova	87
Katy	Pilcher	66, 84
Mayuri	Pitaksil	159
Loretta	Platts	72, 74, 81
David	Playfoot	122
Christos	Pliakos	160
F	Poland	218
Fiona	Poland	103
E	Poliakoff	147
Kristian	Pollock	49, 158, 184
Daniel	Pope	106, 168
Jeremy	Porteus	61, 180, 193
Catherine	Powell	160
Nancy	Preston	144
Debora	Price	72, 73, 74, 75, 81
Katrina	Pritchard	161
Janine	Proctor	161, 162
Emilia	Pusey	183
Kimmo	Pyhältö	183
Viktoria	Quehenberger	200
Caroline	Quinn	76
Catherine	Quinn	77, 78
Samuel	Quinn	162, 166
G	Rait	164
Greta	Rait	106
Luiz Roberto	Ramos	199
Esther	Ramsay-Jones	163
Rehana	Ratnatunga	105
Helen	Rawson	92
Mo	Ray	103, 163, 187
Peter	Reece Jones	164
Douglas	Reed	111
Ian	Rees Jones	76, 77
David	Reeves	133
Amritpal	Rehill	53, 54
Monika	Reichert	132, 192

Name	Surname	Page
Caitlin	Reid	200
Carla	Reigada	201
Siobhan	Reilly	133
Samuèle	Rémillard-Boilard	70
Verena	Reuter	132
Jackie	Reynolds	103
Laura	Reynolds	164
Federico	Ricciardi	99
Erin Michaela	Rice	100
Emma	Richards	165
Sally	Richards	163
Angela	Richardson	130
Lyndsey	Rickman	166
Melanie	Rimmer	106
Isla	Rippon	86
Louise	Ritchie	119, 162, 166
Cat	Roberts	167
Jane	Robertson	126, 164
Ella J	Robinson	167
Emma	Robinson	96, 168
Louise	Robinson	160
Mark	Robinson	84
Peter	Robinson	188
S	Rogers	178
Sara	Ronzi	168
Louise	Roper	169, 170
Samuel Eduardo	Roque	214
Martínez		
Mary	Rose Day	62
Dana	Rosenfeld	170, 171
Sharon	Rosser	171
Michael	Rupp	172, 208
B	Russell	164
Bridget	Russell	106
A	Rutherford	147
Tony	Ryan	173
J	Rycroft Malone	164
Joanna	Rymaszewska	53, 54
R	Saad	137
Lawrence	Sacco	72
Lawrence	Sacco	81
Amanda	Sacker	72, 74, 81, 145
FL	Saibene	53, 54
Francesca	Saibene	53

# Author's Index

Name	Surname	Page
Charlotte	Salter	46, 173
Ian	Sammy	174
Kritika	Samsi	94, 111
S	Santana	131
Alexandra	Sardani	174
Ambily	Satish	181
Jane	Say	175
Kezia	Scales	49, 158
Thomas	Scharf	80
Fiona	Scheibl	176
Anna	Schneide	98, 176
Justine	Schneider	49, 50, 129, 158, 184, 205
Claudia	Scorolli	53, 54
David	Scott	144
Hannah	Scott	177
Iain	Scott	177
Christina	Severinsen	104
NG	Shamay	196
Rosemary	Shannon	127
Sinéad	Shannon	151, 152
Barbara	Sharp	166
Rachel	Sharpe	144
Caroline	Shaw	80
Qin	Shen	117
Sue	Shepherd	84
Ian	Shergold	177
MA	Silverdale	147
Chaz	Simpson	203
Kate	Simpson	178
A	Sinclair	164
David	Sinclair	76
Aled	Singleton	178, 198
Parco	Siu	196
Parco	Siu	204
Christopher	Skedgel	107
Ann	Skingley	127
An-Sofie	Smetcoren	70
Georgia	Smith	206
Kimberley	Smith	179
Randall	Smith	59
Ray	Smith	130
S	Smith	147
Janan	Smither	172

Name	Surname	Page
Janan A	Smither	172, 206, 208
Suzanne	Snowden	123
Jennifer	Spännäri	59
Amie	Spector	79
Ben	Spencer	67
Mai	Stafford	112
Catherine	Stanbury	179
John	Starr	177
Jill	Stavert	119
Mel	Steer	82
Nicole	Steils	180, 193
Christine	Stephens	104, 180
Ursula	Stickler	64
Charlotte	Stoner	79
Ragnhild	Storstein Spilker	45
Gemma	Stringer	181
Matthew	Sullivan	181
Stella	Sung	208
Chandini	Sureshkumar	183
Caroline	Swarbrick	133
Ruby	Swift	214
Dorota	Szcześniak	53, 54
Caroline	Tagg	64
Andrea	Tales	165, 201
Denise	Tanner	163
Áine	Teahan	201
Julia C	Teale	91
Sofie	Tellefsen Holm	186
Josie	Tetley	181, 182
Neil	Thin	177
Nadine	Thomas	182
Louise	Thomson	205
Leah	Thorn	82
Tarja	Tiainen	183
Miles	Tight	143
Anthea	Tinker	85, 156, 177, 183
Nathalia	Tjandra	119
Debbie	Tolson	119
Jane	Tooke	182
Clare D	Toon	203
Anna	Torrens-Burton	184
Isabelle	Tournier	140
Christopher	Towers	184
Michael	Toze	52

Name	Surname	Page
Cheryl	Travers	49, 158
Cathy	Treadaway	63
Jeremy	Tree	165
D	Trivedi	164
Fotini	Tsofliou	203
Nicola	Turner	49, 158, 184
Rebecca	Turner	49, 185
Julia	Twigg	66
Katey	Twyford	185
Jin Pil	Um	209
Katarzyna	Urbańska	53, 54
Nicole K	Valtorta	168
Peter M	van de Ven	90
Mariska	van der Horst	84
Mathieu	Vandenbulcke	116
Tushna	Vandrevala	94, 186, 216
Roshan	Varghese	188
Spyridoula	Varlokosta	213
Michael	Vassallo	202
Sabina	Vatter	147, 186
Susan	Venn	75
Penny	Vera-Sanso	83
Yvette	Vermeer	56
Dominique	Verté	62, 216
Sarah	Vickerstaff	84, 85
Christina	Victor	85, 86, 87, 179
Athina	Vlachantoni	187, 212
Jacob	Waite	103
Janet	Walker	49, 185, 187
Stuart	Wallis	134
Angus	Walls	188
Catherine	Walshe	144
Kate	Walters	99, 124
Ning	Wang	188
Ting Chu	Wang	202
Anna	Wanka	125, 200
Mark	Ward	151
Mark	Ward	152
Catharine	Ward-Thompson	177
Lorna	Warren	83, 188
Karen	Watchman	162
John	Wattis	179
Tessa	Watts	124
Lynne	Wealleans	189

Name	Surname	Page
Kellyn	Weir	189
Ailsa	Welch	48
Karen	West	190
Heather	Wharrad	205
Kate	Whitstone	215
Elenyd	Whitfield	190
Rebecca	Whiting	161
Elaine	Wiersma	88
Samantha	Wilkinson	49, 158
Charlie	Williams	126
Charlotte	Williams	191
Lorraine	Williams	114
Tracy	Williams	124
Paula	Williamson	133
Rosalind	Willis	94, 191
Wendy	Wills	117
M	Wilson	147
Patricia	Wilson	106
Gill	Windle	89, 90, 92, 145
Raphael	Wittenberg	114
Veronique	Wolter	132
Veronique	Wolter	192
Joanna	Wolton	192
Jean	Woo	196, 204
John	Wood	99
Bob	Woods	90, 91, 92, 96
Robert T	Woods	77
Naomi	Woodspring	193
Barbara	Woodward-Carlton	160
John	Woolham	180, 193
M	Woolvin	147
Diana	Worts	72, 74, 81
Alison	Wray	122
Alison	Wray	194
Hayley	Wright	195
J	Wright	137
PC	Wright	63
Yu-Tzu	Wu	86, 91
LEI	Yang	217
Qiaowei	Yang	214
Rhiannon	Yapp	142
I-Ling	Yeh	94
Bernadette	Yeo	195
Chi Yeon	Yoon	209

# Author's Index

Name	Surname	Page
Hayley	Young	113
John	Young	127, 160
Doris	Yu	114, 196, 204, 217
Asghar	Zaidi	97
Nancy	Zook	110
Maria	Zubair	213





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